	0	90	1				_			-	. }	OMB No	. 1545-0)047
Form	J	JU		Return	of Orga	anizatio	n Exem	pt Fre	om Inc	ome I	ax	ରାନ	ng	2
			Un	der section 5	i01(c), 527, c	or 4947(a)(1) d	of the Interna	al Reven	ue Code (e	xcept bla	ck lung	<u>C</u>	UU)
Dopo	rtmont c	of the Treasury			t	enefit trust o	or private for	undation)			Open	to Pu	blic
		nue Service	► T	he organizatio	on may have								ectio	n
<u>A</u>	For th	e 2008 cal		year, or tax y			nber 1,		nd ending	Decer				
BC	heck if		Please use IRS	C Name of orga		nuel Ridge F	Retreat Cen	ter			D Employ	1		
		s change	label or	Doing Busine		16 11 1					62		20748	4
Цr	lame c	hange	print or type.			if mail is not deliv	ered to street ad	dress)	Room/suite		E Telepho			
	nitial re	turn s	See Specific	1440 Sam's	·······	ad try, and ZIP + 4			<u> </u>		<u>(615)</u>	79	2-373	4
	ermina		Instruc- tions.	Ashland Ci		-						a alianta di	F	0 704
· · · · · · · ·		ed return		e and address			m Mitchom	1456 8	amia	1	G Gross re			8,781
	pplication			Road, Ashla			n witchem,	1450 3	an s		s a group return			No No
1	Tax-ex	empt status:		01(c) (3)◀ (ir		4947(a)(1) or	527				all affiliates i lo," attach a			No 🖌
		ite: ► pen	الستنا								exemption nur		Sunction	13)
				ation Trust	Association	Other ►		L Year	of formation		M State of		cile: TN	1
	rt I	Summa		. <u></u>				- J	······································					
		Briefly des	scribe	the organiza	tion's miss	ion or most	significant a	octivities	Penuel	Ridge is	a spiritua	I retreat	cente	r in
	•	Middle Te	enness	see, honorir	ng our herit	tage and for	stering valu	es of c	ontemplat	ion, siler	ice, hospi	tality, re	st, so	cial
nce		justice ar	nd con	nmunion wi	th nature; r	nurturing th	e journey ir	ward to	o strength	en the jo	urney ou	ward. C)ur mo	st
Governance		significar	nt activ	vities are re	treat offeri	ngs, solidar	ity program	with th	ne homele	ss and c	are of cre	ation.		
ove	2	Check this b	box ►[if the organ	nization discol	ntinued its ope	erations or disp	oosed of	more than 2	5% of its a	issets.			
ഷ പ	3	Number o	of votin	g members	of the gove	rning body	Part VI, line	1a),			3			11
Activities &	1			o Dendent voti	-		•		/I, line 1b)		. 4			11
iviti	5	Total num	ber of	employees	(Part V, line	e 2a)					5			2
Act	6	Total num	ber of	volunteers (estimate if	necessary)					. 6			72
				lated busine					(C)		. <u>7a</u>			
	b	Net unrela	ated bu	isiness taxal	ble income	from Form 9	990-T, line 3	4	<u></u>		. 7b			
										Prior Y		Curr	ent Yea	
ø	8	Contributio	ons an	id grants (Pa	art VIII, line	1h)					46,923	37,098		
Revenue	9	Program s	rogram service revenue (Part VIII, line 2g)							22,204	20,458			
Reç				me (Part VIII		-					694			990
_				Part VIII, colu							507			235
				dd lines 8 thr					<u>912)</u>		70,328		5	8,781
				ar amounts		•)	· · ·				· · · · · · · · · · · · · · · · · · ·	
ŝ		•		or for memb					· · ·		5,638			0 000
Expense				mpensation,	•	-), lines 5	5–10) <u> </u>		5,030			9,808
, xpe				draising fees	•	• •	•		537		15 al an an Asia			
ш	1		•	expenses (P (Part IX, col	•		,				40,749	- er andere de la	5	3,529
				Add lines 1			•	 \\ line (46,387			3,338
				enses. Subti				-y, inte 2	20). <u> </u>		23,941			4,557)
ses Ses			I							Beginning		End	of Year	
Net Assets or Fund Balances	20	Total asse	ets (Pai	rt X, line 16)							330,261		31	6,545
Aŝ	J			Part X, line 2				•••	•••					841
Pun				nd balances							330,261		31	5,704
Pa	rt II	Signa												
		Under pena	alties of	erjury, I declar , correct, and o	e that I have e	tamined this ret	urn, including a	ccompany	ying schedule	s and state	ments, and to	the best o	f my kno	wledge
		and beller,						Unicer) is	based on an	momation	1	1		wiedge. A C
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		y iype d		name and title			*	Date	Chec	k if	Dramon 1- 1	lantifuir - ·	mb ar	
		Preparer's signature		R D		nn	/		self-		Preparer's i (see instruct		ander	
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Use	Only	if self-emp	oloyed),			ue South, N			-4311		no. ► (615		43880 97-152	
Mai	v the	address, a		return with									Yes	No
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Page	4

