Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

,	, ,,	or tuê	2006 calenda <u>r year, c</u>	or tax year beginning	, an	a enaing						
8	3 C	heck if	applicable Please	C Name of organization			D Employer	r identification number				
	A	ddress	change use IRS	DEER RUN RETREAT CEN	ITED		62-1725478					
┢	₹ .		label or	Number and street for P.O. boy if	mail is not delivered to street address	Room/suite	E Telephon					
<u></u>	╣™	ame ch		Number and street (or F O box is	mail is not delivered to street address	/ Nooniisulte	L Telephon	e number				
L	_j In	itial ret	urn type See			-	(615) 372-	2500				
Г	٦.		Specific	City or town	State or country	ZIP + 4						
느	╛╏	nal retu	Instruc-		State of Country	217 + 4	F Account	ng method: X Cash Accrual				
L	_ A	mende	d return tions.	THOMPSON'S STATION	TN	37179	Other	(specify) ►				
Г	\Box_{Δ}	onlicati	on pending Secti	ion 501(c)(3) organizations and 4947			ot applicable to	section 527 organizations				
<u>_</u>	۱۰ لــ	ppiicati		ts must attach a completed Schedul								
_				o most staton a completed concast	- A (1 01111 000 01 000-LL).		is a group return					
_G	j W	ebsite:				H(b) If "Y	es," enter numb	er of affiliates				
						H(c) Are	all affiliates inclu	uded? Yes X No				
J	Or	oaniza	tion type (check only one	e) ► X501(c)(3) ◀(ı	nsert no)	(If *N	lo " attach a list	. See instructions)				
_												
K		eck he		ganization is not a 509(a)(3) supporting		H(d) Is the	ıs a separate re	turn filed by an organization				
			=	n \$25,000 A return is not required, but	of the organization chooses	cove	ered by a group	ruling? Yes X No				
	to	file a re	turn, be sure to file a com	nplete return		I Gmi	p Exemption N	umber >				
_												
	_					M Che		f the organization is not required				
L	. G	ross re	ceipts Add lines 6b, 8	8b, 9b, and 10b to line 12	263,39	9 to at	tach Sch. B (Fo	rm 990, 990-EZ, or 990-PF)				
ΙP	art		Revenue, Expen	ises, and Changes in Net	Assets or Fund Balance	S (See the in	nstructions	3)				
						3 (000 1110 11	1 3	<u> </u>				
		1		, grants, and similar amounts	received		'					
		a	Contributions to do	nor advised funds	1a		O .					
	ľ	b	Direct public suppo	ort (not included on line 1a).	1b		31,113	1				
				port (not included on line 1a)			0 3.7					
	- 1											
				butions (grants) (not included			U					
	- 1			through 1d) (cash \$	81,113 noncash \$). <u>1e</u>	81,113				
		2	Program service re	evenue including government	fees and contracts (from Part	VII, line 93)	. 2	182,224				
		3	Membership dues a	and assessments			. 3	0				
	Į	4	Interest on savings	and temporary cash investm	ents		. 4	10				
		5	Dividends and inter	rest from Security ED	1		. 5	52				
		-	0 1	1 1	ا ما ا	• • • •	-					
	ļ		Gross rents .	<u> </u>	6a			.!				
	- 1	D	Less: rental expens	₽₽¶ ·AUG 2 1 ·2007 · IS	<u>[6b]</u>	. 						
		C	Net rental income to	Ses AUG 2 1 2007 Con- or-(loss). Subtract line 6b from	lline 6a		. <u>6c</u>	0				
	اما	7	Other investment if	ncd me (describe	:) 7	0				
	Revenue	8 a	Gross amount from	sale Cotassets other T	(A) Securities	(B) Other	7, 7					
	š				0 8a		0 -					
	2	h	•	basis and sales expenses .	493 8b		 6					
				•	L							
				ch schedule)								
		_		Combine line 8c, columns (A)	• •		8d	-493				
		9		ctivities (attach schedule) If any	amount is from gaming, check h	ere 🕨	\sqcup \sqcup					
	1	a	Gross revenue (not	t including \$	0 of		- 1					
	- 1		contributions report	ted on line 1b)	9a		0	ì				
	1	ь		ses other than fundraising exp			0					
_				s) from special events Subtra			. 9c	0				
7 7 7							0					
7				entory, less returns and allowa				1				
a	- 1			s sold			0					
=	1		Gross profit or (loss) t	from sales of inventory (attach so	hedule) Subtract line 10b from li	ne 10a	10c					
