Form **990**

Return of Organization Exempt From Income Tax

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

20**04**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Check if applicable Please Starting Address charge Please Starting Address charge Address charg	A	For th	e 2004 calendar year, or tax year beginning	, 2004 , a	and ending		, 20
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corganization need not life a return with the IRS; but if the organization received a Form 960 Package in the malk. It should file a return without financial clas. Some states require a complete return. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 99611 The received in the malk. It should be a return with the IRS; but if the organization is not required to attach Sch. B (Form 930, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ 79432 noncash \$) 1 Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ 79432 noncash \$) 2 Program service revenue including government fees and contracts (from Part VIII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (lesscribe ▶ 8a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ 10a Gross revenue (not including \$ contributions reported on line 1a) 10a Gross revenue (not including \$ contributions reported on line 1a) 10a Gross profit or (loss) from special events (subtract line 9b from line 9a) 10a Gross profit or (loss) from special events (subtract line 9b from line 9a) 10a Gross profit or (loss) from special events (subtract line 9b from line 9a) 10a Gross profit or (loss) from special events (subtract line 9b from line 9a) 10a Gross profit or (loss) from special events (subtract line 10b from line 10a) 11 Other revenue (from Part VIII					H(d) Is this a s	separate retur	m filed by an
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Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) 1			000	44			
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2 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	₹						
[ž	21)	. 21	301661

_	ישני וצטי					(D) (O)	wined for parties E01/oV	and (A) amanizations
Par		Statement of Functional Expenses	and section 4947(a)(st compi 1) nonex	ete column (A). Columns empt charitable trusts b	ut optional for others. (S	uired for section 501(c)(ee page 22 of the instru	ctions.)
	Do i	not include amounts report 6b, 8b, 9b, 10b, or 16 of i	ted on line Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Gran	ts and allocations (attach s	schedule)		Ì			
	(cash	\$ noncash \$.)	22				
23	Speci	fic assistance to individuals (a	ittach schedule)	23				
24		its paid to or for members (a		24				
25	Com	pensation of officers, direc	tors, etc	25	3840	3840		
26		r salaries and wages		26 27	3040	3840		
27		sion plan contributions .		28				
28		er employee benefits		29	294	294		
2 9	-	oll taxes		30				
30 21		essional fundraising fees .		31	700		700	
31 32		ounting fees		32				
32 33		olies		33	3042	2678	73	291
34		phone		34	1194	1015	60	119
35	•	age and shipping		35	1564	1493	37	34
36		upancy		36	11851	11851		
37		pment rental and maintena		37	534	534		
38	•	ting and publications		38	3570	2893	632	45
39	Trav	el		39	37	37		
40	Con	ferences, conventions, and	l meetings .	40	511	401		110
41	Inter	rest		41	5.400	F400		
42		reciation, depletion, etc. (at		42	5460 2918	5460 2918		
43	Other	expenses not covered above (item		43a 43b	10400	8000		2400
b				43c	475	245	230	2400
C				43d				
d				43e				
е 44	Total	functional expenses (add lines 22 throu leting columns (B)-(D), carry these to	gh 43). Organizations	44	46390	41659	1732	2999
Are a If "Y (iii) t Pa Wha All c	any joi es," e he am rt !!! at is ti organiz	ats. Check ► ☐ if you a nt costs from a combined edunter (i) the aggregate amount abount allocated to Management of Programe organization's primary exations must describe their exerved, publications issued,	ucational campaign of these joint cos ant and general \$ m Service Acc exempt purpose? exempt purpose a	ompli	Indraising solicitatio ; (ii) th ; and (iv) th ishments (See pritual retreats ments in a clear ar	e amount allocated the amount allocated to page 25 of the in	to Program services to Fundraising \$ nstructions.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
orga a	Pen	ons and 4947(a)(1) nonexemp uel Ridge sponsored 10 s ups. In addition, 64 individ	piritual retreats	46 re	treats were spor			trusts; but optional for others.)
					and allocations	\$		41659
, h								7,003
D					• • • • • • • • • • • • • • • • • • • •		••••••	
	•••••				••••••		••••••	
	•••••		(1	Grants	and allocations	\$)	
c								
			(Grants	and allocations	\$)	
d								
(Grants and allocations \$)								
e	Other	program services (attach			and allocations	\$	'	
		of Program Service Expe						41659

