	000	
Form	330	

Use Only

Firm's name

# **Return of Organization Exempt From Income Tax**

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

Depa	rtment of	the Treasury ue Service	The organization n	benefit trust or privation may have to use a copy of this		5 da - 1 - 1 - 1	rting require	ments.	Open to F Inspect	
			ndar year, or tax year be			nd ending			, 20	
-		applicable:		uel Ridge Retreat Center			1	Employe	r identification n	umber
-	Address		Doing Business As	act reage reareat contos					62-1207484	
				box if mail is not delivered to stre	et address)	Room/suite	E	Telephon		
	Name ch		같은 지원이 2012년 4월 문화에서			1 Como Como				
-	Initial ret		1440 Sam's Creek Road						615-792-3734	
	Terminat	and the same of the	City, town or post office, s							
	Amende	d return	Ashland City, TN 37015					Gross red		171,414
	Applicati	ion pending	F Name and address of princ	cipal officer:					or affiliates? 🗌 Yes	
_									cluded? 🛛 Yes	
1	Tax-exer	mpt status:	✓ 501(c)(3)	] 501(c) ( ) ◀ (insert no.)	4947(a)(1) or	527	If "No	" attach a	list. (see instruction	ons)
J	Website	.⊧► pen	uelridge.org	and the second second second	1		H(c) Group	exemption	number 🕨	
ĸ	Form of o	organization:	Corporation Trust	Association Other >	L Yea	r of formation	: 1984	M State	of legal domicile:	TN
The other Designation of the local division of the local divisiono	art I	Summ								
-	1	Briefly de	escribe the organization	n's mission or most significa	ant activities:	Penuel R	idge is a sp	iritual rel	treat center in	niddle
		1	and a second of the second sec	stering values of contemplati						
Activities & Governance				ard to strengthen the journey						
Jan	1.1.1				outward. Ou	i most sigi	micant acu	nues are	icucat onening	3.
erre				eless, and care of creation.			41	050/ -41		
Jo.	2		The second in the second	nization discontinued its op			more than	1 . 1	ts net assets.	
3	3			he governing body (Part VI,				3		7
es	4	Number	of independent voting	members of the governing	oody (Part VI	line 1b)		4		7
Viti	5	Total nur	mber of individuals emp	ployed in calendar year 201	2 (Part V, line	2a) .		5		2
cti	6	Total nur	mber of volunteers (esti	imate if necessary)				6		60
•	7a	Total uni	related business revenu	e from Part VIII, column (C	, line 12 .			7a		
	b			income from Form 990-T, I				7b		
-		Ther arms				- i i	Prior Yea	_	Current Y	ear
	8	Contribu	tions and grants (Part \	/III line 1b)						
Revenue	1 6 6					· · -		32,059		124,456
ver	9		service revenue (Part )			· · –		19,299		28.506
Re	10			blumn (A), lines 3, 4, and 7d		· · –		112		42
	11			n (A), lines 5, 6d, 8c, 9c, 100		· .: -		65		10
_	12			igh 11 (must equal Part VIII,				51,535		153,014
	13	Grants a	nd similar amounts pai	d (Part IX, column (A), lines	1-3)	· ·				
	14	Benefits	paid to or for members	s (Part IX, column (A), line 4						
\$	15	Salaries,	other compensation, em	ployee benefits (Part IX, col	umn (A), lines	5-10)		28,876		39,775
US.	16a	Professio	onal fundraising fees (P	art IX, column (A), line 11e		[		1.11		00900
Expenses	b	Total fun	draising expenses (Par	t IX, column (D), line 25) 🕨		12,302	Mile.		is the	
ũ	17			n (A), lines 11a-11d, 11f-24				43,568		42,124
	18		A to a ferrar of a second s	7 (must equal Part IX, colur	and the second sec			72,444		81,899
	19			ict line 18 from line 12 .				1		
- 0		nevenue	less expenses. Subila	ct line to iron line 12 .			ginning of Cur	(20,909)	End of Y	71,115
IS OF	-					De			End of Th	10000
Bala	20					· · -				395,150
et A	21					· · · –				1,870
-	-		the second s	ubtract line 21 from line 20				322,165		393,280
Un	art II der pena e, correc	Total liak Net asse Signa alties of perju- t, and composite Sign	ture Block ury, I declare that I have exam	ubtract line 21 from line 20 nined this return, including accomp other than officer) is based on all in President - Board	formation of whi	s and stateme	ents, and to th	dge. 8/8/	ny knowledge and	1 393
				Tresident - Tours	or Dire	CIM D				_
-		1.	e or print name and title	In-		10.		1	10701	
Pa	id	1.	pe preparer's name	Preparer's signature	00	Date	r	Check [		
	epare	Barbar	a A. Cloud	Barbaral	4 llong	11	25/2013	self-emp	ployed PO16	14373

Firm's address ▶ 2105 20th Avenue South, Nashville, TN 37212 May the IRS discuss this return with the preparer shown above? (see instructions) . . For Paperwork Reduction Act Notice, see the separate instructions.

Cloud Bookkeeping Service

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Firm's EIN 🕨

Phone no.