		11	Other revenue (from	m Part VII, line 103)			. 11	0				
ᆸ	1	12	Total revenue. Add	d lines 1e, 2, 3, 4, 5, 6c, 7, 8c	9c. 10c. and 11		12	262,906				
7		13	Program services /	from line 44, column (B)) .	<u>,, :, : </u>		13	191,063				
								15,154				
	38	14		general (from line 44, column			14					
5		15		ine 44, column (D))			15	7,700				
Ź	ᄶ	16	Payments to affiliat	tes (attach schedule)				0				
₹		17		dd lines 16 and 44, column (A				213,917				
SCANNED		18		for the year Subtract line 17 t				48,989				
W)	set											
-	As	19		balances at beginning of year				208,495				
		20		et assets or fund balances (a				0				
	_	21	Net assets or fund	balances at end of year Com	bine lines 18, 19, and 20 .	<u></u> .	. 21	257,484				
_			Act and Bananuark	Reduction Act Notice, see the				Form 990 (2006)				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part I	 Functional Expenses organizations and section 4947(a)(1) nonexempt chantable trusts but optional for others. (See the instructions.) 							
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22 a	Grants paid from donor advised funds (attach schedule)				,			
	(cash \$ 0 noncash \$ 0)				. 7	;		
	If this amount includes foreign grants, check here	22a	0	0	3 , 4, 4			
22 h	Other grants and allocations (attach schedule)					•		
	(cash \$0 noncash \$0)				, ,	· ·		
	If this amount includes foreign grants, check here	22b	o	0	,	, *		
23	Specific assistance to individuals (attach	220		<u> </u>				
23	schedule)	23	0	0	\$ 2 4 5			
24	Benefits paid to or for members (attach	23		<u> </u>				
	schedule)	24	o		, , , , , , , , , , , , , , , , , , ,	*		
25 a	Compensation of current officers, directors,				- 1			
20 a	key employees, etc. listed in Part V-A (attach							
	schedule)	25a	22,500	15,000	7,500	d		
b	Compensation of former officers, directors,				1,000			
-	key employees, etc listed in Part V-B (attach]						
	schedule)	25b	o	0	o	d		
С	Compensation and other distributions, not included above, to		•					
	disqualified persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0			
26	Salaries and wages of employees not included							
	on lines 25a, b, and c	26	16,220	16,220		_		
27	Pension plan contributions not included on							
	lines 25a, b, and c	27	0					
28	Employee benefits not included on lines							
	25a – 27	28	0					
29	Payroll taxes	29	2,978	2,978				
30	Professional fundraising fees	30	0					
31	Accounting fees	31	635	N-A-100	635			
32	Legal fees	32	0	0.4.070				
33	Supplies	33	24,079					
34	Telephone	34	6,109	6,109				
35	Postage and shipping	35	1,283	1,283		, <u>.</u>		
36	Occupancy	36 37	28,086 954					
37	Equipment rental and maintenance		10,482	2,782		7,700		
38 39	Printing and publications	38 39	10,462	2,102		7,700		
40	Conferences, conventions, and meetings	40	1,508		1,508	<u> </u>		
41	Interest	41	60,629		-			
42	Depreciation, depletion, etc. (attach schedule)	42	00,020	00,020		0		
43	Other expenses not covered above (itemize):							
	See attached statement	43a	38,454	32,943	5,511	C		
b		43b	0	0		C		
C		43c	0	0	0			
đ		43d	0	0	0			
е		43e	0	0	0			
f		43f	0	0	0			
g		43g	0	0	0			
44	Total functional expenses. Add lines 22a							
	through 43g. (Organizations completing							
	columns (B)-(D), carry these totals to lines							
	<u> 13–15)</u>	44	213,917	191,063	15,154	7,700		
	Costs. Check ▶☐ If you are following SOP 98-2.							
Are an	y joint costs from a combined educational campaign and fundraising so	licitatioi	reported in (B) F	Program services?	' ► ∐	Yes X No		
If "Yes	," enter (i) the aggregate amount of these joint costs \$, (ii) the amount a					
	amount allocated to Management and general \$, ar	nd (iv) the amount	allocated to Fund	draising \$			

Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose?	▶ Provide Retreat, Operate Lodge and Provide Program Service	Program Service Expenses
All organizations must describe their exempt purpose achiever of clients served, publications issued, etc. Discuss achieveme organizations and 4947(a)(1) nonexempt charitable trusts mus	nts that are not measurable (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
••••		
		}
(Grants and allocations \$) If this amount includes foreign grants, check here	191,063
(Grants and allocations \$) If this amount includes foreign grants, check here	
(Grants and allocations \$) If this amount includes foreign grants, check here	7
.1		
(Grants and allocations \$) If this amount includes foreign grants, check here	7
e Other program services (attach schedule)		
(Grants and allocations \$	0) If this amount includes foreign grants, check here	0
f Total of Program Service Expenses (should equal	Lline 44 column (R) Program services)	191 063

62-1725478

Par	UV	Balance Sneets (See the instructions.)					
Note:		Where required, attached schedules and amounts with column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			46,200	45	22,642
	46	Savings and temporary cash investments	29,452	46	22,887		
						,-	
		Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts	47b	0	0	47c	0
			· .	- 1			
	48 a	Pledges receivable	48a	0			
	b	Less: allowance for doubtful accounts	48b	0	0		0
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, dire				:	
		key employees (attach schedule)		The state of the s	0	50a	0
	b	Receivables from other disqualified persons (as defined		3			
Ø		4958(f)(1)) and persons described in section 4958(c)(3)	(B) (atta	ich schedule)		50b	
Assets	51 a	Other notes and loans receivable (attach				2	
¥		•	51a				
	b	Less allowance for doubtful accounts			0		0
	52	Inventories for sale or use	·	52	· · · · · · · · · · · · · · · · · · ·		
	53	Prepaid expenses and deferred charges				53	1,104
	54 a	Investments—publicly-traded securities	▶	CostFMV _	0	54a	0
	b	Investments—other securities (attach schedule)	. ▶	CostFMV _	0	54b	0
	55 a	Investments—land, buildings, and					
		equipment. basis	55a	248,697		*:	
	b	Less accumulated depreciation (attach					
		schedule)	55b	0	132,843	55c	248,697
	56	Investments—other (attach schedule)			0	56	0
	57 a	Land, buildings, and equipment basis	57a	908,812			
	b	Less accumulated depreciation (attach					
		schedule)	57b	0	809,784		908,812
	58	Other assets, including program-related investme	0	58	0		
		(describe			4.004.440		
	59	Total assets (must equal line 74) Add lines 45 to			1,018,279		1,204,142
	60	Accounts payable and accrued expenses				60	4,907
	61	Grants payable				61	
	62	Deferred revenue			 _	62	
ties	63	Loans from officers, directors, trustees, and key	employ	ees (attach	0		0
		schedule)	•	· · · · · · · · · · · · · · · · · · ·	0		0
Liabili		Tax-exempt bond liabilities (attach schedule)			000.784		<u>0</u> 880,839
		Mortgages and other notes payable (attach sche			809,784		000,039
	65	Other liabilities (describe		' -	0	65	
	66	Total liabilities. Add lines 60 through 65			809,784	66	885,746
		anizations that follow SFAS 117, check here			000,707	"	
	Orga			d complete lines			
	67	67 through 69 and lines 73 and 74. Unrestricted			208,495	67	318,396
88	68	Temporarily restricted			200,433	68	010,000
an	69	Permanently restricted				69	
Ва		anizations that do not follow SFAS 117, check h				-	<u> </u>
2	Orga	complete lines 70 through 74.	1010				
교	70	Capital stock, trust principal, or current funds .		70			
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and e				71	
ets	72	Retained earnings, endowment, accumulated inc				72	
S	73	Total net assets or fund balances. Add lines 67				 - -	
t	′ ′	70 through 72. (Column (A) must equal line 19 a					
Ž		equal line 21)	208,495	73	318,396		
	74	Total liabilities and net assets/fund balances.	1,018,279		1,204,142		
					.,	·	Form 990 (2006)

Form **990** (2006)

Form 99	0 (2006)		DEEK KUN KETKE	ALCENIER		02-1723-	+/0	Fage 3
Part I	V-A	Reconciliation of Revenue per instructions.)	Audited Financial St	atements W	ith F	Revenue per Ret	urn (See the
a	Total	revenue, gains, and other support per	r audited financial stater	nents			а	
b	Amo	unts included on line a but not on Part	I, line 12.					
1	Net u	nrealized gains on investments			b1			
2		ted services and use of facilities			b2			
3	Reco	veries of prior year grants			b3]:	
4	Othe	r (specify).					_	
					b4	<u> </u> 0		
		ines b1 through b4					b	0
С	-	ract line b from line a					C	0
d		unts included on Part I, line 12, but no		i	مدا	I		
1		tment expenses not included on Part			d1			
2	Othe	r (specify):			d2	١	42	
	V ~ ~ ~ .					<u> </u>	d	0
•		revenue (Part I, line 12) Add lines c					e	0
e Part I	_	Reconciliation of Expenses per	Δudited Financial S	Statements V	Vith	Expenses per R		
а		expenses and losses per audited fina					а	
a b		unts included on line a but not on Part					<u> </u>	
1		ited services and use of facilities			b1	1	r (~,	
2		year adjustments reported on Part I, Ii					1	
3		es reported on Part I, line 20					,	
4		r (specify)					1	
					b4	0		
	Add	ines b1 through b4					b	0
С	Subt	ract line b from line a					С	0
d		unts included on Part I, line 17, but no		,		•	1	
1		stment expenses not included on Part	I, line 6b		d1			
2	Othe	r (specify).				_	*	
					d2	0		
		ines d1 and d2					d	0
е		expenses (Part I, line 17) Add lines					e	0
Part \	/-A	Current Officers, Directors, Tru						
		trustee, or key employee at any time						uctions.)
		(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid,	on '	(D) Contributions to emp benefit plans & deferred	-	(E) Expense account and other allowances
			week devoted to position	enter -0)	_	compensation plans	3	and other allowances
Name	Ange	Bowles str 3803 Perkins Road	Title		-			
Cit	y Thon	npsons Statioi ST TN zip 37179	Hr/WK 40	7,5	00	 	0	0
Name	Ricky	Bowles Str 3803 Perkins Road	Title					
Cit	y Thon	npstons Static ST TN zip 37179	Hr/WK 40	15,0	00		0	0
	Jeff S		Title					
		npsons Statioi ST TN ZIP 37179	Hr/WK 1		<u> </u>		0	0
		d Gibson Str 3865 Perkins Road	Title					
Cit	y Thon	npsons Statioi ST TN ZIP 37179	Hr/WK 40		-		0	0
	BIII B		Title				_	
		npsons Statioi ST TN zip 37179	Hr/WK 3		<u> </u>		0	
		Beasley Str 1311 Glevnview Driv	Title				_	
	y Bren	twood ST TN ZIP 37027	Hr/WK 1		의_		0	0
Name	<u> N/A</u>	Str	Title					
Cit		ST ZIP	Hr/WK					
Name	e N/A	Str	Title					
Cit		ST ZIP	Hr/WK					ļ
Name	<u>N/A</u> .	Str	Title					
Cit		ST ZIP	Hr/WK		+			
Name	N/A	Str	Title		İ			
		07	LII-AAII/					