Par	t III Statement of Program Service Accomplishments (see instructions)
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 strenghten 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	Did the organization cease conducting, or make significant changes in how it conducts, any program 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 \$ 53,825 including grants of \$) (Revenue \$ 20,458) Penuel Ridge sponsored 16 spiritual retreats covering topics of health, well being, and spirituality. 31 other groups or non-profit organizations sponsored retreats at Penuel Ridge. A total of 1,722 individuals participated.
4b	(Code:) (Expenses \$7,514 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 guarterly 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 of the Solidarity Program to analyze the success of the program with 12 participants.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$ 61,339 (Must equal Part IX, Line 25, column (B).)

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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	\checkmark	
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		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8		✓
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		√
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	\checkmark	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\checkmark
14a		14a		v
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<u>14</u> b		1
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? <i>If "Yes," complete Schedule F, Part II.</i>	15		1
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? <i>If "Yes," complete Schedule F, Part III</i>	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		\checkmark
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		\checkmark
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		\checkmark
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		\checkmark
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .	23		✓
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		✓
	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	24-		
	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?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓

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Form	990 (2008)		P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	2 8a	 Image: A start of the start of	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
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	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</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		✓
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		1
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		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1

Form	990 (2008)		F	age 5				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance							
			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							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	, piloni		a de la				
	gaming (gambling) winnings to prize winners?	1c	V					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see							
0	instructions)							
за	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?							
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3a 3b						
40	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: ►	1.57						
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\checkmark				
b								
С	c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity							
	Regarding Prohibited Tax Shelter Transaction?	5c						
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		 ✓ 				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	- -						
	\$75?	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	70						
_	required to file Form 8282?	7c		¥				
	If "Yes," indicate the number of Forms 8282 filed during the year							
е	benefit contract?	7e	an tha an	1				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\checkmark				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	\checkmark					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as							
	required?	7h	\checkmark					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		i dente de la compositione					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring							
	organization, have excess business holdings at any time during the year?	8						
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?	9a 9b						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	an						
10 a	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							
11	Section 501(c)(12) organizations. Enter:							
a	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.)			e pañasi An com				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ.,	L				
<u>d</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b							
		Forn	1 990	(2008)				

Part VI	Governance, Management,	and Disclosure	e (Sections A	А, B	, and C	request	information	about	policies	not
	required by the Internal Reven	ue Code.)								

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		aa dis di Galactica Maria	
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			
	any other officer, director, trustee, or key employee?	2		\checkmark
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		\checkmark
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\checkmark
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		\checkmark
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		\checkmark
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		\checkmark
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	\checkmark	
b	Each committee with authority to act on behalf of the governing body?	8b	\checkmark	
9a	Does the organization have local chapters, branches, or affiliates?	9a		\checkmark
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	<u>9b</u>		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		\checkmark
Sec	tion B. Policies			

12a Does the organization have a written conflict of interest policy? If "No," go to line 13		
rise to conflicts?	<u>) </u>	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	: ✓	
13 Does the organization have a written whistleblower policy?		 ✓
14 Does the organization have a written document retention and destruction policy?		✓
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:		an the second of
a The organization's CEO, Executive Director, or top management official?	1	 ✓
b Other officers or key employees of the organization?	>	 ✓
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
with a taxable entity during the year?	1	✓
 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? 		

