991

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2009, and ending . 20 For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization Penuel Ridge Retreat Center B Check if applicable: ise (RS Doing Business As 1207484 ☐ Address change label or Telephone number Number and street (or P.O. box if mail is not delivered to street address) print or Room/suite Name change type. 1440 Sam's Creek Road 615) 792-3734 Initial return Specific City or town, state or country, and ZIP + 4 Terminated tions. Ashland City, TN 37015-5422 54,800 G Gross receipts \$ Amended return F Name and address of principal officer: Kathryn Mitchem V No H(a) Is this a group return for affiliates? Yes Application pending 1456 Sam's Creek Road, Ashland City, TN 37015 H(b) Are all affiliates included? Yes Tax-exempt status: If "No," attach a list. (see instructions) Website: ▶ penuelridge.org H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ M State of legal domicile: TN L Year of formation: 1984 Part I Summary Briefly describe the organization's mission or most significant activities: Penuel Ridge is a spiritual retreat center in middle Tennessee, honoring our heritage and fostering values of contemplation, silence, hospitality, rest, social Activities & Governance justice, and communion with nature; nurturing the journey inward to strengthen the journey outward. Our most significant activities are retreat offerings, a solidarity program with the homeless and care of creation. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 11 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of employees (Part V, line 2a) 6 68 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a **b** Net unrelated business taxable income from Form 990-T, line 34. 7b **Current Year** 37,098 34,195 Contributions and grants (Part VIII, line 1h) . 20.458 19,791 Program service revenue (Part VIII, line 2g) . 990 709 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 235 105 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 58,781 54,800 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . Benefits paid to or for members (Part IX, column (A), line 4) . . 19,808 23,396 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,530 43,887 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 73,338 67,283 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 (14,557)(12,483)ŏ **Beginning of Current Year End of Year** 316.545 303,800 Total assets (Part X, line 16) . 579 841 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 315,704 Part II Signature Block halties of perful / I declare that I bave examined this return, including accompanying schedules and statements, and to the best of my knowledge it is file, for each of the preparer with the preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here . Phillips Jr Treasurer Date Check if Preparer's identifying number Barbara Clara (see instructions) employed ► 🗵 Paid Preparer's Firm's name (or yours Cloud Bookkeeping Service, Barbara Cloud EIN ▶ 62 } 1043886 Use Only if self-employed) 2105 20th Avenue South, Nashville, TN 37212-4311 Phone no. ► (**615**) 297-1523 address, and ZIP + 4

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Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Penuel Ridge is a spiritual retreat center located in Middle Tennessee, honoring our heritage and fostering values of contemplation, silence, hospitality, rest, social justice, and communion with nature, nurturing the journey inward
	to strengthen the journey outward.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 47,107 including grants of \$) (Revenue \$) Spritual Retreats: Penuel Ridge sponsored 18 spiritual retreats covering topics of health, well being and spirituality. 29 other groups or non-profit organizations sponsored retreats at Penuel Ridge. A total of 1,604 individuals participated.
4b	(Code:) (Expenses \$ 9,513 including grants of \$) (Revenue \$) Solidarity Program for Homeless Men and Women: Penuel Ridge sponsored monthly Day Retreats for 15 homeless
	men and women during the year, Providing mentor counseling, meals, showers, laundry facilities and quiet time to
	contemplate their future. We also sponsored bi-monthly Work Dignity retreats for 6 homeless men and women for each work day. Participants received a fair wage, lunch and fellowship for 6 hours during the day. Penuel Ridge
	provided semi-annual day retreats for the Leadership Committee (12 participants) of the Solidarity Program to
	analyze the success of the programs.
4-	(Code: \(\frac{1}{2}\) (Foresee the including quarter of the \(\frac{1}{2}\)
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	\\
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 56,620

Par	t IV Checklist of Required Schedules			
			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	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	- Kubatan II. Ja
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		12	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			11
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		√
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
b	Did the organization maintain an office, employees, or agents outside of the United States?	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		√
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more bospitals? If "Ves." complete Schedule H	20		/

				<u> </u>
Pai	Checklist of Required Schedules (continued)	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		√
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		√
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		√
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		1
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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
		Sand St. VA	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	
	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	OL	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	nt size of the
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
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		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	√	
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	19	V	
"	required?	7h	✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			e de la companya de l
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	90	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		4.000
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		6 c.	
11	Section 501(c)(12) organizations. Enter:	Tolor.		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	i		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		
	it les, enter the amount of tax-exempt interest rootived of accided during the year.	Forn	990	(2009)