Form 990	(2006) DEER RUN RETREAT CENTER			62-1725478			Page 6
Part V						Yes	No
	inter the total number of officers, directors, an	d trustees permitted to	vote on organizat				!
	neetings			5			
	Are any officers, directors, trustees, or key emp	-		•			
	employees listed in Schedule A, Part I, or high				· ·		
	contractors listed in Schedule A, Part II-A or II-				754		-,
	elationships? If "Yes," attach a statement that			• • • • • • • • • • • • • • • • • • • •	75b	 	X
	Do any officers, directors, trustees, or key emp	•		•	'		
	compensated employees listed in Schedule A,	_	•				
	ndependent contractors listed in Schedule A, F organizations, whether tax exempt or taxable, t				1.	-	
	he definition of "related organization."				75c	-	X
	f "Yes," attach a statement that includes the in						
	Does the organization have a written conflict of			<u> </u>	75d	X	
Part V	-B Former Officers, Directors, Trustees,	and Key Employees	That Received Co	mpensation or Other Bene	fits (If	any for	mer
	officer, director, trustee, or key employee	e received compensati	on or other benefit	s (described below) during the	ne year	r, list th	nat
	person below and enter the amount of co	ompensation or other l	benefits in the appr	opriate column. See the inst	truction	ıs.)	
			(C) Compensation	(D) Contributions to employee		Expens	
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans		int and o lowances	
Name N	N/A Str		enter-o-/	compensation plans		OWATIOCS	<u>'</u>
City	ST ZIP						
Name N	V/A Str						
Cıty_	ST ZIP						
Name N							
City Name N	ST ZIP						
City	N/A Str ST ZIP						
Name N							
City	ST ZIP						
Name N							
City	ST ZIP						
Name_N City	N/A Str ST ZIP						
Name N							
City	ST ZIP						
Name N							
City	ST ZIP						
Name_N							
City	ST ZIP	·	<u> </u>	<u> </u>		Yes	No
Part V) If "Voe " ettech e	$\overline{}$	res	No
	Old the organization make a change in its actived the organization make a change		-		76		Х
	Nere any changes made in the organizing or g				77		X
	f "Yes," attach a conformed copy of the chang		out not reported to				
	Did the organization have unrelated business of		O or more during th	e vear covered by			
	his return?		_	•	78a		X
	f "Yes," has it filed a tax return on Form 990-T				78b	N/A	
	Was there a liquidation, dissolution, termination			ear? If "Yes," attach			
а	a statement				79		X
80 a l	s the organization related (other than by associate	ciation with a statewide	e or nationwide org	anization) through			
c	common membership, governing bodies, truste	es, officers, etc , to a	ny other exempt or	nonexempt			
	organization?				80a	 	X
b II	f "Yes," enter the name of the organization 🕨			· · · · · · · · · · · · · · · · · · ·			
		and check whethe	rıtis 🔛 exempt	or nonexempt			}
81 a E	Enter direct and indirect political expenditures	(See line 81 instruction	ns.)	81a 0	식 ·- ˈ		
ьΓ	old the organization file Form 1120-POL for th	is vear?			81b		X

Form 990 (2006)