- List the states with which a copy of this Form 990 is required to be filed Tennessee 17
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Own website
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 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. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

			JIIIC				uus	T		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	nstitutional trustee	Officer	a Key employee	the appendix of the second sec	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
Laura E. Valentine, Resident Staff	25				\checkmark			12,200	-0-	-0-
Kathryn Mitchem Board President	20			1				-0-	-0-	-0-
Karen Davis Vice President	5			1				-0-	-0-	-0-
Linda Zralek Secretarv	5			1				-0-	-0-	-0-
Terry Tankard Treasurer	5			\checkmark				-0-	-0-	-0-
Rick Christensen	5							-0-	-0-	-0-
Director	Ľ	✓								.
Juliana Ericson Director	5	1						-0-	-0-	-0-
Mark Marshall Director	5	1						-0-	-0-	-0-
James C. ("Jim") Phillips, Jr. Director	5	~						-0-	-0-	-0-
Linda Quigley Director	5	1						-0-	-0-	-0-
Karen Stevens Director	5	1						-0-	-0-	-0-
Nevin Trammell Director	5	1						-0-	-0-	-0-
John Zirker	5							1,700	-0-	-0-
Director	ļ .	1			-					¥
	-									
	-									

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Par	t VII Section A. Officers, Directors, Tru	etope Ko	/ Emn	low	000		d Hia	hoet	Compensator		Page 8				
Par	(A)		/ Emp	поуч) C)	u niy	nes	(D)	(E)					
	Name and title		(B)	(b) Average			Positi	ion (r			that ap	uniu)	Reportable	(=) Reportable	(F) Estimated
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations				
Non	e				-										
						_		ļ							
						†									
			1			-									
		· · · · · · · · · · · · · · · · · · ·													
1b	Total		·	ـــــــــــــــــــــــــــــــــــــ		•	•	•							
2	Total number of individuals (including those organization ► -0-	ə in 1a) wł	no rec	eive	əd r	nor	e thar	n \$1	00,000 in repo	rtable compens	sation from the				
						_					Yes No				
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete So</i>							oyee	e, or highest c	•	3 🗸				
4	For any individual listed on line 1a, is the s the organization and related organizations														

individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

	(A) Name and business address	(B) Description of services	(C) Compensation				
No	None						
2	Total number of independent contractors (including those in 1) who receiv compensation from the organization ►	ed more than \$100,000 in					

4

5

Par	t VIII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f g	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (contri All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	grants, ded above 1f	37,098 -0-	37,098			
Program Service Revenue	2a b c d	Fees for Spiritual Ret Fees for space at Arti	st Fair	Business Code 900099 900099	18,683 1,775	18,683 1,775		
Program	e f g	All other program servi Total. Add lines 2a–2f			20,458			
	3 4 5	Investment income (inc other similar amounts) Income from investment of Royalties	of tax-exempt bor	🕨	990			990
	b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c). · · · a					
oth	С	Less: direct expenses Net income or (loss) fro	om fundraising e	L	235			235
	b	Gross income from gam See Part IV, line 19 Less: direct expenses. Net income or (loss) fro	a					
	b	Gross sales of inver- returns and allowances Less: cost of goods so Net income or (loss) from Miscellaneous Rev	ald b but sales of invent					
		All other revenue Total. Add lines 11a-1	 1d	· · · · · •				
	12	Total Revenue. Add lin 9c, 10c, and 11e			58,781	20,458		1,225

Form 990 (2008)

1,225 Form **990** (2008)