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1,000
	any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			Ť
ra	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			The second
Ü	the year by the following:			
_	The governing body?	8a	1	\$ 5 MIT 19*
a b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	UD		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		./
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte			<u> </u>
	enue Code.)	ziiiai		
	snuo oodoly		Yes	No
40-	Describes accomplished have lead about on humahas as affiliate of	10a	103	1
	Does the organization have local chapters, branches, or affiliates?	IUa		•
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	./	
	form?	1.578198	· ·	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	· ·	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	,	
	rise to conflicts?	12b	✓_	ļ
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	,	
	describe in Schedule O how this is done	12c	V	
13	Does the organization have a written whistleblower policy?	13		V
14	Does the organization have a written document retention and destruction policy?	14		√
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a		V
b	Other officers or key employees of the organization	15b	2.3	Y
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40	10.0	,
	with a taxable entity during the year?	<u>16a</u>		V
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(d	s(8)(c	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 reco	ords o	of the	
	organization: ► Barbara Cloud, 2105 20th Avenue South, Nashville, TN 37212, 615-297-1523			

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

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

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

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

Check this box if the organization did not of		any o	curr			cer, d	irec			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Kathryn Mitchem Board President	20			1				-0-	-0-	-0-
Linda Quigley Secretary	5			1				-0-	-0-	-0-
Terry Tankard Treasurer	- 5			1				-0-	-0-	-0-
Linda Cooper Director	- 5	1						-0-	-0-	-0-
Susan Spear Dyer Director	5	1						-0-	-0-	-0-
Juliana Ericson Director	- 5	1						-0-	-0-	-0-
Mark Marshall Director	5	1						-0-	-0-	-0-
Bill Northrup Director	5	1						-0-	-0-	-0-
James C. Phillips, Jr. Director	- 5	1						-0-	-0-	-0-
Nevil Trammell Director	5	1						-0-	-0-	-0-
John Zirker Director	- 5	1						1,800	-0-	-0-
Laura E. Valentine Resident Staff	- 25				√			12,848	-0-	-0-
	-									
	-									

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (co	ontinued)		
	(A)	(B)	(C)						(D)	(E)	(E) (F)		
	Name and title		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
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4 6	Tatal										ļ		
2	Total		to the	ose	liste	ed a	bove) wh	no received mo	ore than \$100,0	00 in		
	reportable compensation from the organiza	ation >						_					
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Set or any individual listed on line 1a, is the set organization and related organizations.</i>	<i>chedule J</i> : sum of repo	<i>for su</i> ortabl	ch e co	<i>indi</i> omp	vidu ens	<i>ial</i> ation	 and		nsation from	Yes No		
5	individual. Did any person listed on line 1a receive	or accrue	 comp	gens	satio	on f	rom	 any			4		
Se	services rendered to the organization? If " ction B. Independent Contractors	res," comp	nete S	sch	edu	ie J	tor s	uch	person	· · · ·	5 ✓		
1	Complete this table for your five highest compensation from the organization.	ompensate	d inde	epe	nde	nt c	ontra	cto	s that receive	d more than \$1	00,000 of		
	(A) Name and business add	Irocc							(B) Description of s	envices	(C) Compensation		
No						-			Description of a	Of VIOCO	Componential		
_	Total number of independent contractors (i	noludina h	ut not	· lim	ites	l to	thoso	liet	ed above) who	received			
2	Total number of independent contractors (in more than \$100,000 in compensation from	n the organ	nizatio	n 🕨	• -0 -	0	41056	1101	CG above) WIIO	, socived			