Form 99	0 (2006) DEER RUN RETREAT CENTER 62-1725478			Page 7
Part \	Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		x
	If "Yes," you may indicate the value of these items here. Do not include this amount			<u> </u>
	as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)			!
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b	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 unless the			
	organization received a waiver for proxy tax owed for the prior year.		,	
С	Dues, assessments, and similar amounts from members	4		'
	Section 162(e) lobbying and political expenditures	4		'
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	4		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	일		~
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to		ره ۱	!
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	1:		
	following tax year?	85h		
	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12.	┨		;
	Gross receipts, included on line 12, for public use of club facilities	-{		. ;
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	-	,	1 :
D	Gross income from other sources. (Do not net amounts due or paid to other		:	
00 -	sources against amounts due or received from them.)	┨.		, ,)
oo a	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 Regulations sections	88a		ا ا
.	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	60a		
b	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		
80 2	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.	1000		<u> </u>
03 a	section 4911 ► ; section 4912 ► ; section 4955 ►	1		
h	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	1		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified			
_	persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	1		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction?	89e		<u> </u>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<u> </u>
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	1	1	
	at any time during the year?	89g		L
	List the states with which a copy of this return is filed			
b	Number of employees employed in the pay period that includes March 12, 2006 (See			
	instructions.)			
91 a	The books are in care of ► Name David Gibson Telephone no ►			 .
	Located at ► 3865 Perkins City Thompsons Station ST TN ZIP + 4 ► 37179			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	044	1.03	└
	account)?	91b	<u> </u>	X
	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	İ		
	and Financial Accounts		001	
		F	ıım ヺヺし	0 (2006)

Form <u>9</u> 90		DEER RUN RETR	EAT CENTER		62-1725478		Page 8
Part V						Yes	No
C	At any time during the calendar year, did the c		in an office outs	ide of the United	d States? 91	lc	
	If "Yes," enter the name of the foreign country	>					
92	Section 4947(a)(1) nonexempt charitable trust	ts filing Form 990 in	lieu of Form 1	041 —Check he	re	'	▶ 🔲
	and enter the amount of tax-exempt interest re	eceived or accrued	during the tax y	ear <u></u>	▶ 92 N/A		
Part V	Analysis of Income-Producing Ac	tivities (See the I	instructions.)				
Note:	Enter gross amounts unless otherwise	Unrelated busin	less income	Excluded by section	on 512, 513, or 514	(E	
indicate	•	(A)	(B)	(C)	(D)	Relate	
93	Program service revenue	Business code	Amount	Exclusion code	Amount	exempt for	
	Camp & Lodge Fees				 	incor	32,224
b						<u></u>	JL,EL7
C			-				
d							
- -					+		
f	Medicare/Medicaid payments				 		
	Fees and contracts from government agencies		_				
94	Membership dues and assessments .						
	Interest on savings and temporary cash investments .	···-	10				
96	Dividends and interest from securities .		52				,
97	Net rental income or (loss) from real estate	, ,	-,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
а	debt-financed property		7				
	not debt-financed property						
98	Net rental income or (loss) from personal property						
99	Other investment income						•
100	Gain or (loss) from sales of assets other than inventory		-493				
101	Net income or (loss) from special events	_					
102	Gross profit or (loss) from sales of inventory .						
103	Other revenue a		0		0		0
b			0		0		0
С			0		0	L	0
d			0		0		0
е			0		0		0
	Subtotal (add columns (B), (D), and (E))		-431		0		32,224
	Total (add line 104, columns (B), (D), and (E))				▶	18	<u>31,793</u>
	Line 105 plus line 1e, Part I, should equal the a						
Part V	Relationship of Activities to the A	ccomplishment	of Exempt Pu	rposes (See ti	he instructions.)	
Line N	1 '				to the accomplish	ment	
	of the organization's exempt purposes (other						
93 a	This is the purpose of the organization to o	perate a camp and	l lodge and prov	ride services			
				·			
Part I			Disregarded E	ntities (See tr	e instructions.)		
	(A)	(B)	_	(C)	(D)	(E)	
	Name, address, and EIN of corporation,	Percentage	Natur	e of activities	Total income	End-of-	
	partnership, or disregarded entity	ownership inte				asse	
			<u>%</u> %		0		<u>0</u>
					0		0
					0		0
Part X	Information Regarding Transfers	Associated with		efit Contracts		<u> </u>	
				-			
	d the organization, during the year, receive any funds, dire	-				= :	X No
	id the organization, during the year, pay premit	•	rectly, on a pers	onal benefit con	tract?	Yes	X No
Note: /	If "Yes" to (b), file Form 8870 and Form 4720	(see instructions).					
						Form 99 (J (2006)