-						
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	 		45	
	46	Savings and temporary cash investments .		29207	46	22991
		and the same same same same same same same sam				
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts .	47b	118	47c	16
	48a	Pledges receivable	48a			
		Less: allowance for doubtful accounts .	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste	es, and key employees			
		(attach schedule)			50	
	51a	Other notes and loans receivable (attach				
ş		schedule)	51a			
Assets	b	Less: allowance for doubtful accounts .	51b		51c	
ď	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges .			53	
	54	Investments—securities (attach schedule) .	. ▶ ☐ Cost ☐ FMV		54	
	55a	Investments—land, buildings, and				
		equipment: basis	55a			
	Ь	Less: accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis .	57a 313336			
	Ь	Less: accumulated depreciation (attach				
	1	schedule)	57b 34682	293734		278654
	58	Other assets (describe >)		58	
		man and the second seco	A a must Kara 740	222050		204004
	59	Total assets (add lines 45 through 58) (mus		323059	59	301661
	60	Accounts payable and accrued expenses .			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and	d key employees (attach			
Liabilities	ļ	schedule)			63	
ä	64a	Tax-exempt bond liabilities (attach schedule)		64a	
_	I.	Mortgages and other notes payable (attach	•	56401	1	
	65	Other liabilities (describe >)		65	
	00	Total liabilities (add lines 60 through 65) .		56404		
	66			56401	66	
	Org	anizations that follow SFAS 117, check here	▶ ☑ and complete lines			
8	l	67 through 69 and lines 73 and 74.		252545		284425
٥	67	Unrestricted		202040	 	204423
ag	68	Temporarily restricted		14113	68 69	17236
or Fund Balances	69	Permanently restricted		14113		17230
Š	Org	anizations that do not follow SFAS 117, check	k here ► L. and			
ij.		complete lines 70 through 74.	.		70	
0	70	Capital stock, trust principal, or current fund			71	
šět	71	Paid-in or capital surplus, or land, building,			72	
455	72	Retained earnings, endowment, accumulate				
Net Assets	73	Total net assets or fund balances (add line	es 67 through 69 or lines			
Ž		70 through 72; column (A) must equal line 19; column (B) r	266658	73	301661	
	74	Total liabilities and net assets / fund balan		323059	+	301661
		, maximus , rot doses, raile buildi	1 00 0010 101		, , ,	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return								
<u> </u>	Total reve		and other support		(enses and lo				
•	per audite	ed financial s	statements . 🟲	а		3		incial statemer		а		
b		included or orm 990:	n line a but not on			b	on line 17,	cluded on line Form 990:	a but not			
(1)		alized gains ments	<u>\$</u>			(1)	Donated s and use of f					
(2)		services of facilities	\$			(2)	Prior year adj reported on	line 20,				
(3)		es of prior	\$			(3)	Form 990 Losses repo					
(4)	year gran Other (sp					(3)	line 20, Fon	m 990 . 💲				
			\$			(4)	Other (spec					
	Add amo	unts on line	s (1) through (4) ▶	b	***************************************]		ė				
								ts on lines (1) t		b	······································	
C		ninus line b s included o		C		d C		us line b ncluded on line		С		
d		s included o 10 but not o	•			ŭ		but not on line				
(1)	Investmer	nt expenses	i			(1)	Investment e	•				
		ded on line 990					not included 6b. Form 99	_				
(2	Other (s		<u> </u>			(2)	Other (spe	cify):				
			•					s				
	Add ame	ounts on lin	nes (1) and (2)	d]	Add amou	nts on lines (1	and (2) >	d		
е	Total rev	venue per li	ine 12, Form 990			е	Total exper	nses per line 1	7, Form 990			
Pa	rt V L	ist of Office ist instruction	ers, Directors, T	rustees, ar	nd Key	Emplo		s line d)		nsated	l; see page 27 of	
			ne and address				age hours per to position	(C) Compensation (If not paid, enter -0)		plans &	(E) Expense account and other allowances	
	hy Masul shville, TN		th Avenue South		Presid	ent		-0-		-0-		
		3615 wilbe	r Place		Treasu	ırer		-()-	-0-	-0-	
Nas	shville, Th	N 37204			 							
				· · · · · · · · · · · · · · · · · · ·								
												