Part	VIII	Statement of Re	venue					
		The state of the s	The second secon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
grants	1a	1a Federated campaigns 1a		1a				A. S
Contributions, gifts, grants and other similar amounts		Membership dues		1b				
am am	С	Fundraising events .		1c	A STATE OF THE STA	The state of the s		1960
a a	d	Related organizations		1d		Series Series		
ns,	е	Government grants (contri	ibutions).	1e			No. Here	economic communication of the
Contributions, gifts, and other similar ar	f	All other contributions, gifts, g	grants,				1000	
들등		and similar amounts not inclu	ided above	1f 34,195		100		
ig g		Noncash contributions include	ed in lines 1a-1f	: \$			AM 76 S	
o a	h	Total. Add lines 1a-1f	<u> </u>	· · · · · · •	34,195		To the state of th	
Jue		Face for Cuivitual Dat		Business Code	40.704	Sales State		- 100 - 100 MM
Program Service Revenue	2a	Fees for Spiritual Ret	reats	900099	19,791	19,791		
e B	b				<u> </u>			
Ş	C							
Š	d							
La II	e	A.II II.						<u> </u>
rog	1 ~	All other program servi			40.704			
-	g				19,791			
	3	Investment income (inc			709			709
		other similar amounts)			103			709
1	4 5	Income from investment of Royalties	•					
	J	noyanies	(i) Real	(ii) Personal	in the second second		PER SE	
	٥	O Dt	(7.154.	(4) (5)				-18. P. L.
		Gross Rents					100	
		Less: rental expenses						
	d	Rental income or (loss) Net rental income or (lo) 					
	-	·	(i) Securities					
	7a	Gross amount from sales of assets other than inventory	(i) Coounties	(1) 01101	1			
	_						7.1	
	b	Less: cost or other basis			3.7			
	_	and sales expenses .				1		
		Gain or (loss) Net gain or (loss)	L	-				
					21-2-2			
ž	8a	Gross income from events (not including \$	tundraisin	g			and the same	
Š		of contributions reported					7	
۳.		See Part IV, line 18						
Other Revenu	h	Less: direct expenses		b				
ਰ	c	Net income or (loss) from	om fundraisi	ing events ►	105			105
					137			
	9a	Gross income from gam See Part IV, line 19						
	b	Less: direct expenses.				The state of the s		
		Net income or (loss) from						
		Gross sales of inve					*** _ 1 ****	
	. u	returns and allowances						
	b	Less: cost of goods so		- 1				
		Net income or (loss) fror		ventory	and the state of t	The state of the s		The second section of the second section of the second section of the second section s
		Miscellaneous Rev	enue	Business Code		A STATE OF THE STA		THE STATE OF THE S
	11a							
	b							1
	С							
	d	All other revenue						
		Total. Add lines 11a-1						
	12	Total revenue. See ins	structions	•	54,800	52,986		814

Part IX **Statement of Functional Expenses**

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

	All other organizations must complete col	umn (A) but are no	t required to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			The second secon	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	14,648	10,794	2,570	1,284
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,933	5,933		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,378	1,095	189	94
0	Payroll taxes	1,437	1,142	197	98
1	Fees for services (non-employees):				
	Management				
b	Legal				
	Accounting	865		865	
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion	555	555		
3	Office expenses	5,463	4,506	760	197
4	Information technology				
5					
6	•	10,650	10,650		
7	Occupancy	1,175	823	235	117
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings.	5,586	4,266	1,101	219
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	5,917	5,917		
23	Insurance	2,653		2,653	
		1985 - 1985 A			
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	Diversity and affine transports	10,939	10,939		
a	Minaliana	84	10,000	84	
b		34		04	
C					
d					
е		 			
f	All other expenses	67,283	56,620	8,654	2,009
25 26	Joint costs. Check here ► if following	01,203	00,020		_,,,,,
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
	initial algorithm and the state of the state				

1 Cash—non-interest-bearing 1,356 1 1,925 2 Savings and temporary cash investments 34,613 2 28,831 3 Peldogs and grants receivable, net 2,230 3 50 4 Accounts receivable, net 2,230 3 50 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f(t)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule I 7 7 7 Notes and loans receivable, net 7 7 8 Investments—and deferred charges 9 Perpart of section described in section 4958(c)(3)(8). Complete Part II of Schedule D 10 10 10 10 10 8 Description of the described in section 4958(c)(3)(8). Complete Part II of Schedule D 9 Perpart dexpenses and deferred charges 9 10 10 10 10 10 10 9 Perpart dexpenses and deferred charges 9 10 10 10 10 10 10 10	L C	$\Gamma \Gamma V$	Balance Sheet			
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25 Other liabilities. Complete Part X of Schedule D					24	
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27 Unrestricted net assets	es	<u> </u>	Organizations that follow SFAS 117, check here ▶ ☑ and			
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34 Total liabilities and net assets/fund balances	ē			315.704		303.221
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 62 1207484 **Penuel Ridge Retreat Center** 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: (For lines 1 through 11, check only one box.) 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). 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 in 5 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.) 9 An organization that normally receives: (1) more than 33\% % 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 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **c** Type III-Functionally integrated **b** Type II e 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col. (i) listed in your organization in col. organization (described on lines 1-9) the organization in support (i) organized in the above or IRC section governing document? col. (i) of your (see instructions)) support? **U.S.?** Yes No Yes Yes

