Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public

For	the 2009 c	alendar	year, or tax year beginning , 20	09, an	d ending			_	20
	if applicable:	Please	C Name of organization Narrow Gate Foundation		<u></u>		D E		identification number
	ess change	use IRS label or	Doing Business As				1	20	1748295
Name	change	print or type.	Number and street (or P.O. box if mail is not delivered to street address	s)	Room/suite		E	Telephone	number
Initial	return	See	242 Dry Prong Road				(9	931)	583-0633
Termi	nated	Specific Instruc-	City or town, state or country, and ZIP + 4						
Amen	ded return	tions.	Williamsport, TN 38487			_	G (3ross receij	pts \$ 798,277
Applica	ation pending	F Nam	ne and address of principal officer: William Spencer, Exe	ecutiv	e Dir.	H(a) Is this	e a droi	in return for	affiliates?□Yes ☑No
		242 Dr	y Prong Road, Williamsport, TN 38487			1			luded? Yes No
Tax-	exempt status		01(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527						t. (see instructions)
Web	osite: ► w\		owgatefoundation.org			H(c) Group			•
				Year	of formation:				gal domicile: TN
ırt İ					********		1		<u> </u>
1	experier are and	nce for what th	the organization's mission or most significant active young men ages 18-25 desiring to take a pause neir purpose here on earth is all about. This expector community work projects and studying the Bible	from t erienc	he distra	ctions o	f life in a	to disc wilderr	cover who they ness environment
2			if the organization discontinued its operations or disposed of					/	
3			g members of the governing body (Part VI, line 1a				1	3	9
4			pendent voting members of the governing body (P.		line 1h)		•	4	4
5	Total nur	nher of						5	8
6							•	6	3
-			volunteers (estimate if necessary) lated business revenue from Part VIII, column (C),	 lina 11			•	7a	0
k	Net unrel	lated bu	usiness taxable income from Form 990-T, line 34.	iine 12	٠	• • •	•	7b	0
			The second modern with the second of the sec		· · · · · ·	Prior Ye		70	Current Year
8	Contribut	tions on	ed granto (Dort VIII. line 1h)		<u></u>		655.	012	580,586
9			d grants (Part VIII, line 1h)						· · · · · · · · · · · · · · · · · · ·
			revenue (Part VIII, line 2g)				159,		217,639
10	Investme	nt incor	me (Part VIII, column (A), lines 3, 4, and 7d)					393	52
11 12	Total rave	renue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 dd lines 8 through 11 (must equal Part VIII, column (A	(1e)	.;,			327	
							815,	693	798,277
13			ar amounts paid (Part IX, column (A), lines 1-3).					_	
14	Benefits	paid to	or for members (Part IX, column (A), line 4)	- :			400	200	
15 12	Salaries, o	otner co	mpensation, employee benefits (Part IX, column (A), lir	nes 5	10)		160,	883	234,904
166	a Professio	nai tuno	draising fees (Part IX, column (A), line 11e)		.				
t	o Lotal fund	draising	expenses (Part IX, column (D), line 25) ▶						
	Other exp	oenses	(Part IX, column (A), lines 11a-11d, 11f-24f)				460,2		415,966
18	Total exp	enses.	Add lines 13-17 (must equal Part IX, column (A), li	ine 25)		621,		650,870
19	Revenue .	iess exp	enses. Subtract line 18 from line 12				194,0		147,407
	_				Beg	inning of Co			End of Year
20			t X, line 16)				440,2		582,262
21			Part X, line 26)				45,		40,300
22 I I		ts or fur ature E	nd balances. Subtract line 21 from line 20				394,	555	541,962
n e	Under per and belief	nalties of f, it is true ature of or	perjury, I declare that I have examined this return, including according to the complete. Declaration of preparer (other than office ficer arms and title	per) is b	ased on all i	nformation Pate	of wh	ich prepa	rer has any knowledge.
	Preparer's	1/	Dar	te /	/ Check	if			tifying number
	signature		·// 1/.	1/11/	emplo	yed ▶ 🔲	(see ir	nstructions	3)
rer's	s	1)11	wy survason 1	/16/	10				
Only	Firm's nau		Thomason Financial Resources, Inc.	- ,		EIN	>	33	1040094
		and ZIP +	4 1009 Harding Trace Ct., Nashville, TN 372	224		Рһопе ло	N (615)	673-7307