Part 2				omplete on	ly if the orga	aniza	tion
	is a controlling organization	on as defined in section	512(D)(13).			'es	No
106	Did the reporting organization mal the Code? If "Yes," complete the s			ection 512(b)	_	es	X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) Amount of t	ransfe	
а							
b							
С							
	Totals		and the same of the same	- 1 mg			0
107	Did the reporting organization reco	-	•			'es	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) Amount of t	ransfe	er
а							
b							
C							
	Totals	,	1	1		'es	0 No
108	Did the organization have a bindin rents, royalties, and annuities design.	~	_	ring the inter	—		Х
Please Sign Here	Under penalties of penjury, I declare that I hand belief, it is true, correct, and complete Signature of officer Kurt Beasley Type or print name and titte						
Paid Prepare	Preparer's signature		Date Check if self-employed	• 📗 ,	Preparer's SSN or PTIN	(See Gen	inst X)
Use Onl	I I III S HEILE (OI YOUIS			Phone no	Form	990	(2006)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2006

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

Employer identification number Name of the organization **DEER RUN RETREAT CENTER** 62-1725478 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (e) Expense (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 ▶ Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (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 Total number of others receiving over \$50,000 for professional services. Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation

Total number of other contractors receiving over

\$50,000 for other services

Part	Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	_1_		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	;	-	, ,
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)	·	, , , ,	
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2ь		х
С	Furnishing of goods, services, or facilities?	2c		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V	2d	Х	
е	Transfer of any part of its income or assets?	2e		Х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		Х_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete	4a		x
b	lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4b		Х
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		х
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Part	Reason for Non-Private	Foundation S	Status (See pages 4 th	rough 7 of the	e instructions)				
I certif	y that the organization is not a private fo				x)				
5	A church, convention of churches,	or association of	churches Section 170(b)(1))(A)(ı)					
6	A school Section 170(b)(1)(A)(ii)	(Also complete P	art V.)						
7	A hospital or a cooperative hospital	al service organiza	ation. Section 170(b)(1)(A)(ii	1).					
8	A Federal, state, or local governm	ent or governmen	tal unit Section 170(b)(1)(A)(v)					
9	A medical research organization on name, city, and state			n 170(b)(1)(A)(iii).		tal's Country			
10	An organization operated for the b	-	•	rated by a govern	ımental unıt. Secti	ion 170(b)(1)(A)(ıv).			
11 a	An organization that normally rece 170(b)(1)(A)(vi) (Also complete th		•	overnmental unit	or from the genera	al public Section			
11 b	A community trust Section 170(b)	(1)(A)(vi) (Also c	omplete the Support Sched	lule in Part IV-A)				
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controll requirements of section 509(a)(3) Type I Type			porting organizat		meets the			
	Provide the following info	ormation about	the supported organiza	ations. (See pa	age 7 of the inst	ructions)			
Name	(a) e(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d Is the su organizatio the sup organiz governing d	pported on listed in porting ation's	(e) Amount of support			
				Yes	No				
		····							
Total					▶	0			
, , , , , , ,			<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>				
14	An organization organized and ope	erated to test for p	public safety Section 509(a)	(4) (See page 7	of the instructions	;)			

	Support Schedule (Complete only : You may use the worksheet in the instructions					
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	143,025	61,460	14,431	29,933	248,849
16	Membership fees received				,	0
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	58,144	30,514	23,666	17,500	129,824
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	257	6	19	48	330
19	Net income from unrelated business	231		13		330
19	activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					_
	its behalf				_	0
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					0
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	201,426	91,980	38,116	47,481	379,003
24	Line 23 minus line 17	143,282				249,179
25	Enter 1% of line 23	2,014	920	381	475	, ÷,
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in column	(e), line 24 .	▶ 26a	0
b	Prepare a list for your records to show the name of a				,	1. 1
	governmental unit or publicly supported organization)					P
	amount shown in line 26a Do not file this list with y		the total of all the	ese excess amoun		0
	Total support for section 509(a)(1) test Enter line 24,			• •	▶ 26c	<u> </u>
a	Add Amounts from column (e) for lines 18		9 6b		. > 26d	0
	Public support (line 26c minus line 26d total)				. > 26e	0
	Public support percentage (line 26e (numerator) of	ivided by line 26	c (denominator)	,	. Þ 26f	0.00%
27					ived from a "dısqu	
	prepare a list for your records to show the name of, a					
	file this list with your return. Enter the sum of such					
	(2005) 14,575 (2004)	14,500	(2003)	7,600	(2002)	
b	For any amount included in line 17 that was received	from each person	(other than "disqi	ualified persons"),	prepare a list for y	our records
	to show the name of, and amount received for each y					
	\$5,000 (Include in the list organizations described in					
	After computing the difference between the amount redifferences (the excess amounts) for each year	eceived and the la	irger amount desc	ribed in (1) or (2),	enter the sum of t	nese
			(2003)		(2002)	
	(2004)	• • • • • • • • • • • • • • • • • • • •	(2003)		(2002)	
С	Add Amounts from column (e) for lines: 15	248,849 1			► l az. l	270 672
	17 129,824 20 2		21	 · · ·	► 27c	378,673 36,675
		d line 27b total	•	 ·	. > 27d > 27e	341,998
e •	Public support (line 27c total minus line 27d total)	t from line 23 coli	ımn (e)	▶ 27f	370 003	J + 1, 33 0
f	Total support for section 509(a)(2) test. Enter amount Public support percentage (line 27e (numerator) of				▶ 27g	90.24%
g h	Investment income percentage (line 18, column (e	•	•		▶ 27h	0 09%
'	Houseal Grants: For an organization described in lin					