Pa	Support Schedule for Org (Complete only if you chec	anizations E ked the box	Described in on line 5, 7,	Sections 170 or 8 of Part I,	0(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,184	21,096	46,923	37,098	34,195	170,496
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	31,184	21,096	46,923	37,098	34,195	170,496
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)						8,868
6	Public support. Subtract line 5 from line 4.						161,628
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	31,184	21,096	46,923	37,098	34,195	170,496
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	289	947	694	990	709	3,629
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			in the later			174,125
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	94,949
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	id, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	6, column (f) div	vided by line 1 ⁻	I, column (f))		14	93 %
15	Public support percentage from 2008 Sch	nedule A, Part II	I, line 14		!	15	85 %
16a	331/3 % support test-2009. If the organia	zation did not c	heck the box o	on line 13, and I	ine 1 4 is 33⅓ %	6 or more, chec	k this box
	and stop here. The organization qualifies	as a publicly s	upported orgar	nization			▶ 🗸
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the _
b	10%-facts-and-circumstances test-2008 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test-2008	acts-and-circum: inces" test. The o	stances" test, c organization qua	heck this box a difies as a public	nd stop here. ly supported org	Explain in Part I janization	V how the
18	Private foundation. If the organization did	not check a box	x on line 13, 16a	a, 16b, 17a, or 1	7b, check this b	oox and see inst	ructions 🕨 🗌

	dule A (Form 990 or 990-EZ) 2009						Page
	Support Schedule for Orga (Complete only if you checked				a)(2)		
	etion A. Public Support alendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(4) 2000	/-\ 0000	/A T-1-1
U.	mendar year (or riscar year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
6	organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		A CONTRACT OF THE CONTRACT OF				
	tion B. Total Support	(a) 2005	(h) 0000	(a) 0007	(4) 2002	(-) 0000	(f) Total
9	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·					
с 1	Add lines 10a and 10b						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3 4	Total support. (Add lines 9, 10c, 11, and 12.)						
-	organization, check this box and stop tion C. Computation of Public Su		tage	<u></u>	<u> </u>	· · · · ·	▶ [
5	Public support percentage for 2009 (lin			e 13. column	(f))	15	%
6	Public support percentage from 2008 S					16	%

1 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17

Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, 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 ▶ □

%

18

	rm 990 or 990-EZ										Page 4
Part IV	Supplement Part II, line	tal Info i 17a or 1	r <mark>mation.</mark> 7b; and	Complete Part III, lin	this ne 12.	part to pr Provide a	ovide the	e explanati additional	ions require informatior	d by Part I n. See instr	l, line 10; uctions.
											
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

P en	uel Ridge Retreat Center	62	1207484
Pa	Organizations Maintaining Donor Advised Funds or Other Similar F	unds or	Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) F	Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal con		
6	Did the organization inform all grantees, donors, and donor advisors in writing that graused only for charitable purposes and not for the benefit of the donor or donor advisor purpose conferring impermissible private benefit?	or, or for a	any other
Da	purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to		
		0 1 01111 3	30, 1 art 10, mic 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or pleasure) □ Preservation	of an hist	orically important land area
			tified historic structure
	☐ Preservation of open space	., 0, 4 00.	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year.	ion in the	form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements	28	
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure included in (a)		
d	Number of conservation easements included in (c) acquired after 8/17/06	20	
3	Number of conservation easements modified, transferred, released, extinguished, or to the tax year ▶	erminated	by the organization during
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspecti		
	violations, and enforcement of the conservation easements it holds?		LYes No
6	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	sements	during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	s of section	on Yes . No
9	In Part XIV, describe how the organization reports conservation easements in its reverbalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.		
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Si	milar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes to	search in	furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	earch in f	urtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	assets fo	or financial gain, provide the
a b	Revenues included in Form 990, Part VIII, line 1		▶ \$