Pai	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	To provide a Christian discipleship experience for young men ages 18-25 desiring to take a pause from the
	distractions of life to discover who they are and what their purpose here on earth is all about. This experience includes living in a wilderness environment, participating in community work projects and
	studying the Bible to help shape them into godly young men.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
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.
42	(Code:) (Expenses \$ 399.245 including graphs of \$) (Perseus \$ 217.629.)
44	(Code:) (Expenses \$ 399,245 including grants of \$) (Revenue \$ 217,639) Narrow Gate's one and only program is to provide a Christian discipleship experience for young men ages 18-25
	by having them live in a wilderness environment, participate in daily chores and community work projects to build
	teamwork and develop good work disciplines, going on challenging adventures, and studying the Bible and other
	Christian curriculum to help shape them into godly young men.
	In 2009, 31 young men came to Narrow Gate. Some choose to leave Narrow Gate before their class graduates.
	However, most of these men after graduation either elect to continue their biblical learning by enrolling in the Grace
	Narrow Gate School of Ministry with a desire to become a pastor after the 1 year extended learning period, go into
	full time ministry with churches or non-profit organizations, enter universities to study the passion that God gave
	them, like horticulture, healthcase and business degrees, or elect to serve in the mission field with an organization called YWAM (Youth With A Mission) - such men are serving all over the world including Thailand, New Zealand,
	China and Israel.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code) (Expenses \$\psi
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 399,245

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			ı.
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Yes No 12A ✓			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_▼

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓ _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	
				•

Far	Statements Regarding Other IRS Filings and Tax Compilance			
	_	_ Υ	'es	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			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	lc .		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		}	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8	71.		
b	at least one is reported on the significant in all required records on proyect as returne.	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
h		3b		•
	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	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	1 -	5a		✓
		5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Trombited tax officiel françactions.	5c	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	✓	
b		7b	√	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		1
f		7f		<u></u>
g			√	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
•		7h	✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	bid the organization make any taxable distributions and a section 4000:	9a		
b	bid the diganization make a distribution to a donor, donor advisor, or related persons.	9b	_	
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	aross modific from members of shareholders		ŀ	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	2a		

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

Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	g			
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	.✓	
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_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>√</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓_
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		7
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		Ť	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-		Ļ	
	enue Code.)			
			Yes	No
102	Doce the organization have local chapters, branches, or officience?	10a		
	Does the organization have local chapters, branches, or affiliates?	.00		<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	/	
448	form?		•	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_
а	The organization's CEO, Executive Director, or top management official	15a		<u>√</u>
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	, 1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> </u>
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	. 1		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	.、,-、	-37	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and record	rde of	f the	
	organization: Wanda Stone, 242 Dry Prong Rd., Willliamsport, TN 38487 (931)-583-0633	uo UI	i iiie	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)		00	(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated етрюуве	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Phil Stoner, President	2	1		1				0	0	0
Jerry Stone, Vice President	2	1		1				0	0	0
Wanda Stone, Secretary of Board and employee: Administrative Director	40	1		√				10,218	0	0
Don White - Treasurer	2	✓		√				0	0	0
Stacy Spencer - Co-Executive Director	40	√		✓				35,000	0	0
William Spencer - Co-Executive Director	40	✓		√				35,000	0	0
P.J. Heimermann - Board Director	1	1						0	0	0
Bob Rogers - Board Director	1	1						0	0	0
Beth Stoner - Board Director	1	√						0	0	0
	-									

Par		ection A. Officers, Directors, Trustees, Key Employees, and Hig						nest			T	
	(A) Name and title	(B) Average	(C) Position (check all that app						(D) Reportable	(E) Reportable	(F Estim	
	ivame and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth comper	unt of ner nsation n the ization elated
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				<u> </u>								
41-	Tabal				L.			<u> </u>	80,218		1	0
1b 2	Total	not limited	to th	ose	list	ed	above	-			1	
	reportable compensation from the organiz	ation ► 0						<u>'</u>		<u></u>		
	•										Y	es No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							loye 	e, or highest o	compensated	3	✓
4	For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satior	n an	d other compe	ensation from		
	the organization and related organizations individual	greater that	an \$1	50,0	000	? If '	"Yes,	" co	mplete Schedu	ıle J for such	4	- ✓
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	 com	pen Sch	sati	ion	from	any	unrelated org	anization for	5	1
Se	ction B. Independent Contractors	100, 00111	Di CLC	00,	icat		, , , , ,	300,	porcon .		•	
1	Complete this table for your five highest compensation from the organization.	ompensate	ed inc	lepe	ende	ent	contr	acto	rs that receive	d more than \$	100,000 d	of
	(A) Name and business ad	dress							(B) Description of s	services	(C) Compens	ation
No								1				
										-		
								+				
								+-	<u>.</u>			
2	Total number of independent contractors (more than \$100,000 in compensation from	including b	out no nizati	t lim	nited ► 0	d to	those	e list	ed above) who	received		
_												