615-297-1523

OMB No. 1545-0047

2012

m 990	0 (2012)				Page
art I		nt of Program Service		A A TAL AND ALL A	-
			response to any question in this Part II		<u></u>
1		e the organization's miss			
			located in middle Tennessee, honoring our		
	silence, hospita	ality, rest, social justice ar	nd communion with nature, nurturing the jou	irney inward to strengthen the jou	imey outward.
					*****
2	Did the organi	zation undertake any sig	nificant program services during the year	which were not listed on the	
					Yes No
	If "Yes," descr	ibe these new services of	on Schedule O.		
3			ng, or make significant changes in ho		S. S. S.
					Ves VNc
	A CONTRACTOR OF	ibe these changes on So			
4	expenses. Sec	ction 501(c)(3) and 501(c	service accomplishments for each of its t (4) organizations are required to report f, for each program service reported.		
4a	(Code:	) (Expenses \$	50,454 including grants of \$	) (Revenue \$	)
			red 3 spiritual retreats, covering topics of he		76 other group
			at Penuel ridge. A total of 1,634 persons pa		
					A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERT
					A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY AND A REAL PRO
4b					A REAL PROPERTY OF
4b	(Code:	) (Expenses \$	14,256 including grants of \$	) (Revenue \$	)
4b	(Code: Solidarity Prog	) (Expenses \$) ram for Homeless Men ar	14,256 including grants of \$ d Women: Penuel Ridge sponsored month	) (Revenue \$	) nen and womer
4b	(Code: Solidarity Prog during the year	) (Expenses \$ ram for Homeless Men ar , providing mentor couns	14,256 including grants of \$	) (Revenue \$ Iy Day Retreats for 15 homeless i d quiet time to contemplate their (	) nen and womei luture. We
4b	(Code: Solidarity Prog during the year also sponsored	) (Expenses \$ ram for Homeless Men ar , providing mentor couns 1 bi-monthly Work Dignity	14,256 including grants of \$ d Women: Penuel Ridge sponsored month eling, meals, showers, laundry facilities, an	) (Revenue \$ Iy Day Retreats for 15 homeless i d quiet time to contemplate their f Participants received a fair wage,	) nen and wome luture. We lunch, and
4b	(Code: Solidarity Prog during the year also sponsored fellowship for f	) (Expenses \$ ram for Homeless Men ar , providing mentor couns 1 bi-monthly Work Dignity	14,256 including grants of \$ d Women: Penuel Ridge sponsored month eling, meals, showers, laundry facilities, an Retreats for 6 homeless men and women. enuel Ridge provided an annual Day Retreat	) (Revenue \$ Iy Day Retreats for 15 homeless i d quiet time to contemplate their f Participants received a fair wage,	) nen and womer luture. We lunch, and 2 participants)
4b	(Code: Solidarity Prog during the year also sponsored fellowship for f	) (Expenses \$ ram for Homeless Men ar , providing mentor couns d bi-monthly Work Dignity b hours during the day. P	14,256 including grants of \$ d Women: Penuel Ridge sponsored month eling, meals, showers, laundry facilities, an Retreats for 6 homeless men and women. enuel Ridge provided an annual Day Retreat	) (Revenue \$ Ily Day Retreats for 15 homeless i d quiet time to contemplate their f Participants received a fair wage, t for the Leadership Committee (1	) nen and womer luture. We lunch, and 2 participants)
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4b 4c	(Code: Solidarity Prog during the year also sponsorer fellowship for of the Solidarit	) (Expenses \$ ram for Homeless Men ar , providing mentor couns 1 bi-monthly Work Dignity 5 hours during the day. P y Program, to analyze the	14,256 including grants of \$ d Women: Penuel Ridge sponsored month eling, meals, showers, laundry facilities, an Retreats for 6 homeless men and women. enuel Ridge provided an annual Day Retreat success of the program.	) (Revenue \$ Ily Day Retreats for 15 homeless i d quiet time to contemplate their f Participants received a fair wage, t for the Leadership Committee (1	) nen and womer luture. We lunch, and 2 participants)
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4c	(Code:	) (Expenses \$ ram for Homeless Men ar , providing mentor couns 1 bi-monthly Work Dignity 5 hours during the day. P y Program, to analyze the ) (Expenses \$) ) (Expenses \$)	14,256 including grants of \$ d Women: Penuel Ridge sponsored month eling, meals, showers, laundry facilities, an Retreats for 6 homeless men and women. enuel Ridge provided an annual Day Retreat success of the program.	) (Revenue \$ Ily Day Retreats for 15 homeless i d quiet time to contemplate their f Participants received a fair wage, t for the Leadership Committee (1	) nen and womer luture. We lunch, and 2 participants)
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Form 99			1	Page J
Part	V 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,"		100	110
	complete Schedule A	1	1	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	-
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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	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	11b		1
c	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	110		1
d	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	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	1
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	1
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</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, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	1

Part	Checklist of Required Schedules (continued)	- 1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		165	14
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21	-	1
~~	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	1
	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?	240 24d	-	1
25a		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?			
26	If "Yes," complete Schedule L, Part I	25b		*
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	_	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
ab	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		1
	Schedule L, Part IV	28b		1
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		1
32	Part I	31	-	1
	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, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		F
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	n 990	1 (20

