

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



				_											
					(a) = 4	- C 🔘		mogl <sub>e</sub> m		0	=	-	_	OMB No. 154	5-1150
	Fort	<b>.</b> 99	0-27			der section 50 lexcept b	1(c), 527, or elack lung be	4947(a)(1) of the	the Internal	Revenue	Code			200	8
				—	3ponsoring orga (b)(13) must file	anizations of d	onor advised	funds and cor	trolling orga	anizations a	s defined in	section	0	]-ed neg(	 වග්තිශීය
	Inter	Department of the Treasury Internal Revenue Service    Sponsoring organizations of donor advised funds and controlling organizations as defined in sect 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and to assets less than \$2,500,000 at the end of the year may use this form									nents.				
	_				, or tax year		Ju	ine 1	, 2008	, and en	ding	Ma	y 31	, 20	09
	$\overline{}$	Check of a Address o		Please use IRS	C Name of or	•						•	oyer ide	entification n	
	=	Name cha	•	label or		ed Founda						34	<u> </u>	191976	<u>5</u>
	=	Initial return		type.		nd street (or P.		l is not deliver	ed to street	address)	Room/suite	E Telep			
	=	Terminatio		See Specific		r Styx Road						( 330		725-54	56
	=	Amended Application	return n pending	Instruc- tions.	Medina, O	n, state or cou	untry, and ZIP 56-9787	+ 4				F Group	Exem er.		
					ations and 4			aritable tru	ete muet s	ottach	G Acco	unting me		Cash	7 Accruct
					npleted Sche						i .	(specify)			// Accidal
		₩ebsii	···		ed-Foundat						requi	red to atta	ach Sci	organization hedule B (Fo	
	<u>J (</u>	Organiz	ation type (	check or	nly one)- 🔽	501(c) ( 3 )	⟨insert no	.) 🗌 4947	(a)(1) or	<u> 527</u>	990-E	Z, or 990	-PF)		
		not requ	ired, but if th	e organi	on is not a sec zation choose	es to file a re	turn, be sure	to file a con	nplete retu	m.			more t	han \$25,000.	A return is
					ne 9 to determ								⊳\$		
	[[]	ort O	Revenue	, Expe	nses, and	Changes	in Net As	ssets or F	und Bal	lances	See the	instruct	ions f	or Part I.)	
		1			s, grants, and								1		55003
		2	Program service revenue including government fees and contracts							2		120			
		3 &		mbership dues and assessments							3		2666		
		_		amount from sale of assets other than inventory										2666	
		5a b						•	}	5b		000	1 1		
					er basis and	•			l		ttach ach	adula)	5c		600
	Revenue	6		r (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule). events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here											
	Ver	a			ot including				•	janung, on	CON HOLE D				
	8		reported o							200					
	ł	b	Less: direc	ct expe	nses other t					6b					
		С	Net incom	e or (lo:	or (loss) from special events and activities (Subtract line 6b from line					ie 6a)		6c	<u> </u>	200	
		7a	Gross sale	s of inv	ventory, less	returns an	d allowance	es		7a		2443			
,	l	b	Less: cost	_					l	7b		334	_		
)		C			ss) from sal	es of inven	tory (Subtra	act line 7b	from line	7a) .			7c		2109
_		8 9	Total reve	enue (describe >							8		30		
	$\dashv$	10											9		60728
		11	Renefite n	aid to o	r amounts p	ore (attach	schedule)						11		
	တ္က	12	Salaries o	ther on	or for members attorn		vee henefi	 te					12		
	JS.	13	Profession	al fees.	and other p	avments to	independe	ent contrac	nrs	• • •			13		
	Expenses	14	Occupancy	v remi0	Dutuliti <i>e</i> e Parko	സ്തിനിലെ	mai 🔿 🖟						14	1 11	7147
	ω̈́	15	Printing, pr	ublicạtio	óhs, postago	e, and ship	pinbrå∥						15		3107
		16	Other expe	enses (c	aesc <u>noe</u> ⊸∨∽	_msmance	cal layes					)	16		3901
	$\dashv$	17	Total expe	ense <b>š</b> . /	Add Ures 1)	Hilitough) t	3 -	· · · ·	<u> </u>	<u> </u>	<u> </u>	<u> D</u>	17		14155
	छ	18	Excess or	(deficit)	for the year	r (Subtract	<del>lme-1∛</del> fron	n line 9).					18		46573
	Net Assets	19	Net assets	or fun	nd balances	at beginning	ng of year	(from line	27, colun	nn (A)) (ı	must agre	e with			
	<b>₹</b>	end-of-year figure reported on prior year's return)						19		261314					
	2	20 21	Utner char	iges in	net assets of d balances a	or tund bala	inces (attac	cn explanat	ion) .				20	<del></del>	(18616)
	عوا	ort 00			s. If Total as								21	of Form Of	289271
	<u> </u>	<i></i> ∪ ∪ [_						ייי (ט) מופ ס	2,000,000	0 01 11101		jinning of y		(B) End of	
	(000 110 110 110 110 110 110 110 110 110						80 22		135519						