	····	·										
••••					-i							
•••												
				•••••								
75	organizat	tion and all n	tor, trustee, or key e elated organizations, nedule—see page 2	of which mor	re than \$	10,000 v					☐ Yes ☐ No	

Form 8	90 (2004)			Yes	No	
Par	Other Information (See page 28 of the instructions.)		76	163	7	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	description of each activity.	77		-	
77	Were any changes made in the organizing or governing documents but not reporte	ed to the IRS?				
	If "Yes," attach a conformed copy of the changes.	or account by this return?	78a	*********	·	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar covered by this return r	78b		1	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	"Vee " ettech e statement	79		~	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If	Yes, attach a statement				
80a	Is the organization related (other than by association with a statewide or nationwide organ	net organization?	80a	******	•	
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexer	npt organizations				
b	If "Yes," enter the name of the organization ▶ and check whether it is □ exem	npt or nonexempt.				
	Enter direct and indirect political expenditures. See line 81 instructions	81a -0-				
вта	Did the organization file Form 1120-POL for this year?		81b		1	
0	Did the organization receive donated services or the use of materials, equipment,	or facilities at no charge		-		
82a	or at substantially less than fair rental value?	or radiation at the original	82a		1	
	If "Yes," you may indicate the value of these items here. Do not include this amount	,				
b	as revenue in Part I or as an expense in Part II. (See instructions in Part III.).	82b				
00-	Did the organization comply with the public inspection requirements for returns and	exemption applications?	83a	~		
osa h	Did the organization comply with the disclosure requirements relating to quid pro	auo contributions?	83b	~		
940	4a Did the organization solicit any contributions or gifts that were not tax deductible?					
044	If "Yes," did the organization include with every solicitation an express statement	that such contributions				
D	or gifts were not tax deductible?		84b		<u> </u>	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by member	rs?	85a	<u></u>	<u> </u>	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b			
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below					
	received a waiver for proxy tax owed for the prior year.	_				
c	Dues, assessments, and similar amounts from members	85c				
	Section 162(e) lobbying and political expenditures	85d				
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	,			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line	85f?	85g	<u> </u>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the	amount on line 85f to its				
	reasonable estimate of dues allocable to nondeductible lobbying and political expendit		1		1	
	year?		85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a				
b	Gross receipts, included on line 12, for public use of club facilities	86b				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a				
b	Gross income from other sources. (Do not net amounts due or paid to other	077				
	sources against amounts due or received from them.)	87b	┨			
88	At any time during the year, did the organization own a 50% or greater interest in	a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under	er Regulations sections		****		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88	1		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during section 4911 ▶	the year under: 1 4955 ▶0-				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 ex		1		_	
	during the year or did it become aware of an excess benefit transaction from a pri		l		1	
	a statement explaining each transaction		89b	1		
C	Enter: Amount of tax imposed on the organization managers or disqualified person	s during the year under			_	
	sections 4912, 4955, and 4958	· · · · · · · • • -			-0- -0-	
OO-	Enter: Amount of tax on line 89c, above, reimbursed by the organization	· · · · · · · · -			-0-	
ana Sua	List the states with which a copy of this return is filed > TN Number of employees employed in the pay period that includes March 12, 2004 (See	instructions) 90b		3		
91	The books are in care of Barbara Cloud	elephone no ► (615) 2	97-1			
٠.	The books are in care of ▶ Barbara Cloud Located at ▶ 2105 20th Avenue South, Nashville, TN Zection 4047(a)(1) page correct charitable trusts filing Form 000 in lieu of Form 1000.	(P + 4 ► 37212	2-431	1		
92	Section 4947(a)(1) honexempt charitable trusts ming Form 990 in lieu of Form 10	41—Check nere		·	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax y	ear ▶ 92		-		