EARLY       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V       Image: Check if Schedule O contains a response to any question in this Part V         Image: Check if Schedule O contains a response to any question in this Part V       Image: Check if Schedule O contains a response to any question in this Part V         Image: Check if Schedule O contains a response to any question in this Part V       Image: Check if Schedule O contains a response to any question in this Part V         Image: Check if Schedule O contains a response to any question in this Part V       Image: Check if Schedule O contains a response to any question in this Part V         Image: Check if Schedule O contains a response to any question in this Part V       Image: Check if Schedule O contains a response on Form W-3, Transmittal of Wage and Tax         Statements, field for the calendar year and ing with or within the year covered by this return?       Image: Check if Schedule O contains a response on inercent of a none particulan have an interest in or a signature or other authority or year, a francial account in a foreign country: Image: Check if Schedule O contains a subtract on the response on the response on the foreign country: Image: Check if the cagnitation have annual gross reapty to a prohibited tax shells transcaling and ty to a prohibited tax shells transcaling and the response on the respons	Form 99	0 (2012)		Page 5
Image: Second	Part	V Statements Regarding Other IRS Filings and Tax Compliance		
1a       Image: Second Se		Check if Schedule O contains a response to any question in this Part V		· · □
b       Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable       10       10         c       Did the organization comply with backing with bolding up with of the provide payment to vendors and reportable gaming (gambling) winnings to prize winners?       2a       2a         2a       Enter the number of encyloyses reported on Form W-3, Transmittal of Wage and Tax.       2a       2a         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       ✓         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a       At any time during the calendar year.       3a       A       4a       4a <t< th=""><th></th><th>Tell III III III IIII IIII IIIIIIIIIIIII</th><th></th><th>Yes No</th></t<>		Tell III III III IIII IIII IIIIIIIIIIIII		Yes No
c       Did the organization comply with backup withholding rules for reportable payments to verdors and reportable gaming (gamiling without struct without and the year overded by this return.)       2a       za         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax (zdums?)       2a       za         2b       If at least one is reported on line 2a, did the organization file all required fedral employment tax returns?)       2b. /       2b. /         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       2b. /       3a       /         3b       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. P       3a       /         3c       Note, if the organization tax is a party to a prohibited tax shelfer transaction?       7b. // */es, "enter the name of the foreign country. P       3a       /         3c       Note, if the organization is and twa annual gross receipts that reasocation at any time during the calendary ear, did the organization include with very solicitation and perster than \$100,000, and id the organization sinclus with were not tax deductible as charitable contributions?       5a       /         5d       Organization stat were proceeve deductible contributions and perster for which it was required to file payor?       7b. // 7	1.1		A .	
reportable garning (garnbling) winnings to prize winners?       It       It       It         28       Exter the number of employees reported on Form W-3, Transmittal of Wage and Tax       It       It       It         b       If at least one is reported on line 2a, differed reported on the return of the organization file all required federal employment tax neturns?       It       It         b       If at least one is reported on line 2a, differed reported an exploring met tax neturns?       It	10.5			
2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax       2a       z         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       Zb         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       3a       Zb         b       If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       Zb         b       If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0       3a       Zb         c       At any time during the calendar year, diffet the organization have an interset in, or a signature or other authority over, a financial account in a foreign country. P       Se       Se         Se instructions for filing requirements for Form TD F 05221, Report of Foreign Bank and Financial Accounts.       Se       Se         5w       Was the organization nature annual gross receipts that are normally greater than \$100,000, and did the organization for thy the organization for the vase of a party to a porbibilot tax shelter transactions or glins were not tax deductible?       Se       Ze         6       Did the organization noticute with even so tax deductible as charitable contributions or glins were not tax deductible?       Se       Ze       Ze         7       Organization sell, exchange, or otherwise dispose of tangible personal property	c			1
Statements, filed for the calendar year ending with or within the year covered by this return 2       z         b       If at least one is reported on line 2a, diff the organization file all required federal employment tax returns?         3C       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         4A any time during the calendar year, did the organization have an interest in, or a signature or other standorthy over, a financial account?       3a       4         4B       H "Yes," enter the name of the foreign country: P       See instructions for filing requirements for Form 10 F90-22.1, Report of Foreign Bank and Financial Accounts.       5a       4a         5W       Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the and the very solicitation an express atternent that such contributions or orgin the very fill the organization nave areau gross receipts that are normally greater than \$100,000, and did the and explainto matchewery alternent tax deductible on the value of the goals as a contribution or the ways of the apartity to goods and services provided 1.       7a       7a       7a       7a       7a       7a       7a       <	0-	요즘 방법 그 것 같아요. 집에 집에 집에서 귀에서 요즘 것 같아? 아버지는 것 같아? 정말 정말 것이 가지 않는 것이 없다. 것 같아요. 가지 않는 것 같아요. 이 것 같아요. 것 같아요. 것 같아. 것 같아요. ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?	10	V
b       If at least one is reported on line 2a, did the organization file all required foedrai employment tax returns?       2b         3a       Did the organization have unrolated business gross income of \$1,000 or more during the year?       3a         3b       If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0       3a         4       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. IP       3a         5       See instructions for filing requirements for form DT 690-221, Report of Foreign Bank and Financial Accounts.         5       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         6       If "Yes," on the toreign country. IP       5a         5       Was the organization nate any the store tax actually greater than \$100,000, and did the organization notify the organization that it was or tax actor at are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       56         7       Organizations that may receive deductible contributions and party for goods and services provided to the payor?       6a       7         7       Organization setue a symmet in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       7a       7a         8	28		A.	
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2h	1
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       √         b       If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0       3b       √         A ary 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: ▶       5e       5e       √         See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bark and Financial Accounts.       5e       √       √         5W       Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       5a       √         6U       Did any taxable party notify the organization file Form 8886-T?       5e       √       5b       √         6D obes the organization nature arountal gross receipts that are normally greater than \$100,000, and did the organization nature arountal wed not tax deductible as charitable contributions?       6a       √         7       Organization all, acchange, or otherwise biolise party as a contributions?       7a       √         7       Did the organization nature are verse statement that such contributions or gifts were not tax deductible?       7a       √       7a       √         7       Did the organization nature are verse statement that such contributions?       7a       √       7a       √       7a	0	에 가지 것 같 것 같아요. 것 것 것 것 것 같아요. 것 같은 것 것 같아요. 것 것 같아요. 이 것 같아요. 이 것 같아요. 이 것 같아요. 이 것 것 같아요. 이 것	20	1212
b       If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0       3b         4A at any time during the calendar year, did the organization have an interest in, or a signature or other sulhority over, a financial account?       3b         b       If "Yes," enter the name of the foreign country: If the organization have an interest in, or a signature or other financial account?       4a         b       If "Yes," enter the name of the foreign country: If the organization for Form DF 90-22.1, Report of Foreign Bank and Financial Accounts.       5a         5a was the organization aptry to a prohibited tax shelter transaction and any time during the tax year?       5a       4         5b       If "Yes," to line 5a or 5b, did the organization file form 8866-T?       5a       4         6 Does the organization neave annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement tha such contributions of gifts were not tax deductible?       5a       4         7 Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       7	38	이 방법	3a	1
4a any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?         b       H "Yes," enter the name of the foreign country: ▶         See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.         50       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         51       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         62       Does the organization notify were organization that it was or is a party to a prohibited tax shelter transaction?         63       ✓         64       T"Yes," to line 5a or 5b, did the organization that were not tax deductible as charitable contributions?         70       Organization solid any contributions that were not tax deductible as charitable contributions?         71       Yes," did the organization notify the donor of the value of the goods or services provided?         72       Ø         73       ✓         74       T'         75       Ø         76       Yes," did the organization notify the donor of the value of the goods or services provided?         74       M 'Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fife Fo	1000			
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 toreign country.       5         See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a         Was the organization party to a prohibited tax shelter transaction?       5b       5         D bd any taxable party notify the organization file Form 8886-T?       5b       5b         6a       V       5b       5b       5c         76       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave event ac deductible?       6a       V         76       Organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?       6a       V         76       Organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       V         71       Yes," indicate the number of Forms \$282 filed during the year       7a       V         77       Did the organization needive a paymenti, excess of \$475 made partly as a contribution and partly for goods and services provided?       7a       V         78       If "Yes," indicate the number of Forms \$282 filed during the year       7a       V		말했다. 그는 것이 가지 않는 것이 같이 많은 것이 같이 다. 지수는 것이 같은 것이 많은 것이 집에서 가지 않는 것이 같이 많이 많이 많이 않는 것이 집에 가지 않는 것이 같이 많이 많이 많이 많이 많이 없다.		
accountl?       4a       ✓         b       If "Yes," enter the name of the foreign country: ▶       5e       5e       5e       5e       ✓         5e       Was the organization a party to a prohibited tax shelter transaction at any time during the taxy seqr?       5a       ✓         5       Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       5a       ✓         6       I"Yes" to line 5a or 5b, did the organization file Form 8866-T?       5a       ✓         6       Does the organization solidi any contributions that were not tax deductible as charitable contributions?       5a       ✓         6       I"Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       6b       5a       ✓         7       Organization, cevieve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7b       7b       7c       ✓         6       I"Yes," lindicate the number of Forms 8282 filed during the year       7d       7c       ✓         7       If "Yes," lindicate the number of acmtobatis, airplanes, or ther whicks, did the organization for averganization realized a contribution of qualified intellectual property for which it was required to file Form 8282?       7d       7t       ✓         7	-14			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.         Sae Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Did any taxable party notify the organization file Form 8866-17       5b       √         Botes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       5c       √         7 Organizations that may receive deductible contributions under section 170(c).       7a       √         8 If "Yes," did the organization nutify the donor of the value of the goods or services provided?       7a       √         9 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       7c       √         9 If the organization receive a pay tonibilectual property, for which it was required to file Form 8282?       7d       7d<		그는 지수는 것 수 가슴 걸려 여행에 해외에서 가슴이 걸 줄이 가지? 정말 것 같아? 이 것 않는 것 같아? 아이는 것이 집에서 집에서 가슴 물건을 물건을 물건을 얻는 것을 수 있는 것을 얻는 것을 수 있는 것이다.	4a	1
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.         Sae Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Did any taxable party notify the organization file Form 8866-17       5b       √         Botes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       5c       √         7 Organizations that may receive deductible contributions under section 170(c).       7a       √         8 If "Yes," did the organization nutify the donor of the value of the goods or services provided?       7a       √         9 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       7c       √         9 If the organization receive a pay tonibilectual property, for which it was required to file Form 8282?       7d       7d<	b	If "Yes," enter the name of the foreign country:		
b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       5b       ✓         c If "Yes" to line 5a or 5b, did the organization file Form 8886-7?       5c       ✓         b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions?       5c       ✓         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 adductible contributions under section 170(c).       7d       ✓         b If "Yes," did the organization notify the donor of the value of the gods or services provided?       7d       ✓         b Did the organization soll, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       ✓         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       ✓         f If the organization receive a pay premiums, directly or indirectly, on a personal benefit contract?       7t       ✓         g If the organization receive a distribution of cas, bats, aiplanes, or other vhicles, did the organization file Form 8898 arequire?       7d       ✓         g Did the organization make any taxable distributions under section 4966?       9b       9b       9b <t< td=""><td></td><td></td><td>-</td><td></td></t<>			-	
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-7?       5c         6a       Joes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization noticute with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       ✓         7b       T"yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7c       7c         9       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7b         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       7c         0       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?       7c       7d         10       the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7d       7d </td <td>5a</td> <td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td> <td>5a</td> <td>1</td>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1
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 as charitable contributions?       6a       ✓         6a       D'se," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organization solicit any contributions under section 170(c).       6b         7       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       ✓         6       H "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       ✓         7       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       ✓         7       If "Yes," indicate the number of Forms 8282 filed during the year       7d       ✓         9       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       ✓         7       If the organization receive a contribution of qualified infallectual property, did the organization file Som 8998 as equice?       7h       ✓         7       If the organization maintaining donor advised funds and section 509(a)(S) supporting organization make any taxable distributions under section 4966?       9a       9b	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1
organization solicit any contributions that were not tax deductible as charitable contributions?       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).       a       bit the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       ✓         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       ✓         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       ✓         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       ✓         d       Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Torm 1098-07       Tf       ✓         f       Did the organization maintaining donor advised funds and section 509(e)(3) supporting organization, have excess business holdings at any time during the year?       5a       Sponsoring organizations. Enter:       10a       Sa         a       Did the organization make a distributions. Enter:       10a       11a       11a       11a       11a       11a       11a<	C		5c	7
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Corganizations that may receive deductible contributions under section 170(c).       a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       ✓         b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       ✓         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       ✓         f       Did the organization received a contribution of qualified intellectual property, did the organization measure anothabito of qualified intellectual property, did the organization master anothabito of qualified intellectual property, did the organization master and the goons advised fund maintained by a sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations Enter:       10a         10e       Tal       10a         12e       If "Yes," enter the amount of tax-section down other sources (Do not net amounts due or paid to other sources (Do not net amounts due or paid to other sources (Do not net amounts due or received form them.)       10a         13e       Note. See the instructions. Enter:       11a       10a         14e </td <td>6a</td> <td>Does the organization have annual gross receipts that are normally greater than \$100,000, and did the</td> <td></td> <td>100</td>	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		100
gifts were not tax deductible?       8b         7       Organizations that may receive deductible contributions under section 170(c).       8b         a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       //         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       //         b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       //         b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       //         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       //         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       //         g If the organization receive a contribution of cars, beat, aiplanes, or other whicks did the organization file Form 1898 as required?       7h         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess busines at any time during the year?       9a         9       Sponsoring organizations. Enter:       10a       10b       10a         10       Gross income from other sources (Do not net amounts due or paid to other sour	12		6a	1
7       Organizations that may receive deductible contributions under section 170(c).         a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       ft "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d         7       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       ✓         7       Did the organization received a contribution of qualified intellectual properly, did the organization for form 8282?       7d       ✓         6       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       ✓         7       Did the organization received a contribution of qualified intellectual properly, did the organization files a Form 1098-C?       7h       ✓         8       Sponsoring organizations maintaining donor advised funds       and partical properly did the organization file a Form 1098-C?       7h         9       Sponsoring organizations. Enter:       10a       10a       10b       10a         9       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10a </td <td>b</td> <td>이는 것 같은 것 같</td> <td>17.7</td> <td></td>	b	이는 것 같은 것 같	17.7	
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Form 99	0 (2012)	2		Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b> 7 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	1	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		× ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
а	The governing body?	8a	1	
р 9	Each committee with authority to act on behalf of the governing body?	8b 9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde )	14
		40 0	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		1
а	The organization's CEO, Executive Director, or top management official	15a		1
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		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		1
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure	_		
17 18	List the states with which a copy of this Form 990 is required to be filed F Tennessee Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	(c)(3)s	only
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inte	rest p	bolicy,