Pa	t IX Statement of Functional Expense			· · · · · · · · · · · · · · · · · · ·	
	Section 501(c)(3) and 50				
	All other organizations must complete co				
	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				
3	Grants and other assistance to governments, organizations, and individuals outside the				
4	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u>plenn () e chui ne </u> internet. E	and the second
5	Compensation of current officers, directors, trustees, and key employees				
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	17,400	12,520	2,440	2,440
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				
9	Other employee benefits	1,077	775	151	151
10	Payroll taxes	1,331	958	187	186
11	Fees for services (non-employees):				
	Management				
	Accounting	830		830	
			·····		
	Professional fundraising services. See Part IV, line 17		<u>, 1</u>		
	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g	Other	711	711		
12	Advertising and promotion			804	510
13	Office expenses	6,369	5,055	004	510
14	Information technology				
15	Royalties	40.400	40.400		
16	Occupancy	18,180	18,180		
17	Travel	1,425	855	285	285
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,261	16,568	678	15
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,717	5,717		
23		2,937		2,937	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			an a	
	5% of total expenses shown on line 25 below.)				
а	Miscellaneous	100	······································	100	
b					
u c					
					·····
d					
e					
f	All other expenses	70.000	64 300	0 440	2 507
25	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ► □ if following	73,338	61,339	8,412	3,587
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Form 990 (2008

Balance Sheet

			(A) Beginning of year		(I End c	3) of year	
	1	Cash non interact booving	18	1			,356
		Cash—non-interest-bearing					1.613
	2	Savings and temporary cash investments	650				2,230
	3	Pledges and grants receivable, net	050	4			.,230
	4	Accounts receivable, net	·····	4		·	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .		5	· · · · · · · · · · · · · · · · · · ·		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			y lin y Ny fi
ŝts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8	 		
Ä	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a 334,859				- 1	
	b		267,983	10c		278	3,346
	44	Investments—publicly traded securities		11			.,010
	11 12	Investments—publicly traded securities	·····	12			
				13			
	13	Investments—program-related. See Part IV, line 11		14			
	14	Intangible assets		15			
	15 16	Other assets. See Part IV, line 11	330,261			316	5,545
				17			841
	17 18	Accounts payable and accrued expenses		18			041
				19			
	19			20			
Liabilities	20	Tax-exempt bond liabilities		21		•······	
	21	Escrow account liability. Complete Part IV of Schedule D		<u> </u>			
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			la na la Heada
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26			841
ances		Organizations that follow SFAS 117, check here \blacktriangleright \square and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	312,397	27		<u>297</u>	7,840
Ba	28	Temporarily restricted net assets		28			
P	29	Permanently restricted net assets	17,864	29		17	7,864
or Fund Bal		Organizations that do not follow SFAS 117, check here \blacktriangleright and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Š	32	Retained earnings, endowment, accumulated income, or other funds		32			
Vet	33	Total net assets or fund balances	330,261	33		315	5,704
~	34	Total liabilities and net assets/fund balances	330,261	34		316	6,545
Pa	rt XI	Financial Statements and Reporting					
1	Acco	ounting method used to prepare the Form 990: 🗹 Cash 🛛 Accrua	I 🗌 Other			Yes	No
2 a		e the organization's financial statements compiled or reviewed by an inc		t? .	<u>2a</u>	\checkmark	
b		e the organization's financial statements audited by an independent acc			2b		\checkmark
~ ~		es" to lines 2a or 2b, does the organization have a committee that assumes		siaht e	of		
		audit, review, or compilation of its financial statements and selection of an in		-			1
3a		a result of a federal award, was the organization required to undergo an					
		Single Audit Act and OMB Circular A-133?			. 3a		√
b		es," did the organization undergo the required audit or audits?			. 3b		

Form **990** (2008

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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