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply): a Public exhibition	Pai	t III Organizations Maintain	ing Collections	of Art, Histor	ical Treasure	es, or C	ther Similar	Assets (c	continued)		
b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. Jine 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is less the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is less the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. Is less the organization and part XIV and complete the following table: □ Beginning balance □ Distributions during the year □ Distributions during the	3			other records,	check any of t	he follo	wing that are a	significan	t use of its		
b Scholarly research	а	Public exhibition		d \square	Loan or exc	hange p	rograms				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sears to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		е 🗌							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sears to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future general	ions								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in									
IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 17,863 11,863	5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1	Pa										
d Additions during the year		included on Form 990, Part X? .							es 🗌 No		
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions (b) Contributions (c) Four years back (e) Four years bac	b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follo	wing table:						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include an amount on Form 990, Part X, line 10. 2r Did the organization include and amount on Form 990, Part X, line 10. 2r Did the organization include and amount on Form 990, Part X, line 10. 2r Did the organization include and amount on Form 990, Part X, line 10. 2r Did the organization include and amount on Form 990, Part X, line 10. 2r Did the organization include and amount on Form 990, Part X, line 10. 2r Did the organization include and amount on Form 990, Part X, l						<u> </u>	-	Amount			
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part X, line 21? Describe in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	С	Beginning balance				10	<u> </u>				
Ending balance Did the organization include an amount on Form 990, Part X, line 21? Yes No Yes No Yes Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Investment earnings, gains, and losses 17,863	d	Additions during the year				. 1d					
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Reginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years	е	Distributions during the year				. 1e					
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance .	f	Ending balance				1f	_ <u></u> _				
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year), Part X, line 2	1?	• •		. U Y	es No		
1a Beginning of year balance	Pai	t V Endowment Funds. Co	mplete if the org	ganization an	swered "Yes	" to Fo	rm 990, Part	IV, line 1	0.		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment			(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years ba	ack (e) Fou	ır years back		
b Contributions	1a	Beginning of year balance	17,863	17,8	63						
c Net investment earnings, gains, and losses . d Grants or scholarships . e Other expenditures for facilities and programs	h	-			The second secon			- Jan 19			
e Other expenditures for facilities and programs . 17,863 525	c	Net investment earnings, gains,									
e Other expenditures for facilities and programs . 17,863 525	d	Grants or scholarships									
and programs . 17,863 525 f Administrative expenses . g End of year balance0- 17,863 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶		·					40.00				
g End of year balance	Ū		17,863	5	25	1			10 - T		
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	f g			17,8	63		ales V				
a Board designated or quasi-endowment ▶	2	Provide the estimated percentage of	f the year end ba	lance held as:							
b Permanent endowment ▶		,									
c Term endowment ►	h			51.70							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) respective to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment Glay Cost or other basis (investment) 3,161 738 2.423 e Other	~										
organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (b) Cost or other basis (b) Cost or other basis (cher) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (a) Equipment (b) Cost or other basis (cher) (c) Accumulated depreciation (d) Book value (d) Book va	20			o organization	that are hold s	and adm	injetared for th	^			
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 122,000 122,000 Buildings. Leasehold improvements d Equipment. 3a(i) (d) Book value 122,000 122,000 122,000 122,000 122,000 122,000 122,000 122,000 122,000 122,000 122,000 122,000 122,000	Ja		o possession or tr	io organization	and are Held a	and aun	minoreited for til	•	Yes No		
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 122,000 b Buildings. 122,000 122,000 c Leasehold improvements d Equipment 3,161 738 2.423 e Other		,						3a(i)	1		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 122,000 b Buildings. 122,000 122,000 209,698 61,693 148,005 c Leasehold improvements d Equipment Other Other											
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (a) Buildings (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (d) Bo	h			s required on S	Schedule R?	• •			1		
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (a) Equipment (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book v						•					
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 122,000 122,000 122,000 122,000 209,698 61,693 148,005 c Leasehold improvements d Equipment Other Other	Par	t VI Investments—Land, Bu	ildings, and Eq	uipment. See	Form 990.	Part X.	line 10.				
b Buildings			(a) Cost or ot	her basis (b)	Cost or other	(c) /	Accumulated	(d) Boo	ok value		
b Buildings		Land			122 000	N. J.			122 000		
c Leasehold improvements 3,161 738 2.423 e Other	_						61 603				
d Equipment		5			200,000		01,033		175,005		
	d	Equipment			3,161		738		2.423		
			must equal Form 9	90. Part X. colu	mn (B), line 100	(c).)			272.428		