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, phone 615-297-1523

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII
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.

• 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, if any. See instructions for definition of "key employee."

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B) Average hours per	box,	unles	Pos neck	more	is both	an tee)	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of other
hours for related organizations	ndividua pr directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15		1							
	1		1	11			-0-	-0-	-0-
	1						-0-	-0-	-0-
5	1				5.1		-0-	-0-	-0-
5	1								-0-
5	1							-0-	-0-
10	1						-0-		-0-
	1								-0-
			1				1		
					1				
							1		
				t		-			
			T				1		
	Average hours per week (list any hours for related organizations below dotted line) 15 5 5 5 5 10	Average hours per week (list any hours for related organizations below dotted line) 15 5 5 10 5 10 5 10 10 10 10 10 10 10 10 10 10	Average hours per week (list any hours for related organizations below dotted line) 15 5 5 5 10 10 10 10 10 10 10 10 10 10	(B) Average hours per week (list any hours for related organizations below dotted line) 15 √ √ 5 √ 5 √ 10 10 10 10 10 10 10 10 10 10	Average hours per week (list any hours for related organizations below dotted line) 15 5 7 10 10 10 10 10 10 10 10 10 10	(B) Average hours per week (list any hours for related organizations below dotted line) 15. ✓ ✓ ✓ 5. ✓ ↓ ↓ ↓	(B) Average hours per week (list any hours for related organizations below dotted line) 15. ✓ ✓ ✓ 5. ✓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	(B)     Position (do not check more than one box, unless person is both an officer and a director/trustee)     (D)       Average hours per mede (list any hours for related organizations below dotted line)     Image: the image: the	(B) Average hours per week (list any hours for related ime)Position (do not check more than one box, unless person is both an officer and a director/trustee)(D) Reportable compensation from the organizations (W-2/1099-MISC)(E) Reportable compensation from related organizations (W-2/1099-MISC)15 $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{1000}$ $\sqrt{1000}$ $\sqrt{1000}$ $\sqrt{1000}$ $\sqrt{1000}$ $\sqrt{1000}$ $\sqrt{1000}$ $\sqrt{10000}$ $\sqrt{10000}$ $\sqrt{100000}$ $\sqrt{1000000}$ $1000000000000000000000000000000000000$