Page 5

Part 1	Analysis of Income-Producing Act	<mark>ivities (See</mark> pa	ige 33 of the i	nstructions.)	
	Enter gross amounts unless otherwise	Unrelated bu	siness income	Excluded by sec	tion 512, 513, or 514	(E) Related or
indica		(A)	(B) Amount	(C) Exclusion code	(D) Amount	exempt function
	Program service revenue:	Business code	Amount	LACIDSION CODE	Amount	income
а.	Retreat fees			ļ		14996
b.						
C.				ļ		
d.				<u> </u>		
e						
-	Medicare/Medicaid payments			 		
	Fees and contracts from government agencies	<u> </u>	 			
	Membership dues and assessments			14	123	
	Interest on savings and temporary cash investments			 		
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:					
	debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events .			02&05	2040	
	Gross profit or (loss) from sales of inventory					
103	Other revenue: a	_		<u> </u>		ļ
b				<u> </u>		
C		_			ļ	
d		- 				<u> </u>
8		-			2163	14996
	Subtotal (add columns (B), (D), and (E))		a		2103	17159
105 Note:	Total (add line 104, columns (B), (D), and (E) Line 105 plus line 1d, Part I, should equal the	amount on line	12. Part I.		. –	17 103
Part				oses (See pa	age 34 of the in	structions.)
Line						
▼	of the organization's exempt purposes (other	r than by providin	g funds for such	purposes).		
93	a Fees for spiritual retreats					
Part	IX Information Regarding Taxable Subsi	diaries and Dis	regarded Entiti	es (See page	34 of the instru	
	Name, address, and EIN of corporation,	Percentage of	(C) Nature of a		(D) Total income	(E) End-of-year
	partnership, or disregarded entity ov	vnership interest		CUVILICS	Total Income	assets
		% %			 	
		76 %				
		%				
Part	X Information Regarding Transfers Associ		onal Benefit Cor	ntracts (See p	age 34 of the ins	tructions.)
	Did the organization, during the year, receive any funds, di					☐ Yes ☑ No
	Did the organization, during the year, pay pren					☐ Yes ☑ No
	e: If "Yes" to (b), file Form 8870 and Form 4 7	20 (see instructi	ons).			
	Under condities of perjury, I declare that I have examinand pelier, it is true correct, and complete. Declaration	ed this return, includ	ing accompanying s	chedules and sta	tements, and to the	pest of my knowledge
Pleas		on or preparer (other	man onicery is base	or on all morman	ion of which prepare	nas any knowledge.
Sign	1 /Lia			1	7290	<u> </u>
Here	Signature of officer	01013			Date (
=	1 5 1/11/10/19/19	10115			···	
	Type or print name and title.		Dat-	Check if	1	. D.T.L. M
Paid	Preparer's Barlone (L Co	and	3//9/65	tealf.	1	r PTIN (See Gen. Inst. W) - 38-4981
Prepare	Firm's name (or yours) Barbara A Cloud		13///03	employed ▶	► 62:104	
Use On	y if self-employed). address, and ZIP + 4 2105 20th Ave.S., N	lashville, TN 37	212		e no. ► (615) 2	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2004

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number 62:1207484 Penuel Ridge Retreat Center Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours per week devoted to position (a) Name and address of each employee paid more (c) Compensation ployee benefit plans account and other than \$50,000 deterred compensation allowances None Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for -0professional services .

chedi	ule A (Form 990 or 990-EZ) 2004			age 2
Pari		Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atter or in Part	ng the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities * (Must equal amounts on line 38 VI-A, or line i of Part VI-B.)	1		V
	orga the I	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Othe nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description on obbying activities.	f		
2	subs with own	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with an stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majoritier, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)	r y		
а	Sale	e, exchange, or leasing of property?	2a	ļ	V
b	Lend	ding of money or other extension of credit?	2b 2c	 	1
C	Furr	nishing of goods, services, or facilities?	2d	 	1
d		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2e		7
е	Tran	sfer of any part of its income or assets?	ļ		-
3а	Do y	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of hor	″ 3a		~
	you	determine that recipients qualify to receive payments.)	3b	ļ	V
b	Do i	you have a section 403(b) annuity plan for your employees?		1	
48		he use or distribution of funds?		1	~
h	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?		1	V
Pai	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruction	ıs.)		
The	orgar	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hand state ▶	ospital's	name	e, city
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. S (Also complete the Support Schedule in Part IV-A.)	ection 17	'0(b) (1	(A) (iv)
1 1a		An organization that normally receives a substantial part of its support from a governmental unit or from the g 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	eneral pu	blic. S	ection
11b 12		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 331/2% of its support from contributions, member receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no its support from gross investment income and unrelated business taxable income (less section 511 tax) from by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	more the	an 331	/3% o
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and s described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of s section 509(a)(3).)	upports of ection 50		
		Provide the following information about the supported organizations. (See page 5 of the instruction	ons.)		
		(a) Name(s) of supported organization(s)	Line num from abo		