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

Met assets or fund balances (line 27 of column (B) must agree with line 21)

Other assets (describe > Leasehold improvements-walkway, carts,etc.

23 Land and buildings . .

Total assets . . . .

Total liabilities (describe ▷

Cat. No 106421

43492 23

88442 24

26

261314 25

261314 27

Form **990-**EZ (2008)

43492

110260

289271

289271

Part 00 Statement of Program Service Accomplishments (See the instructions for Part III.)										
What is the organization's primary exempt purpose?	See attached			Land.	quired for 501(c)(3) - <del>(4) organizations</del>					
Describe what was achieved in carrying out the organiz	ation's exempt purposes. Ir	a clear and cond	ise manner,	and	4947(a)(1) trusts;					
describe the services provided, the number of persons be	opti	onal for others.)								
28 See attached										
		***************************************		İ						
*										
(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▷ 🗆	28a	Over \$250					
29										
See attached	See attached									
				ļ	1					
(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▷ □	29a	Over \$250					
30										
See attached			-							
Grants 5 If this amount inci-	udes foreign grants, check	nere	. ▷ ⊔	30a	Over \$250					
31 Other program services (attach schedule)										
(Grants \$ ) If this amount incli	udes foreign grants, check	here	. ▷ 🗆	31a						
32 Total program service expenses (add lines 28a th	rough 31a)		>	32						
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	tructio	ns for Part IV.)					
(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contribution		(e) Expense					
(a) Name and address	devoted to position	(If not paid, enter -0)	employee benefit deferred compen		account and other allowances					
Deidree Ann Curci	Director (over 35									
6605 River Styx Road, Medina, OH 44256-9787	hours)	0		0	0					
John V Curci	Director (over 10				-					
6605 River Styx Road, Medina, OH 44256-9787	hours)	0		0	0					
Peggy Hegbar	Director (over 7 hours)									
353 Deepwood Drive, Wadsworth, OH 44281-8414		0		0	0					
***************************************										
			-							
		· ·								
				-	-·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··					
					·					
			<u> </u>	-+						
<del></del>					<del></del>					
••••••										
			<u> </u>							
•••••				ļ						
			<u> </u>							