Daga

Part	(A) Name and title	(B) Average hours per week (list any	(B) (do not check more than box, unless person is bo officer and a director/tru				than o	ane an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15)									1.00		
16)								-			
17)											
18)								-			
19)									1		
20)								-			
21)				-	-						
22)					-			1			
23)				-	-						
24)				-	-			-			
25)				-	-			-			
1b c	Sub-total	1		:	•						
d 2	Total (add lines 1b and 1c)	t not limited		nose	list	ted a	above	a) w	ho received m	ore than \$100,0	00 of
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>	fficer, direc						emp	bloyee, or high	nest compensat	Yes N
4	For any individual listed on line 1a, is the organization and related organizations individual										the
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	
ectio	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Rep year.										
	(A) Name and business add	fress							(B) Description of s	services	(C) Compensation
lone					-	_					
-		-	-	-	_						
2	Total number of independent contractor	ors (includi	ng bu	ut n	ot	limit	ed to	b th	nose listed ab	ove) who	

Form 9	90 (2012	2)						Page 9
Part	: VIII	Statement of Reve						
		Check if Schedule O	contains a resp	onse to any quest	ion in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns	s 1a		12.2	Observer 1		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					÷.
S, C	c	Fundraising events .						
Giff	d	Related organizations						1 計構
ns,	e	Government grants (con						
er	f	All other contributions, gi						가 가 다. 이 관계: 이 관계:
Contributions, Gifts, and Other Similar Ar		and similar amounts not inc		1				
nd	g	Noncash contributions includ		96,331				
	h	Total. Add lines 1a-1	<b>T</b>	Business Code	124,456			
Program Service Revenue	2a	Fees for Spiritual Retre	aste	900099	28,506	28 500		
Rev	b	rees for Spiritual Keur	5013	900099	20,300	28,506		
ice	c							
erv	d							
E	e							
ogra	f	All other program ser	vice revenue .					
Pre	g	Total. Add lines 2a-2					د. مرتبع ما ما	مراجع میں میں میں میں میں م
	3	Investment income		dends, interest,				
		and other similar amo		· · · · ►	42			42
	4	Income from investmen	t of tax-exempt h	bond proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss) Net rental income or (	the set of		and a second second			and the second second second
	d 7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			Kan I	
	b	Less: cost or other basis and sales expenses .						
	c d	Gain or (loss) Net gain or (loss) .				5		
enue	8a	Gross income from fu events (not including \$	undraising					
Other Revenue		of contributions reporte See Part IV, line 18		a 10				
Xthe	b	Less: direct expenses						
0	c	Net income or (loss) f	from fundraising		10			10
	9a	Gross income from ga See Part IV, line 19 .	aming activities.	a				
	1	Less: direct expenses			and the second se	and the later		
	1.0.0	Net income or (loss) f				1.54		
	10a	Gross sales of in returns and allowance						
	b c	Less: cost of goods s Net income or (loss) f	rom sales of inv					g and the life
		Miscellaneous R	Revenue	Business Code				
	11a							
	b							
	c	All other rouse						
	d	All other revenue .						
	12 e	Total. Add lines 11a- Total revenue. See in	nstructions		470.044		and and	in water
					153,014	28.506		52

Part IX Statement of Functional Expenses

6,732

364

511

848

240

101

120

8,916

#### Check if Schedule O contains a response to any question in this Part IX . (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, Management and general expenses Program service 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 . . Grants and other assistance to governments, 3 organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . Benefits paid to or for members . . . . 4 5 Compensation of current officers, directors, trustees, and key employees . . . . . 26,928 17,503 2,693 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . . . . . 8,240 8,240 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 1,917 1,400 153 10 Payroll taxes . . . . . . . 2,690 1,964 215 11 Fees for services (non-employees): Management . . . . . . а b Legal . . . . . . . . . . . . . . . Accounting . . . . . . C 760 760 Lobbying . . . . . . . . . . . . . d Professional fundraising services. See Part IV, line 17 e Investment management fees . . . . . f Other, (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 6,735 6,735 12 Advertising and promotion . . . . 1,620 1,620 13 Office expenses . . . . . 7,949 5,622 1,479 14 Information technology . . . 96 960 624 15 Royalties . . . . . . . . . . . 16 Occupancy . . . . . . 9,564 9,564 . . . . . 17 Travel . . . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 4,057 3,916 40 20 Interest . . . . . . . . . . . . 13 13 21 Payments to affiliates . . . . . . . . Depreciation, depletion, and amortization . 22 7,690 7,522 48 23 2,726 2,726 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Miscellaneous а 50 50 b C d All other expenses e Total functional expenses. Add lines 1 through 24e 25 81,899 64,710 8,273 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Film if following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

		Check if Schedule O contains a response to	.,	(A)		(B)
-				Beginning of year		End of year
	1	Cash-non-interest-bearing			1	1,05
	2	Savings and temporary cash investments		40,031	2	22,30
1	3	Pledges and grants receivable, net		A AND A CONTRACT OF	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for trustees, key employees, and highest con Complete Part II of Schedule L	mpensated employees.			
	6	Loans and other receivables from other disqualified perso 4958(f)(1)), persons described in section 4958(c)(3)(B), and	ons (as defined under section		5	
		sponsoring organizations of section 501(c)(9) volunt organizations (see instructions). Complete Part II of Scher	ary employees' beneficiary	(i) Service (Astronomy Construction of the service of the		
	-				6	
	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use			8	
	10a	Land, buildings, and equipment: cost or			9	
	ivu		10a 454,633			
	b		10b 82,842	283,150	10c	371,79
	11			200,100	11	5/1,/.
	12	Investments-other securities. See Part IV, line 1			12	
	13	Investments-program-related. See Part IV, line			13	
	14	Intangible assets		1	14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		323,181	16	395,1
	17	Accounts payable and accrued expenses		1,016	_	1,8
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P			21	
caniines	22	Loans and other payables to current and for trustees, key employees, highest compens disqualified persons. Complete Part II of Schedul	ated employees, and			
	00				22	
1	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on lines of Schedule D	17-24). Complete Part X			
	26	Total liabilities. Add lines 17 through 25			25	
8	20	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check here ► □ and	1,016	26	1,87
	27	Unrestricted net assets			07	
	28	Temporarily restricted net assets		322,165	27 28	393,28
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 95) complete lines 30 through 34.			20	
	30	Capital stock or trust principal, or current funds	a second second		30	
	31	Paid-in or capital surplus, or land, building, or equ			31	
č	32	Retained earnings, endowment, accumulated inc			32	
	33	Total net assets or fund balances		322,165	33	393,28
	34	Total liabilities and net assets/fund balances .		323,181		395,15