				nonexer	npt charit	able trust	s.				Open to Public
	tment of the Trea al Revenue Servic		► A	ttach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.		Inspection
Name	of the organiz	ation							Employe	r identifica	tion number
Pen	uel Ridge R	etre	at Center					<u>. </u>	62	•	1207484
Pa	rt I Rea	sor	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) (se	e instru	ctions)
The	organization	is n	ot a private four	dation because it is:	(Please c	heck onl	y one org	ganizatior	า.)		
1				rches, or association			ribed in s	ection 1	70(b)(1)(/	4)(i).	
2				on 170(b)(1)(A)(ii). (Att							
3			•	nospital service organ							
4				tion operated in conj				scribed in	n section	170(b)(1)(A)(iii). Enter the
~	•		•	ate:							l unit deperihed in
5			(b)(1)(A)(iv). (Col	the benefit of a collegen	ge or uni	versity ov	whea or c	perateu	by a gov	ernmenta	a unit described in
6				rernment or governme	ntal unit	describe	d in sect	ion 170()	b)(1)(Δ)(v)		
7			_	receives a substantia							the general public
'	0			(1)(A)(vi). (Complete F	•	no ouppe	ne nom a	govorni	iontai uni		ine general passe
8				d in section 170(b)(1)		Complete	Part II.)				
9				receives: (1) more that							
				ed to its exempt funct							
				ent income and unre						511 tax) from businesses
		-	-	after June 30, 1975.							
10	-		•	nd operated exclusive	-	•	-				
11				and operated exclusive blicly supported organ							
				at describes the type							
	a 🗌 -						ctionally] Type III–Other
е				tify that the organizat			•	-			
				on managers and other							
	509(a)(1) or	section 509(a)(2)								
f	If the o	rgan	ization received	a written determinati	on from	the IRS	that it is	a Type I	I, Type II	, or Type	III supporting
			i, check this box								🛛
g		-		the organization acce	epted any	gift or c	ontributio	on from a	any of the)	
	followin			. An all so all so and a large	141 1 1 1			I		I. ((!!))	Yes No
	•••••••			r indirectly controls, e ning body of the supp				n persor	is descrit	bea in (ii)	11g(i)
			-	rson described in (i) a		ganzalio		· · ·			11g(ii)
				of a person described		(ii) above					11g(iii)
h	Provide	the	following inform	ation about the organ	izations t	he organ	ization su	upports.	·		
(i)	Name of suppo organization	ted	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		s the ion in col.	(vii) Amount of support
	organization			above or IRC section		document?	col. (i)	of your	(i) organi	zed in the	support
				(see instructions))	Vaa	Na	supp			S.?	
					Yes	No	Yes	No	Yes	No	
<u></u>											
			· · · · · · · · · · · · · · · · · · ·								
								1			1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Total

Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support

Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	79,432	31,184	21,096	46,923	37,0	98 215,733
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 1-3	79,432	31,184	21,096	46,923	37,0	98 215,733
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)						29,392
6	Public support. Subtract line 5 from line 4.						186,341
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0) 2009	(f) Total
		79,432	(b) 2003 31,184	21.096	46,923	(e) 2008 37,0	
7 8	Amounts from line 4	123	289	947	694		90 3,043
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 .						218,776
12	Gross receipts from related activities, etc	c. (see instructio	ns)			12	95,109
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth			
	tion C. Computation of Public Su		E				05
14	Public support percentage for 2008 (line		•			14	<u> </u>
15	Public support percentage from 2007 Sc					15	,•
16a	and stop here. The organization qualifier	s as a publicly s	upported orgar	nization			🕨 🔽
b	33½ % support test-2007. If the organ box and stop here. The organization qua						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "f organization meets the "facts-and-circum	facts-and-circum	nstances" test,	check this box	and stop here.	Explain in P	art IV how the
b	10%-facts-and-circumstances test-2007 more, and if the organization meets the " organization meets the "facts-and-circumst	facts-and-circum	stances" test, c	heck this box a	and stop here.	Explain in Pa	art IV how the
18	Private foundation. If the organization did	d not check a bo	x on line 13, 16;	a, 16b, 17a, or 1	7b, check this	box and see	instructions 🕨 🗌

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5						
7a	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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
с	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·				
8	Public support (Subtract line 7c from line 6.)		Annes V				
	tion B. Total Support		<u> </u>				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	and the second second	and a second and a second and a second and a				
14	and 12.) First five years. If the Form 990 is for						· · · · ·
Sec	organization, check this box and stop tion C. Computation of Public Su		ntage	<u> </u>	<u> </u>		<u>· · · · · · · · · · · · · · · · · · · </u>
15	Public support percentage for 2008 (lir	<u> </u>		ne 13. column	(f))	15	%
16	Public support percentage from 2007 3					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 200	8 (line 10c, co	olumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20	007 Schedule	A, Part IV-A, lii	ne 27h		18	%
19a							
b	17 is not more than 33½ %, check this b 33½ % support tests – 2007. If the organ	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more tha	n 331⁄3 %, and
20	line 18 is not more than 33½ %, check thi Private foundation. If the organization	s box and stop	here. The orga	nization qualifie	es as a publicly	supported org	ganization 🕨 🗌
				,			90 or 990-EZ) 2008