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns 1a Membership dues 1b					
g n		Wiembership ades	· · · · · · · · · · · · · · · · · · ·				
ifts ar a		Turioralong events					
s, g mile		Related organizations 1d Government grants (contributions). 1e					
iion r si		All other contributions, gifts, grants,					
ig ig	•	and similar amounts not included above	580,586				
d o	g	Noncash contributions included in lines 1a-1f: \$					
<u>2 g</u>		Total. Add lines 1a-1f	<u> ▶</u>	580,586			
			Business Code			,	
Ven	2a	Tuition income	611600	180,314			
æ	b	Enrollment fees	611600	35,000			
<u> </u>	С	Application fees	611600	2,325	2,325		
Sei	d	•••••				<u> </u>	
Iram	e	All other program service revenue .					-
Program Service Revenue	i	Total. Add lines 2a–2f		217,639			+
	3	Investment income (including dividend other similar amounts) Income from investment of tax-exempt bor	s, interest, and	52			52
	5	Royalties	(ii) Personal	<u> </u>			
		— · · · · · · · · · · · · · · · · · · ·	(ii) Feisoriai		,		
	ł .	Gross Rents		1			
		Less: rental expenses Rental income or (loss)		1]		
		Net rental income or (loss)	<u> </u>	-			
	1	Gross amount from sales of (i) Securities	(ii) Other				
	/a	assets other than inventory					
	b	Less: cost or other basis					
	ļ _	and sales expenses .	- · · · · · · · · · · · · · · · · · · ·	†			
		Gain or (loss)	<u> </u>	4			
ø]	Gross income from fundraising					
Other Revenue	Od	events (not including \$					ŀ
eve		of contributions reported on line 1c).					
T.		See Part IV, line 18		1			
the	b	Less: direct expenses		1	,		
Ò	C	Net income or (loss) from fundraising	events 🔼				
	9a	Gross income from gaming activities.					
	h	See Part IV, line 19		†			
		Net income or (loss) from gaming acti					
		Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold I	<u> </u>	1			
	C	Net income or (loss) from sales of inven					
		Miscellaneous Revenue	Business Code				
	11a				<u> </u>		
	b				1		
	C				<u> </u>		1
	•	All other revenue		1			
		Total. Add lines 11a–11d Total revenue. See instructions		798,277	217,639		52

from a combined educational campaign and

fundraising solicitation

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (B) (A) Do not include amounts reported on lines 6b, Management and general expenses Program service Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, 12,033 8,021 60,164 80,218 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 14.179 19,034 128,849 95,636 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . 1.734 1.157 8,672 11,563 Other employee benefits 2,091 1,477 10,706 14,274 10 Fees for services (non-employees): 59,656 59,656 e Professional fundraising services. See Part IV, line 17 f Investment management fees 2,442 2,442 4,884 Advertising and promotion 12 2,758 12,283 16,344 1,303 4.409 2,205 2,204 information technology 14 15 Royalties 75,736 31,457 107,193 16 Occupancy 9,539 7,930 17,469 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 21 32,721 32,721 Depreciation, depletion, and amortization. 22 26,912 8,108 35,020 23 Other expenses. Itemize expenses not 24 covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Gas for vehicles 20,524 20,524 14,732 14,732 Missions b 56,275 2,961 59,236 Food C 14.591 14,591 Anniversary expenses d 29,187 9,593 2,753 16,841 Miscellaneous All other expenses 32,787 218,838 399,245 650,870 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs

Part X **Balance Sheet** (A) Beginning of year (B) End of year 133.905 102,168 1 115.012 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 124,641 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section ĸ 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Assets Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 89,378 273.164 10c 240,441 b Less: accumulated depreciation 10b 11 Investments—publicly traded securities . . . 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 31,203 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 440,272 16 582,262 38,766 17 17 Accounts payable and accrued expenses . . . 18 Grants payable 18 4,347 19 40,300 19 20 20 Tax-exempt bond liabilities 21 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 2.604 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 40,300 45,717 26 Organizations that follow SFAS 117, check here ▶ ☑ and Balances complete lines 27 through 29, and lines 33 and 34. 394,555 27 541,962 27 28 28 Net Assets or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 541,962 394,555 33 33 Total liabilities and net assets/fund balances 440.272 34 582,262

Form **990** (2009)

ren	XI Financial Statements and Reporting					
			Yes	No		
	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.		:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓		
b	Were the organization's financial statements audited by an independent accountant?	2b	✓ '			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			ĺ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
:	issued on a consolidated basis, separate basis, or both:					
[☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a .	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
1	the Single Audit Act and OMB Circular A-133?	3a		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b				

Form **990** (2009)