Form 9	00 (2012)	Pag	e 12
Par			-
-	Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)       1         Total expenses (must equal Part IX, column (A), line 25)       2		3,014
2	Revenue less expenses. Subtract line 2 from line 1		1,115
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).		2,165
5	Net unrealized gains (losses) on investments	322	2,103
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		_
9	Other changes in net assets or fund balances (explain in Schedule O)		_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	205	3,280
Part	XII Financial Statements and Reporting	333	3,200
T en	Check if Schedule O contains a response to any question in this Part XII		
-		Yes	No
1	Accounting method used to prepare the Form 990: I Cash Accrual Other	100	NO
	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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a	~
	Separate basis Consolidated basis Both consolidated and separate basis		i, i
b	Were the organization's financial statements audited by an independent accountant?	2b	1
	Separate basis Consolidated basis Both consolidated and separate basis	)a	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	1

SCHEDU	JLE A
(Form 990	or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2012
Open to Public
Inspection

		the second se	
Name	of the or	ganization	

Depart	ment of the Treasury Revenue Service	ÞA	Attach to Form 990 or Fo				instructio	ns.	_		specti	
Name	of the organization						E	Employer id	entificatio			
Penu	el Ridge Retreat Cen							222.20		207484		
Par			arity Status (All orga						nstructi	ons.		
1 2 3 4	<ul> <li>A church, conv</li> <li>A school descri</li> <li>A hospital or a</li> <li>A medical research ospital's name</li> </ul>	ention of church bed in <b>section</b> cooperative he arch organization o, city, and sta		churches ch Sched ation deso ction with	s describe ule E.) cribed in s n a hospita	ed in sec section <sup>•</sup> al descri	tion 170( 170(b)(1)( bed in se	(b)(1)(A)(i A)(iii). ction 17(	D(b)(1)(A			
5	An organization section 170(b)		the benefit of a colle nplete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernmen	ital un	it desc	ribed in
6 7	An organization	that normally	rnment or government / receives a substantia I)(A)(vī). (Complete Pa	al part of					iit or froi	m the	genera	l public
8	A community tr	rust described	in section 170(b)(1)(A	)(vi). (Cor	nplete Pa	rt II.)						
9	receipts from a support from g	activities relate gross investm	receives: (1) more the ed to its exempt funct ent income and unre after June 30, 1975. So	tions-sul lated bus	bject to c siness tax	ertain ex cable ind	come (les	s, and (2) ss section	no mor	e than	n 331/39	% of its
10	An organization	organized an	d operated exclusively	to test fo	or public s	afety. Se	e sectio	n 509(a)(	4).			
11	purposes of or	ne or more pu	Ind operated exclusive blicly supported organ describes the type of e II c  Type II	nizations supportir	described ng organiz	d in sect ation an	ion 509(a d comple	a)(1) or se	ection 50 1e throu	09(a)(2 ligh 11	). See : h.	section
e		dation manag	y that the organization lers and other than on									
f	If the organiza organization, cl		a written determination	on from	the IRS t	hat it is	a Type	I, Type	I, or Ty	pe III	suppor	rting
g	following perso	ns?	the organization acce								_	
			indirectly controls, eit ody of the supported						d in (ii) a	E	Ye	os No
h	(ii) A family me (iii) A 35% cont	mber of a pers trolled entity o	son described in (i) abo f a person described in tion about the support	ove? n (i) or (ii) :	above? .				:::	. 1	1g(i) 1g(ii) 1g(iii)	1
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the c in col. (i) lis	organization sted in your document?	the organ col. (i)	rou notify nization in of your port?	organizat (i) organi	s the tion in col. zed in the S.?	(vii) A	mount of suppor	monetary rt
			(ere mersenen)	Yes	No	Yes	No	Yes	No			
(A)												
(B)						11						
(C)												
(D)												
(E)												

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

### Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,098	34,195	96,834	32,059	124,456	324,642
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	37,098	34,195	96,834	32,059	124,456	324,642
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)						106,376
6 Conti	Public support. Subtract line 5 from line 4. ion B. Total Support						218,266
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	37,098	34,195	96,834	32,059	124,456	324,642
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	990	709	71	112	42	1,924
9	Net income from unrelated business activities, whether or not the business is regularly carried on	550	709		112	42	1,924
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				and the second s		326,566
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for th organization, check this box and stop her	e organization	's first, second	d, third, fourth,	, or fifth tax ye	12   ear as a section	
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6		Contraction of the second s			14	67 %
15	Public support percentage from 2011 Sch					15	66 %
16a	331/s% support test-2012. If the organiz box and stop here. The organization qual						
b	33 <sup>1</sup> / <sub>3</sub> % support test-2011. If the organic check this box and stop here. The organi	ization did not	check a box	on line 13 or	16a, and line	15 is 331/3%	or more,
17a	10%-facts-and-circumstances test-20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	ind-circumstar mstances" tes	nces" test, che t. The organiza	ck this box an ation qualifies a	d stop here. E	ine 14 is xplain in
b		011. If the orga ion meets the eets the "facts	nization did no "facts-and-cir -and-circumst	ot check a box rcumstances" ances" test. Ti	on line 13, 16 test, check th he organization	a, 16b, or 17a, is box and <b>sto</b> n qualifies as a	and line <b>p here</b> . publicly
							· • 🗆
18	Private foundation. If the organization dia instructions		and the second second second	and the second sec	the set of		

Page 2

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

Name	of	the	organization

Penuel Ridge Retreat Cent	er	62-1207484
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ		
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

	rganization Ige Retreat Center		ployer identification number 62-1207484	
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Kathryn Mitchem 1456 Sam's Creek Road Ashland City, TN 37015	\$96,331	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_2	Kathryn Mitchem 1456 Sam's Creek Road Ashland City, TN 37015	\$ <u>4,600</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Page 3