	t VI-A Lobbying Expenditures by Electing (To be completed ONLY by an eligib	•	,		structions.)	rage o
Chec					limited control" prov	sions apply.
	Limits on Lobbying E	·	ured)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (gr			36	3	O garnzauch s
37	Total lobbying expenditures to influence a legislative body			37		
38	Total lobbying expenditures (add lines 36 and 37)			. 38		(
39	Other exempt purpose expenditures			39	9	
40	Total exempt purpose expenditures (add lines 38 and 39)			40	0	C
41	Lobbying nontaxable amount Enter the amount from the					
	• •	bying nontaxable a	mount is—			
	Not over \$500,000 20% of t	he amount on line 4	0)].		
	Over \$500,000 but not over \$1,000,000 . \$100,000	O plus 15% of the ex	cess over \$500,0	00	, X 3551	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Over \$1,000,000 but not over \$1,500,000 \$175,000	0 plus 10% of the ex	cess over \$1,000	,000 } <u>4</u> 1	1	
	Over \$1,500,000 but not over \$17,000,000 . \$225,000	0 plus 5% of the exc	cess over \$1,500,0	000		1
	Over \$17,000,000 \$1,000,0			1	2	
42	,	• •		42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more the			<u>43</u>		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more the	nan line 38		. 44	• <u> </u>	<u> </u>
	Caution: If there is an amount on either line 43 or line 44,	vou must file Form	4720	<u> </u>		
		ging Period Un		01(h)	<u>··</u>	
	(Some organizations that made a section 5				columns below	
	See the instructions for I					
		-			Year Averaging I	Period
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in)	2006	2005	2004	2003	Total
45	Lobbying nontaxable amount			* ,		0
46	Lobbying ceiling amount (150% of line 45(e))		* *			0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount .					0
49	Grassroots ceiling amount (150% of line 48(e))					
	<u> </u>				<u> </u>	
50	Grassroots lobbying expenditures				<u> </u>	0
Pa	t VI-B Lobbying Activity by Nonelecting F (For reporting only by organizations the			(See nage	13 of the instruc	tions)
					To or the mistree	1
	g the year, did the organization attempt to influence nation	_		any	Yes No	Amount
	pt to influence public opinion on a legislative matter or refe	rendum, through th	e use of		 	
a	Volunteers			• -		
b	Paid staff or management (Include compensation in expe	nses reported on lin	ies c through n.)		 	-
С	Media advertisements Mailings to members, legislators, or the public		•		 	
	ivialilius to members, legislators, or the public		•			
d					1 1	
d e	Publications, or published or broadcast statements			•	 	
d e f	Publications, or published or broadcast statements Grants to other organizations for lobbying purposes					
d e f g	Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government of			•		
d e f	Publications, or published or broadcast statements Grants to other organizations for lobbying purposes					C



Schedule A (Form 990 or 990-EZ) 2006 DEER RUN RETREAT CENTER 62-1725478 Page 7 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of No 51a(i) (i) Cash Х (ii) Other assets a(ii) b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization . b(i) (ii) Purchases of assets from a noncharitable exempt organization b(ii) (iii) Rental of facilities, equipment, or other assets . b(iii) (iv) Reimbursement arrangements b(iv) (v) Loans or loan guarantees . . b(v) (vi) Performance of services or membership or fundraising solicitations b(vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . С d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (c) Amount involved Line no Name of noncharitable exempt organization Description of transfers, transactions, and shanng arrangements Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule (a) (b) (c) Name of organization Type of organization Description of relationship

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
_ine-1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support 1 Contributions	81,113 1 2 2 3 2 0 4 5	
6	6	
7		 -
9		
10 Total	81,113 10	0
ine 1c - Indirect public support		
ine 1d - Government contributions (grants)		

	entory
	Ž
	· than
	Other
	(990) - Gain/Loss from Sale of Assets Other th
l	ð
	Sale
	Gain/Loss from S
	Loss
	ain/
	<u>ე</u>
	3 (990
	Line 8