Par	V-A Support Schedule (Complete only You may use the worksheet in the instructions	r it you checked a for convertina fro	a box on line 10, om the accrual to	the cash method	asn meuroo d of accountin	or ac q.	country.
	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	Ť	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.) .	37909	23613	16327	2208	32	99931
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10302	10186	10671	1521	14	46373
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	91	18	192	2 ′	14	515
19	Net income from unrelated business activities not included in line 18.						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	48302	33817	27190	375	10	146819
24	Line 23 minus line 17	38000	23631	16519	222		100446
25	Enter 1% of line 23	483	338	272		75	100440
26	Organizations described on lines 10 or 11:		(<u></u>	· · · · · · · · · · · · · · · · · · ·	·····	6a	2009
b	Prepare a list for your records to show the nar governmental unit or publicly supported organize	ne of and amount zation) whose tota	t contributed by a gifts for 2000 th	each person (other prough 2003 exce	er than a eded the	6b	26875
	amount shown in line 26a. Do not file this list w	•				6c	100446
C	Total support for section 509(a)(1) test: Enter li Add: Amounts from column (e) for lines: 18	ne 24, column (e) 515	10				100-4-0
a				875	▶ 2	6d	27390
	Public support (line 26c minus line 26d total)	: : : : : :	. •		▶ 2	6e	73056
<u>f</u>	Public support percentage (line 26e (numera					6f	<u>73</u> %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and e sum of such an	total amounts red nounts for each y	ceived in each yea ear:	ar from, each "	disqu	ualified person."
	(2003) (2002)		(2001)		(2000)	••••	•••••
b	For any amount included in line 17 that was received when the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2003) (2002)	year, that was mo 5 through 11, as w the larger amount	re than the larger vell as individuals.) t described in (1)	of (1) the amount Do not file this li or (2), enter the s	on line 25 for t st with your re um of these di	he ye turn. ifferen	ear or (2) \$5,000. After computing nces (the excess
					()		
С	Add: Amounts from column (e) for lines: 15	·	21		> 2	7c	·· ···
d	Add: Line 27a total.	and line 27b total	d , <u>— — — </u>	·	> 2	7d	
е	Public support (line 27c total minus line 27d to					7e	
f	Total support for section 509(a)(2) test: Enter a						
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu	etor) divided by I	ine 27f (denomi	natorj)	> 2	7g	%
						7h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant. Do not	ch year, the nam	e of the contribu	tor, the date and	amount of th	e gra	through 2003, ant, and a brief

Private School Questionnaire (See page 7 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ______ 32 Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a 33b b Admissions policies? . . Employment of faculty or administrative staff? . . 33c 33d d Scholarships or other financial assistance? . . Educational policies? . 33e 33f Use of facilities? . 33g Athletic programs?. . h Other extracurricular activities?... 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34a 34b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Par	Lobbying Expenditures by Ele (To be completed ONLY by an	cting Public (Charities (See ation that filed	page 9 of t Form 576	he ins 3)	tructions.)	
Chec	ck ▶ a ☐ if the organization belongs to an affiliat		ck ⊳ b ∐ ify			mited control*	provisions apply.
	Limits on Lobbyin	-			Af	(a) filiated group totals	(b) To be completed for ALL electing
	(The term "expenditures" mean	s amounts paid	or incurred.)	·		luidis	organizations
36	Total lobbying expenditures to influence public	opinion (grassroc	ots lobbying) .	—	6		
37	Total lobbying expenditures to influence a legisl	ative body (direc	t lobbying)		7		
38	Total lobbying expenditures (add lines 36 and 3	7)			8		
39	Other exempt purpose expenditures				9		
40	Total exempt purpose expenditures (add lines 3				0		
41	Lobbying nontaxable amount. Enter the amount						
			ble amount is-				
	Not over \$500,000 20% o	of the amount on	line 40	· · .)			
	Over \$500,000 but not over \$1,000,000 . \$100,0				i1		
	Over \$1,000,000 but not over \$1,500,000 . \$175,0			00,000 122			
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 \$1,000,000						
42	Grassroots nontaxable amount (enter 25% of line 41).					***************************************	
43	Subtract line 42 from line 36. Enter -0- if line 42				3		
44	Subtract line 41 from line 38. Enter -0- if line 41				4		
• •							
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 472	20.			
	(Some organizations that made a section See the instructions for	or lines 45 throug	do not have to control to the highest to the highest terms of the highes	of the instruc	tions.)		
	Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002		(d) 2001	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures	·····			_		
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelec	tina Dublia Cl					
	(For reporting only by organiza	tions that did i	not complete F			ge 11 of th	e instructions.)
	ing the year, did the organization attempt to influ				ng any	Yes No	Amount
	mpt to influence public opinion on a legislative m		_			1	
a						1	-
b	•		-	c inrough h.)		1	
C						1	
d						1	
e f						1	
g	and the second s					~	
h	- ··· · · · · · · · · · · · · · · · · ·			-		V	
i	Total lobbying expenditures (Add lines c throug	jh h.)					
	If "Yes" to any of the above, also attach a state	ement giving a de	etailed descriptio	n of the lobb	ing act	ivities.	