Pa	Other Information (Note the statement requirements in the instructions for Part VI.)	_		ugo t
			Yes	No
_33_	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 930-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   \$0   37a   \$0    Did the organization file Form 1120-POL for this year?	37ь		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		1
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	1		
	Gross receipts, included on line 9, for public use of club facilities	1		İ
	section 4911 ▷; section 4912 ▷; section 4955 ▷			ļ
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. ▷ Ohio			
42a	The books are in care of ▷ Deidree Ann Curci  Telephone no. ▷ ( 330 )			
	Located at ▷ 6605 River Styx Road, Medina, Ohio ZIP + 4 ▷	4256-	9787	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	- Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	4
	If "Yes," enter the name of the foreign country: ▷			<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			⊳□
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		l	Yes	Мо
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		√
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Form 990-EZ	Z (2008)						P	age 4			
Part VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a	y. All section 501(c and 51.	)(3) organiz	ations mu	st answer quest	ions 40	6-49				
-46 - Did-1	the organization engage in direct or indirect	political campaign ac	tivities on be	half of or in	opposition to		Yes	Мо			
	lidates for public office? If "Yes," complete S					46		<b>√</b>			
47 Did 1	ls the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.										
48 Is the	e organization operating a school as describ	ed in section 170(b)(1	I)(A)(ii)?	es," comple	ete Schedule E .	48		4			
49a Did 1	the organization make any transfers to an ex	empt non-charitable	related orga	nization?		49a		4			
	es," was the related organization(s) a section					495					
	plete this table for the five highest compens received more than \$100,000 of compensat					y emplo	oyees)	) who			
(a)	Name and address of each employee paid more than \$100,000	(b) Title and averag hours per week devoted to position	1 ''	ompensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount an	nd			
		_									
NONE											
		-									
		-									
		<u> </u>									
		-									
Total num	ber of other employees paid over \$100,000 D	•									
	plete this table for the five highest compensions pensation from the organization. If there is no		ntractors wh	o each rece	eived more than \$	100,000	of				
	(a) Name and address of each independent contractor	paid more than \$100,000		<b>(b)</b> Ty	pe of service	(с) Соп	npensat	lion			
NONE											
				· ·							
Total num	ber of other independent contractors each re	eceiving over \$100,00	00 ⊳								
	Under penalties of penury, I declare that I have exami	ined this return, including a	ccompanying s	chedules and	statements, and to the	best of m	y knov	vledge			
	and belief it strue, correct, and complete. Declarat	tion of preparer (other than	officer) is base	ed on all inform	ation of which prepare	er has an	y know	ledge.			
Sign	1) Harris				4/13/10						
Here											
	John V Curci EVP										
	Type of print name and title.			Ta							
Paid	Preparer's	ļ	Date	Check if self-	Preparer's Identifying	Number (S	See instr	uctions)			
Preparer's	signature /			employed ▷							
Use Only	Firm's name (or yours if self-employed),				IN D						
May Abo II	address, and ZIP + 4 V	un abaug 0 !!		P	hone no > ( )						
way the II	RS discuss this return with the preparer show	wn above? See instru	ictions .	<u> </u>	<u> </u>	<u> Ц Ү</u>	es 🗌	<u>ot N</u>			

Form 990-EZ (2008)

## SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 $\triangleright$  Attach to Form 990 or Form 990-EZ.  $\triangleright$  See separate instructions.

Open to Public Ingreation

_	Name of the organization Employer identification number											
The	The Blessed Foundation								34 1919765			
Pa	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)											
The	he organization is not a private foundation because it is: (Please check only one organization.)											
1	Ŏ		•	rches, or association	•			-	•	A)(i).		
2		A school de	scribed in <b>secti</b> o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, st	ate, or local gov	emment or governme	ental unit	describe	d in sect	ion 170(i	b)(1)(A)(v	).		
7		An organizat	tion that normally	receives a substantia	al part of						the general public	
8		described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9								m contrib	utions, m	nembershi	p fees, and gross	
		An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, an receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ support from gross investment income and unrelated business taxable income (less section 511 tax) from bus acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								than 331/3 % of its		
10		An organizat	tion organized a	nd operated exclusive	ely to test	t for publ	ic safety.	See sec	tion 509	(a)(4). (se	e instructions)	
11		An organiza purposes of	tion organized a one or more pu	and operated exclusive blicly supported organ	ely for ti	he benefi describe	t of, to p d in secti	oerform t on 509(a)	he functi )(1) or se	ons of, o	r to carry out the a)(2). See section	
		<b>509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a □ Type I b □ Type II c □ Type III—Functionally integrated d □ Type III—Other										
e By checking this box, I certify that the organization is not controlle												
·		persons other		n managers and other								
f		If the organi	zation received	a written determinati	ion from	the IRS	that it is	a Type I	l, Type II	, or Type	III supporting	
			, check this box								🗀	
9		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	n from a	iny of the	•		
				r indirectly controls, enting body of the supp				h persor	s descril	ped in (ii)	Yes No	
			_	rson described in (i) a							11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
<u>h</u>		Provide the	following inform	ation about the organ	izations t	he organ	ization s	upports.				
(i)		e of supported janization	(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))			(iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?			s the ion in col zed in the S?	(vii) Amount of support	
					Yes	Мо	Yes	Мо	Yes	Мо		
								<u> </u>				
										[		
								<del>                                     </del>		<b> </b>	<del></del>	
Tota	 1						<u>-</u>				···	