Part VII	Investments—Other Securities	. See Form 990, Part X	, line 12.
(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial der	ivatives		
	equity interests		
• • • • • • • • • • • • • • • • • • • •			
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related	J. See Form 990, Part X	. line 13.
	Description of investment type	(b) Book value	(c) Method of valuation:
(-)		(-,	Cost or end-of-year market value
Total (Column (h)	must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	
Part IX	Other Assets. See Form 990, Par	t X. line 15	
CITCIA		(a) Description	(b) Book value
- 11 (0.1)	(1)	D) Kee d.C.)	
Part X	n (b) must equal Form 990, Part X, col. (Other Liabilities. See Form 990,	B) IITE 15.)	<u> </u>
rait A	(a) Description of liability	(b) Amount	
Federal incor		(b) Amount	
rederal incol	Tie taxes		
Total. (Column (b	must equal Form 990, Part X, col. (B) line 25.)		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 Page 5								
Part XIV	Supplemental Information (continued)							
· · · · · · · · · · · · · · · · · · ·								
		·						
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons Complete if the organization answered

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

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

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization								Employe	r iden	tificati	on nun	nber	
Penuel Ridge retreat Center					· · · · · · · · · · · · · · · · · · ·			62		12	07484	4	
Part I Excess Benefit Transcription Complete if the organization	ansactions (ization answe	section red "Yes	501(c) on Fo	(3) and sec rm 990, Par	tion 501(t IV, line 2	c)(4) organ 5a or 25b, o	izations ır Form 9	only). 90-EZ,	Part V	', line	40b.		
1 (a) Name of disqualifie	d nerson				(b)	Description of	transastie					(c) Cor	rected?
- (a) Name of disqualine				(D)	Description of	uransacue					Yes	No	
			.,			····							
444,													-
								·					
2 Enter the amount of tax in under section 49583 Enter the amount of tax, if								_	year	► \$ ► \$			
Part II Loans to and/or F Complete if the org				on Form 90	90 Part I	V line 26	or Form	990-F	7 Pa	rt V	line 3		
(a) Name of interested person and			to or from						default?		proved		/ritten
(-,			inization?		(c) Original principal amount (d) Balance due		oc dae	(c) in deladits		by board or committee?		agreement?	
		То	From					Yes	No	Yes	No	Yes	No
==1801-1-1	<u> </u>												
								-		-	ļ		
								+			├─		
		<u> </u>		<u> </u>				+	 	<u> </u>	-		
											-		
Total					. > \$	·							
Part III Grants or Assistar Complete if the org		-			90, Part I'	V, line 27.			_				
(a) Name of interested pers	on	(b) Re	lationship	between inte organizat		on and the	((c) Amou	nt and	type o	f assist	:ance	
		ļ <u>.</u>											
							1						
Part IV Business Transact Complete if the org		-			90, Part I	V, line 28a,	28b, or	· 28c.					
(a) Name of interested person		(b) Relationship between interested person and the organization		(c) Amount of transaction		(d) D	(d) Description of transaction			on	(e) Sharing of organization's revenues?		
												Yes	No
John Zirker		direct	or & pr	og.leader	<u> </u>	1,800	Honor	arium 1	or lea	aders	ship		✓
	-								~			\vdash	
		 			T		1	_					1

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Open to Public Inspection Employer identification number

OMB No. 1545-0047

Penuel Ridge Retreat Center	62	1207484
Part VI, Governance, Management, and Disclosure, Section A Governing Body and Manag	ement	
Section B, Policies, Line 11A Process for reviewing the 990: Each member of the board is	provid	ded with a copy of the
prepared Form 990 at the scheduled board meeting immediately preceding the filing of Fo	rm 990). They are given an
opportunity to review the document in its entirety and submit any questions to the Treasu	rer, wh	no shall respond to the
inquirer and authorize any modifications to Form 990 as deemed necessary and accurate.		·
Section C Disclosure		
Line 19 Accessability of governing documents: Penuel Ridge holds photocopies of all go	vernin	g documents, conflict of
interest policy, and financial statements in the administrative office of the organization. T	hey ar	e available for public
inspection by request during regular business hours.		
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