Par	t VI	Information Organization	n Regarding Trai ons (See page 1	nsfers To and Transaction 1 of the instructions.)	s and Relationships With Nonch	aritabl	e Exe	mpt
	501	c) of the Code (oth	ner than section 50	1(c)(3) organizations) or in section	following with any other organization on 527, relating to political organization	describe s?		
а	Tran	sfers from the repo	orting organization	to a noncharitable exempt orga	nization of:		Yes	No
	(i)	Cash				51a(i)	<u> </u>	1
	(ii)	Other assets				a(ii)		1
h		er transactions:					1	
IJ			as of specie with a	noncharitable exempt organizat	ion	b(i)		~
						b(ii)	1	1
				table exempt organization		b(iii)	 	1
	(iii)			ner assets			┼──	V
	(iv)	Reimbursement a	πangements		· · · · · · · · · · · · · · · · · · ·	b(iv)	┼	~
	(v)	Loans or loan gua				b(v)	 	
				, ,		b(vi)	┼	-
C	Sha	ring of facilities, eq	quipment, mailing lis	sts, other assets, or paid employ	yees	c	<u> </u>	1
d	000	ds. other assets. o	r services given by	the reporting organization. If the	Column (b) should always show the faince organization received less than fair s, other assets, or services received:	r market market	value value	of the
	(a) (b) Line no. Amount involved Name of no			(c) charitable exempt organization	(d) Description of transfers, transactions, and	sharing arrangements		
				<u></u>				
			<u> </u>					
				· · · · · · · · · · · · · · · · · · ·				
						_		
	des	cribed in section 50 (es," complete the		other than section 501(c)(3)) or i		☐ Ye	s k	1 No
		(a)	ration	(b) Type of organization	(c)			
		Name of organiz	Zauon	Type or organization	Description of relationsi	11p		
				1	L			

Penuel Ridge Retreat Center

EIN: 62-1207484

Form 990 (2004) Schedule Attachment

Part I line 9 Special events and activities

	Gross receipts	Cost	Net
Dinner	4790	2653	2653
Sale of note cards	270	367	367
Total	5060	3020	3020

Part I line 20 Other changes to net assets

Removed from "fixed assets" the costs, in previous years, of a land survey, architect fees and a feasibility study, that were related to a "living quarters" building. The decision was made to not build it.

Part II, line 42: Depreciation AND Part IV, line 57 - Land, bldg. equip.

Asset	Date	Cost	Prior yrs	Method	Useful	Current
	acquired		deprec.		life	depreciation
Land	1996 & 97	122,000				
Buildings	1996	63,004	11091	SL MM	40 yrs	1,575
Buildings	1997	109,955	16,898	SL MM	40 yrs	2,745
Building Improvement	1998	600	104	SL MM	40 yrs	19
Building Improvement	1999	5,995	681	SL MM	40 yrs	150
Building Improvement	2001	1,106	275	SL HY	10 yrs	111
Building Improvement	2003	2,297	32	SL MM	40 yrs	57
Building Improvement	2003	2,800	140	SL HY	10 yrs	280
Total		307,757	29,221			4,937