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	Part IV	Supplemental Information. Complete this part to provide the explanation required by	Page 4 Part II, line 10;
		Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	instructions)
			· · · · · · · · · · · · · · · · · · ·

SCHE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes." to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	e of the organization		Employer identification number
	uuel Ridge Retreat Center		62 1207484
		nor Advised Funds or Other Similar F " to Form 990, Part IV. line 6.	
	<u>_</u>	(a) Donor advised funds	(b) 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 funds are the organization's property, subj	donor advisors in writing that the assets he ect to the organization's exclusive legal cor	eld in donor advised htrol? Yes . No
6	used only for charitable purposes and not	onors, and donor advisors in writing that gra for the benefit of the donor or donor adviso	or or other
Pa	rt II Conservation Easements. Comp	blete if the organization answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply).	
	Preservation of land for public use (e.g		of an historically important land area
	Protection of natural habitat	Preservation	n of certified historic structure
2		d a qualified conservation contribution in the t	form of a conservation easement
	on the last day of the tax year.		Held at the End of the Year
	Total number of concentration accoments		
a b		asements	
c		ertified historic structure included in (a)	
d		ed in (c) acquired after 8/17/06	
3	Number of conservation easements modifi the taxable year ►	ed, transferred, released, extinguished, or te	erminated by the organization during
4	Number of states where property subject t	o conservation easement is located >	
5	Does the organization have a written polic enforcement of the conservation easement	y regarding the periodic monitoring, inspect ts it holds?	
6		ring, inspecting, and enforcing easements o	
7		g, inspecting, and enforcing easements duri	
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .		Yes 🗔 No
9		reports conservation easements in its rever he text of the footnote to the organization's tion easements.	
Pa		ections of Art, Historical Treasures, or vered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1 a	art, historical treasures, or other similar asse	nder SFAS 116, not to report in its revenue s ets held for public exhibition, education, or re te to its financial statements that describes	search in furtherance of public service,
b	historical treasures, or other similar assets provide the following amounts relating to t	nder SFAS 116, to report in its revenue state held for public exhibition, education, or res hese items: /III, line 1	earch in furtherance of public service,
		· · · · · · · · · · · · · · · · · · ·	
~		of art, historical treasures, or other similar	
2	following amounts required to be reported	under SFAS 116 relating to these items:	
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1	· · · · ► \$ · · · · ► \$