Employer identification number 62-1207484

Penuel Ridge Retreat Center

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Lar	nd and improvements received via Life Estate Agreement	  \$\$96,331	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name o	f the organization		Employer identification number
Penue	Ridge Retreat Center		62-1207484
Par	Organizations Maintaining Don organization answered "Yes" to F	or Advised Funds or Other Similar Fun form 990, Part IV, line 6.	ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		1
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	funds are the organization's property, subje	I donor advisors in writing that the assets h oct to the organization's exclusive legal control	01? 🗌 Yes 🗌 No
6	only for charitable purposes and not for the conferring impermissible private benefit?	phors, and donor advisors in writing that gran e benefit of the donor or donor advisor, or f	or any other purpose
Par	II Conservation Easements. Com	plete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1 2	<ul> <li>Protection of natural habitat</li> <li>Preservation of open space</li> </ul>	recreation or education)  Preservation of	f a certified historic structure
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea	sements	2b
C		ertified historic structure included in (a) .	
d	Number of conservation easements includ historic structure listed in the National Regist	ded in (c) acquired after 8/17/06, and not ster	on a
3	Number of conservation easements modifie tax year >	ed, transferred, released, extinguished, or terr	ninated by the organization during the
4	Number of states where property subject to		
5		olicy regarding the periodic monitoring, ins ation easements it holds?	
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	easements during the year
7	▶\$	, inspecting, and enforcing conservation ease	
8		d on line 2(d) above satisfy the requirements of	
9		eports conservation easements in its revenue the text of the footnote to the organization's fir easements.	
Par		ections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	works of art, historical treasures, or other	nder SFAS 116 (ASC 958), not to report in its similar assets held for public exhibition, ec of the footnote to its financial statements that	ducation, or research in furtherance of
b	works of art, historical treasures, or other public service, provide the following amount		ducation, or research in furtherance of
	(ii) Assets included in Form 990, Part X .	II, line 1	<b>&gt;</b> \$
2	•	s of art, historical treasures, or other similar under SFAS 116 (ASC 958) relating to these i	
а		ne1	
			> \$

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

Cat. No. 52283D

-	le D (Form 990) 2012	lastions of Art Lis	toriant Treasur		Alben Cimiler As	nate (acati	Page 2
B	Using the organization's acquisition, acc collection items (check all that apply):						
a	Public exhibition	d	Loan or exch	ange pro	ograms		
b	Scholarly research						
C	Preservation for future generations					**********	
\$	Provide a description of the organization XIII.	's collections and expl	ain how they furt	her the c	organization's exer	npt purpose	in Part
5	During the year, did the organization sol assets to be sold to raise funds rather that	in to be maintained as	part of the organi	zation's	collection?	Ves	
art	IV Escrow and Custodial Arrang line 9, or reported an amount of			on answ	vered "Yes" to Fo	orm 990, Pa	art IV,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?						□ No
b	If "Yes," explain the arrangement in Part 2	KIII and complete the fo	ollowing table:	-			
	Burling to the second			F		mount	
C	Beginning balance				10		_
d	Additions during the year				1d		_
e	Distributions during the year				1e		
f	Ending balance				1f	C1.14	
2a b	Did the organization include an amount o If "Yes," explain the arrangement in Part 2	XIII. Check here if the e	xplanation has be	en prov	ided in Part XIII .		
ar	t V Endowment Funds. Complete	the second se	the second se		and the second se		
	A MORE THE REPORT OF A DESCRIPTION OF A DESCRIPANTO OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A	a) Current year (b) Pr	ior year (c) Two	years back	k (d) Three years bac	k (e) Four yea	ars back
la	Beginning of year balance					-	
b	Contributions		1.1		1.00		
C	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
T	Administrative expenses						
g	End of year balance		11 A 1			1	
2	Provide the estimated percentage of the	<ul> <li>And the second se</li></ul>	ce (line 1g, colum	n (a)) nei	d as:		
a	Board designated or quasi-endowment	%					
b	Permanent endowment ► Temporarily restricted endowment ►	%					
c	The percentages in lines 2a, 2b, and 2c s						
20	Are there endowment funds not in the p		ization that are h	eld and	administered for th	he	
-	organization by:	second in the second				Ye	s No
	(i) unrelated organizations	2000000000				3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizat					3b	
4	Describe in Part XIII the intended uses of						
Par	t VI Land, Buildings, and Equipme	ent. See Form 990, F	Part X, line 10.				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other ba (other)	asis (	c) Accumulated depreciation	(d) Book va	alue
1a	Land		122,	000			122,000
b	Buildings		233.	902	82,122		151,780
c	Leasehold improvements			-			
d	Equipment			400	720		1,680
e	Other			331			96,33
	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990 Part	X. column (B), lin	e 10(c).)			371,791

Schedule D	(Form	990)	2012
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Schedule D (Form 990) 2012			Page 3
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 value Cost or end-of-year ma	
(1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		NO TA BOARD BARANDON LANS	CENERAL CONTRACT
Part VIII Investments-Program Related	See Form 990 Part	X line 13	The state of the s
(a) Description of investment type	(b) Book value	(c) Method of value	ation
(c) boothpath of an obtaining type	(b) Book value	Cost or end-of-year ma	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	1.9.1.45	Marine and the second second second	
Part IX Other Assets. See Form 990, Pa			(h) Deals webe
	a) Description	0-0	(b) Book value
(1)			
(2)			
(3) (4)			
(5)		and the second s	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co			
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			0
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			1 1 A 12 1
2 EIN 48 (ASC 740) Ecotopto In Part XIII provide the	and of the factor of a little		