								Totals:	Gross	SS	Cost, other	other	
										es	basis and	basis and expenses	
							Public	Public Securities		0		493	•
							Non-Public	Non-Public Securities		0		0	
)	Other sales		0		0	
		Check If	Check If									Expense	
		gain/loss is	gain/loss is	Check If						Cost or other basis	her basis	of sale and	
		from sale		purchaser						(Enter one field only)	field only)	cost of	-
		of public	non public	is a		Date	Acquisition	Date	Gross sales		Donated	ımprove-	
Index 1	Description Miscellaneous	securities	securities	pusiness	Purchaser	acduired	method	pios	0 0	Cost 493	value	ments	Depreciation
2		<u> </u>										1	
<u>س</u>				1	:	:	1						
4													
2		<u> </u>											
9	111111111111111111111111111111111111111							!					
7			,										
8			' '	1		;							
6	;		·	; ;		- 1							
10	;		; ;		1								
=		-	:										
12				ı	1		:	1					
2													
4				1									
15		; ;		! 	-							•	
16					:				1	1			
17	,		-										
18								1	1				
2 2													
3													

Lin	e 43 (990) - Other Deductions	38,454	32,943	_5,511	
	Description	(A) Total	(B) Program	(C) Management	(D) Fundraising
	Description	40.400	services	and general	
1	Contract Labor	10,180	10,180		
2	Construction Materials	1050	4.070		
3	Property Maintenance	4,353	4,353		
4	Supplies	0			
5	Furnishings	0			
6	Insurance	12,599	12,599		
7	Improvements	0			
8	Office Expense	11,322	5,811	5,511	
9		0			
10	Program Expenses	0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		O			

Li	ne 55 (990) - Investments - Land	, Bu	ildings, and	E	quipment				
	Land (net of any amortization)						Land (net of a	ny a	
	•					L	Beginning		End
1						1 [
2						2 [
3						3			
4			• • • • • • • • • • • • • • • • • • • •			4 [
5			• • • • • • • • • • • • • • • • • • • •			5		一门	
6	Total land (net of any amortization)			- 		6 [0		0
	Buildings and equipment	[Buildings ar	nd	equipment	Π	Accumulate	d de	preciation
		1	Beginning		End		Beginning		End
7	Buildings	7	122,843		122,843	T			
	Equipment - Truck & Dozier	8	10,000		10,000	\neg			
9	Lodge Furnishings and Equipment				39,520	\neg			
	Grounds Improvements	10			61,593	┪		\neg	
11	Adventure Recreation Equipment				14,741	+			
 12		[_			
13		- 42	<u> </u>	_	· · · · · · · · · · · · · · · · · · ·	-+		$\neg \uparrow$	
14		• aat				\dashv		\dashv	
15	•	15				\dashv		\dashv	
16		16				\dashv		\dashv	
	Total buildings and equipment		132,843		248,697	\dashv	0	\dashv	
	Buildings and equipment (less accumulated					8	132,843	-+	248,697
				•		9	132,843	⊢	248,697
19	Total land, buildings and equipment		<u> </u>	•	<u> </u>	9	132,043		240,097
							Accumulated		
	Category or Item				Cost/Other Basis	_	Depreciation	_	Book Value
1				1		_		_	
2				2					
3				3					
4				4					
5				5					
6				6		П			
7			• • • • • • • • • • • • • • • • • • • •	7		\neg			
8				8		┪		╅	
9				9		\dashv		$\neg \uparrow$	
10				10		\dashv	· · · ·	_†	
11	Total			11	0	+	0	+	0
	10(a)	•	<u> </u>	• •	<u> </u>	_1.			

Li	ne 57 (990) - Land, Buildings, and E	quipment					
	Land (net of any amortization)					Land (net of any	amortization)
						Beginning	End
1	3845 Perkins Road				1	809,784	908,812
2					2		
3					3		
4					4		
5					5		
6	Total land (net of any amortization)		. 		6	809,784	908,812
	Buildings and equipment	Buildings ar	nd	equipment		Accumulated d	epreciation
		Beginning		End		Beginning	End
7						M	
8			_	· -			
9	8 9			· · · · · · · · · · · · · · · · · · ·			
10	40		_	2.57.			·····
11	44	· · · · · ·	_	·- <u>·</u>		- 	
12	49					· ·	
13	49		_				
14	4.4			<u> </u>			
15							
16		· -	_				
	Total buildings and equipment	0	-	0		0	0
	Buildings and equipment (less accumulated depr		_		18	0	0
	Total land, buildings and equipment					809,784	908,812
19	rotal land, buildings and equipment	· · · · · · ·	<u></u>	· · · · · · · · · · · · · · · · · · ·	13	809,704[900,012
						Accumulated	
	Category or Item			Cost/Other Basis		Depreciation	Book Value
1			1				
2			2		_		
3			3				
4			4				···-
5			5				
6			6				
7			7	-	-		
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809,784 880,839	Balance due Balance due	amount of year end of year Date of note Maturity date 809,784 800,805	Ö																
es Payable		Security provided																	
gages and Other Not		is a business						-											
Line 64b (990) - Mortgages and Other Notes Payable		Loan 3845 Perkins Road	2 Loan - Line of Credit	3	4	2	9	7	8	6	0	Į.	2	3	[4]	[5]	9	17	