Schedule D (Form 990) 2008

OMB No. 1545-0047

2(0]8
Open	to	Publ

C

	nsp	ec	tion	

Scheo	lule D (Form 990) 2008									P;	age 2
Par	t III Organizations Maintaining (Collections	of Art, H	istoric	al Tre	easures,	or O	ther Similar As	sets (co	ontinu	ued)
3	Using the organization's accession and items (check all that apply):	other record	ls, check	any of	the fo	llowing th	nat ar	e a significant us	se of its	colle	ction
2	Public exhibition		h		Loon	or ovebor					
a L			d			or exchar					
b	Scholarly research		е		Other			· · · · · · · · · · · · · · · · · · ·			
c	Preservation for future generations										
4	Provide a description of the organization Part XIV.	n's collection	is and exp	blain ho	w the	y further t	the o	rganization's exe	mpt pur	pose	in
5	During the year, did the organization solic assets to be sold to raise funds rather that	it or receive d in to be maint	lonations o ained as p	of art, hi part of t	storica he org	al treasure anization's	s, or s colle	other similar ection?	Ye	s] No
Pa	t IV Trust, Escrow and Custodia Part IV, line 9, or reported an						ans	wered "Yes" to	Form 99	3 0,	
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	ustodian or o	ther interr	nediary	for co	ontributio	ns or	other assets no		es 🗌	No
b	If "Yes," explain the arrangement in Par	t XIV and co	mplete the	e follow	/ing ta	ıble:		- <u>r</u>			·
								Ar	nount		
с	Beginning balance						1c				_
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a b	Did the organization include an amount If "Yes," explain the arrangement in Par	on Form 99							☐ Ye	es 🗌	No
	t V Endowment Funds. Compl		ization ar	nswere	d "Ye	es" to Fo	orm 9	90. Part IV. lin	e 10.		
) Current year	(b) Prid			Two years b	T	(d) Three years back		years	back
10		17,863									
1a ⊾	Beginning of year balance	,		North Corner		2018 1917 - 1918 1917 - 1918	5 B				
b	Contributions	525		Contraction of the second	1. 1997.						
C	Investment earnings or losses						niter of the				
d	Grants or scholarships	<u> </u>			2011 - 11 - 11 - 11 - 11 - 11 - 11 - 11	<u>e - al </u>				17, 199, 	
e	Other expenditures for facilities and programs	525									
f	Administrative expenses		and a second s								
g	End of year balance	17,863	이 아이지 않았다. 2013년 - 11월 - 11일 - 1				5 %51 (* 1				
2	Provide the estimated percentage of the	e vear end h	alance hel	d as:							
a	Board designated or quasi-endowment	-		u us.							
h	Permanent endowment ► 100										
Č	Term endowment ►%	70									
20	Are there endowment funds not in the po	appendian of t	ha araani-	otion th	act are	hold one	المطعم	iniatoral for the			
Ja		SSESSION OF T	ne organiz	ation tr	hat are	e neia and	aam	inistered for the	ſ	Yes	No
	organization by: (i) unrelated organizations								3a(i)		\checkmark
	-						• •		3a(ii)		1
L	(ii) related organizations If "Yes" to 3a(ii), are the related organiz						• •				- Y
ь 4	Describe in Part XIV the intended uses								3b		L
Pai	t VI Investments—Land, Buildi		-	t. See	Form	990, Pai	rt X, I	ine 10.			
	Description of investment	(a) Cost or c (investr			ost or c sis (othe		(c) [Depreciation	(d) Bool	k value	e
19	Land			1	22,000	0			122,	000	4
	Buildings				19,698		1	55.986	163,		
	0		·			-					
	Leasehold improvements				3,161			527	2,6	34	
	Equipment				0,101				2,0		
-		1				1		1			

Total.	Add lines	1a-1e	(Column (d) should ec	ual Form 990	Part X	column (B)	line 10(c).)	
i otai.		1a-1e.	(Countin lu	, snould cu	1441 1 01111 000	, , ,, ,,	volunni (D)		

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278,346

Part VII Investments-Other Securities.	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mai	
Financial derivatives and other financial products			
Other			
	······································		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments – Program Related	. See Form 990, Part X	, line 13.	······································
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
	·····		······································
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets. See Form 990, Part	······································		
(a) Description		(b) Book value
	······································		
Total. (Column (b) should equal Form 990, Part X, col.			
Part X Other Liabilities. See Form 990, F			
(a) Description of liability	(b) Amount		
Federal income taxes			
	· · · · · · · · · · · · · · · · · · ·		
	······		

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.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►

Page 3

Schee	tule D (Form 990) 2008		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	······································
8	Other (Describe in Part XIV)	8	· · · · · · · · · · · · · · · · · · ·
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	T	Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)	- 0-	
е	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	investment expenses not included on Form 330, Fait vin, line 7D		4
b C	Other (Describe in Part XIV)		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		
_	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		er Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · · · · · · · · · · · · · · · · · ·
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5 Por	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	<u> </u>
			D
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		Part IV, lines 1b
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		

Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	
•••••		

Department of the Treasury Internal Revenue Service

Part I

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

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

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Name of the organization

Penuel Ridge Retreat Center

Employer identification number 62

1207484

\$.

Inspection

	To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.								
1	(a) Name of disgualified person	(h) Department of transaction	(c) Correc						
		(b) Description of transaction	Yes	No					
				ļ					
V				ļ					

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year \$
- Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3

Part II

Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose		to or from anization?		(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
			-		ļ					
lotal		I	▶ \$					1. 21.21. i.j	a	L

Part III

Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
John Zirker	on board of directors	1,700	Cont. Serv., Homeless Prog		\checkmark