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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:       a         a       Net unrealized gains on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       3         unvestment expenses not included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         att XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:       2         a       Donated services and use of facilities       2a         b       Prior year adjustments       2a         c       Other losses       2c         a       Other losses .       <
a Net unrealized gains on investments 2a   b Donated services and use of facilities 2b   c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4c   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return   1 Total expenses and losses per audited financial statements   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   c Other (Describe in Part XIII.)   c Other (Describe in Part XIII.)   d Other (Describe in Part XIII.)   d Other of facilities   d Donated services and use of facilities   d Other (Describe in Part XIII.)   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   d Other (Describe in Part XIII.)   d Amounts included on Form 990, Part IX, line 25, but not on line 1:   d Atmounts included
b Donated services and use of facilities   c Recoveries of prior year grants   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c Add lines 4a and 4b   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c Total expenses and losses per audited financial statements   t Total expenses and losses per audited financial statements   c 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   c Other (Describe in Part XIII.)   c Add lines 2a through 2d   d Other (Describe in Part XIII.)   d Donated services and use of facilities   d Donated services and use of facilities   d Other (Describe in Part XIII.)   d Ze
c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return   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   c Other (Describe in Part XIII.)   c Add lines 2a through 2d   d Other (Describe in Part XIII.)   d 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   c Other (Describe in Part XIII.)   d Other (Describe in Part XIII.)   c 2d
d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return   1 Total expenses and losses per audited financial statements   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   c Other (Describe in Part XIII.)   c Add lines 2a through 2d   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   a Add lines 2a through 2d   a Amounts included on Form 990, Part IX, line 25;   a Donated services and use of facilities   b Prior year adjustments   c 2d   d Other (Describe in Part XIII.)   c Add lines 2a through 2d   a Amounts included on Form 990, Part IX, line 25, but not on line 1:
e Add lines 2a through 2d 2e   3 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c Add lines 4a and 4b   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c Total expenses and losses per audited financial statements   c 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   c Other (Describe in Part XIII.)   c Add lines 2a through 2d   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   a Subtract line 2e from line 1   a Amounts included on Form 990, Part IX, line 25, but not on line 1:
3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a   a 4b   b Other (Describe in Part XIII.)   c Add lines 4a and 4b   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   6 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   7 Total expenses and losses per Audited Financial Statements With Expenses per Return   7 Total expenses and losses per audited financial statements   1 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   c Other (Describe in Part XIII.)   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 Amounts included on Form 990, Part IX, line 25, but not on line 1:
Amounts included on Form 990, Part VIII, line 12, but not on line 1 :   a   Investment expenses not included on Form 990, Part VIII, line 7b   b   Other (Describe in Part XIII.)   c   Add lines 4a and 4b   c   Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c   Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c   Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c   Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   c   art XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return   Total expenses and losses per audited financial statements   c   Amounts included on line 1 but not on Form 990, Part IX, line 25:   a   Donated services and use of facilities   c   b   Prior year adjustments   c   c   other (Describe in Part XIII.)   c   d   other (Describe in Part XIII.)   c   e   Add lines 2a through 2d   c   subtract line 2e from line 1   d   a   Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4c   c Add lines 4a and 4b 4c   c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return   Total expenses and losses per audited financial statements 1   Prior year adjustments 1   c Other (Describe in Part XIII.)   c 2a   d Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   c 2d   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   subtract line 2e from line 1 25, but not on line 1:
b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         c       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         art XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         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         c       Other (Describe in Part XIII.)         c       Other (Describe in Part XIII.)         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         a       Subtract line 2e from line 1         d       Amounts included on Form 990, Part IX, line 25, but not on line 1:
c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         art XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2e         d       Other 2a through 2d       2d       2e         3       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         art XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Total expenses and losses per audited financial statements       1         Arnounts included on line 1 but not on Form 990, Part IX, line 25:       1         a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3
art XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Total expenses and losses per audited financial statements       1         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3
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         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:
2       Arnounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Arnounts included on Form 990, Part IX, line 25, but not on line 1:
2       Arnounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Arnounts included on Form 990, Part IX, line 25, but not on line 1:
a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Armounts included on Form 990, Part IX, line 25, but not on line 1:       4
b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2d         3       Subtract line 2e from line 1       3         4       Armounts included on Form 990, Part IX, line 25, but not on line 1:       3
c       Other losses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2d         3       Subtract line 2e from line 1       3         4       Arnounts included on Form 990, Part IX, line 25, but not on line 1:       4
d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2e       2e         3       Subtract line 2e from line 1       3       3         4       Arnounts included on Form 990, Part IX, line 25, but not on line 1:       4       4
e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Arnounts included on Form 990, Part IX, line 25, but not on line 1:       6
3         Subtract line 2e from line 1         3           4         Arnounts included on Form 990, Part IX, line 25, but not on line 1:         3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
rt XIII Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b t V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a rmation.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047 2012 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

### Employer identification number 62-1207484

Penuel	Ridge	Retreat	Center	
Dout	1	T	- 6 D	

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art-Works of art	( + · · · · · · · · · · · · · · · · · ·	200		
2	Art-Historical treasures			)	
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes		2		
8	Intellectual property				
9	Securities-Publicly traded		5		
10	Securities-Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				1C
12	Securities-Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other	1	1	96.331	Estimate
18	Collectibles				Lotimato
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts	-			
23	Scientific specimens	1			
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ()	12.00			
29	Number of Forms 8283 received which the organization completed				29
30a	During the year, did the organiza it must hold for at least three year	ars from the	e date of the initial contribu	ution, and which is not req	uired to be
	used for exempt purposes for the		ing period?		••• 30a ✓
ь 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accept			n-standard · · · 31
32a		e third par	ties or related organization	is to solicit, process, or se	
b 33	If "Yes," describe in Part II. If the organization did not report a describe in Part II.				

Part II	Supplemental Information. Complete this part to provide the information required and 33, and whether the organization is reporting in Part I, column (b), the num number of items received, or a combination of both. Also complete this part for	ber of contributions, the
ine 17, A	gift of land and improvements was received by means of a Life Estate Agreement. The value is	s estimated at \$96,331.
he gift is i	s for use by Penuel Ridge.	
*******		
		Schedule M (Form 990) (20

SCHEDULE O		-Han 4- Farm 000	000 57	OMB No. 1545-0047
(Form 990 or 990-EZ)	Supplemental Inform			2012
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or 1	tion for responses to specific que to provide any additional inform to Form 990 or 990-EZ.	uestions on lation.	Open to Public Inspection
Name of the organization			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	fication number
Penuel Ridge Retreat Cen	er			62-1207484
Part VI, Section A, Govern	ng Body and Management			
Line 8b Committees: We I	ad no committees with power to act o	n behalf of the governing body.		
Part VI, Section B, Policie				
Line 11a, Reviewing the 9	0: Each member of the board is provi	ded with a copy of the prepared	Form 990 at the sche	eduled board meeting
immediately preceding th	filing of Form 990. They are given an	opportunity to review the docu	ument in its entirety a	nd submit any
questions to the treasure	who shall respond to the inquirer and	o autionize any mounications to	rom as deened	a nevessaly and
accurate.				
Line 12c Conflict of Intere	st Policy compliance: All incoming bo	ard members are required to en	ter into a conflict of in	nterest agreement
Line 120 Connict of Intere	st Poncy compliance. An incoming bo	and members are required to en	iter into a connect of it	iterest agreement
with Penuel Ridge. This i	reinforced annually at the beginning	of the fiscal year.		
Section C, Disclosure				
Line 19: Penuel Ridge ho	s photocopies of all governing docur	ments, the conflict of interest po	olicy, and financial sta	tements in the
administration office of th	e organization. They are available for	public increation by request d	wing regular bucines	hours
administration onice of u	s organization. They are available for	public inspection by request of	uning regular business	s nours.
				******
			***********	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) (2012)