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.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 22790 27280 23522 52854 55003 181449 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on rts behalf The value of services or facilities furnished by a governmental unit to the organization without charge 22790 27280 23522 52854 55003 181449 Total. Add lines 1-3 . . . . . 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 57626 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 123823 Section B. Total Support (a) 2004 **(b)** 2005 (c) 2006 Calendar year (or fiscal year beginning in) > (d) 2007 (e) 2008 (f) Total 22790 27280 23522 52854 55003 181449 Amounts from line 4 . . . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 212 10361 2666 13768 470 59 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . 195217 11 Total support. Add lines 7 through 10 . 59976 12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 63.4 % 15 56.8 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 33% % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . > 🔲 b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

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

Sec	tion A. Public Support										
Ca	alendar year (or fiscal year beginning in) >	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	3 (f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1-5					ļ					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6.)										
Sec	Section B. Total Support										
Ca	alendar year (or fiscal year beginning in) 🤛	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
9	Amounts from line 6					<u>.</u>					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			_							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
-	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	·									
13	Total support. (Add lines 9, 10c, 11, and 12.)										
14	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here										
Sec	Section C. Computation of Public Support Percentage										
15	Public support percentage for 2008 (lin	15	%								
16	16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g										
Sec	tion D. Computation of Investmen	it Income Pe	ercentage								
17	Investment income percentage for 2008	3 (line 10c, col	lumn (f) divided	d by line 13, c	olumn (f)) .	17	%				
18	Investment income percentage from 20		•			18	%				
19a	33\% % support tests - 2008. If the orga 17 is not more than 33\% %, check this be										
b	33% % support tests – 2007. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more th	an 331/3 %, and				
20	Private foundation. If the organization				-		_				

Schedule A (Form 990 or 990-EZ) 2008 Page 4									
Part IV	Supplementa Part II. line 17	I Information. a or 17b; or Pa	Complete art III, line 1	this part to	provide the	ne explanation	n required ormation. (s	by Part II, line 10; ee instructions)	
•									
		•••••		·		·			
••	•••••					<b>-</b>	••••		
								••	
								••••	
								••••••	
							••		
				•		·			
								••••	
		***************************************							
	· · · · · · · · · · · · · · · · · · ·								
			•			····			
		•••						·····	
					•••••		••		
		<b></b>					•••••		
		<b></b>				·			
		<b></b>	····						
								•••••	

Separate Attachment to Pg. 2

Form 990ez
Part III Statement of Program Service Accomplishments
Tax year 08-09

Form 990-EZ (2008)

Page 2

Part III: Statement of Program Service Accomplishments (See Specific Instructions on page 38)
What is the organization's primary exempt purpose?

**Expenses** 

To present programs that will provide physical care and spiritual healing, under the title of. "Blessed are You" This Foundation is created to honor the Scriptural ministry by providing a retreat center, education programs and food for those in need Matt.25:35-40

Authored and Published the LifeBook™ manual with allows individuals to document their physical and spiritual journeys. This enables easy access to critical information regarding health care and creates a legacy to be passed on through generations. In this first year over 200 persons were presented LifeBook™ in a two-day retreat format

Est over \$250

29 20 Educational and Spiritual Retreats were presented to hospice personnel, health care professionals and the general public to further their understanding of spiritual issues with the dying and for their own spiritual growth

Est over \$250

30 Feed the hungry by giving the produce from the Foundations orchard to numerous hunger centers.

Est over \$250

Labyrinth Retreat Center Open daily from dawn until dusk, the retreat center provides a Place of retreat and spiritual programs. Over 100 guests were received and nurtured in body and spirit. Guided meditation walks of the Chartre Labyrinth were held throughout the year.

Est over \$250