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2008

OMB No. 1545-0047

NonCash Contributions

 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

20**08** Open To Public

Inspection

1207484

Employer identification number

62

Department of the Treasury Internal Revenue Service

Name of the organization

Penuel Ridge Retreat Center

Pa	t I Types of Property				·		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) of determinir evenues	ng
1	Art—Works of art	1	1	0			
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles		<u>, , , , , , , , , , , , , , , , , , , </u>		·		
7							
8	Boats and planes						
9	On a subtance Duda that should all						
	•						
10	Securities—Closely held stock .					· · · · · · · · · · · · · · · · · · ·	
11	Securities—Partnership, LLC, or trust interests		· · · · · · · · · · · · · · · · · · ·				
12	SecuritiesMiscellaneous						
13	Qualified conservation contribution (historic						
	structures)						
14	Qualified conservation contribution (other)						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .				<u> </u>	,	
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()				1		
28	Other ► ()			· · · · · · · · · · · · · · · · · · ·			
29	Number of Forms 8283 receive	d by the o	rganization during the tax	year for contributions for			
25	which the organization complet				29	0	
	which the organization complet	04 1 01111 02		inougenient :		Yes	No
200	During the year, did the organiz	ration racei	to by contribution any pror	arty reported in Part I line	$\sim 1_{28}$ that		
50a	it must hold for at least three ye						
	used for exempt purposes for t					30a	\checkmark
b	If "Yes," describe the arrangem				• • •		
31	Does the organization have a			es the review of any no	n-standard		
51	contributions?	ynt acce	plance policy that requir	os the review of any nu	in Stanualu	31	1
20-	Does the organization hire or u	on third n-		ne to policit process or s	oll noncoch		
52a		se third pa	rties or related organization	ns to solicit, process, or so	511 HUHCASI)	32a	1
h	If "Yes," describe in Part II.						
	If the organization did not report	revenuee	a column (c) for a type of pr	operty for which column (a)	is checked		
33	describe in Part II		i column (o) for a type of pre	aporty for which column (d)			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Earch Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Penual Ridge received an in-kind donation of an original oil painting by Neshvile artist, Juliana Ericson. Ms Ericson donated the painting to enhance the renovations to the Main Retreat House.		Form 990) 2008 Page 2
donated the painting to enhance the renovations to the Main Retreat House.	Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
	Penuel Ri	dge received an in-kind donation of an original oil painting by Nashvile artist, Juliana Ericson. Ms Ericson
	donated t	he painting to enhance the renovations to the Main Retreat House.
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No. 1545-0047

2008 Open to Public Inspection

Empl	oyer	identification	number	
62	ł	120	7484	

Name of the organization

Penuel Ridge Retreat Center

Part III Statement of Program Service Accomplishments, Line 2 New Program:

Penuel Ridge expanded and formalized its Solidarity Program with Homeless Men and Women in 2008. This program is in collaboration with The Living Room, a service provider to the homeless in Davidson County. Four aspects of the Solidarity Program involve: a) offering day retreats to up to 15 homeless men and women each month, b) offering a work dignity program, whereby up to 6 homeless men and women earn a fair wage for a 6 hour work day, c) offering a guided overnight retreat experience for one homeless man or woman preparing to move away from homelessness; this is a pilot program, and d) offering semi-annual day retreats to the Leadership Team of the Solidarity Program to facilitate program evaluation and planning. Part VI Governance, Management, and Disclosure, Section A Governing Body and Management Line 10, Process for reviewing 990: Each Board of Director is provided with a photocopy of the prepared Form 990 at the scheduled board meeting immediately preceding the filing of Form 990. The Board of Directors are given an opportunity to review the document in its entirety and submit any questions to the Treasurer, who shall respond to the inquirer and authorize any modifiacations to Form 990 as deemed necessary and accurate. **Section B Policies** Line 12c Compliance with conflict of interest policy: At the first scheduled board meeting of the fiscal year, the Board President reads the conflict of interest statement to the Directors. A Conflict of Interest form is signed by each Director and held in a file in the administrative office of the organization. A clear chain of notification is established, so that any Director may know to whom to report any conflict and take appropriate action to resolve the conflict, if deemed necessary. Section C. Disclosure Line 19. Accessability of governing documents: Penuel Ridge holds photocopies of all governing documents, conflict of interest policy, and financial statements in the administrative office of the organization. They are available for public inspection by request during regular business hours.