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# Form . 991

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2012, and ending For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization RENEWANATION Check if applicable Doing Business As 26-3901081 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 540-966-0648 Initial return PO Box 12366 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ 457,031 Amended return Roanoke VA 24025 Application pending F Name and address of principal officer H(a) is this a group return for affiliates? The Yes Vo Melvin L Adams, Sr H(b) Are all affiliates included? Yes No PO Box 12366, Roanoke VA 24025 If "No." attach a list (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status H(c) Group exemption number ▶ Website: ▶ www.renewanation.org L Year of formation M State of legal domicile Form of organization Corporation Trust Association [ Part I Briefly describe the organization's mission or most significant activities: Primary purpose: to promote Christian education 1 by working with Christian schools to resolve needs and reach their goals, expand enrollment and better serve their communities. Activities & Governance We award grants for professional improvements, student scholarships and campus expansion. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). . . 3 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) . . . . . 125 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h) . 257,670 409,146 Program service revenue (Part VIII, line 2g) 25,270 44,385 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,619 3,135 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 365 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 286,559 457,031 Grants and similar amounts paid (Part X, column (A), lines 1-3) 13 39,685 16,961 Benefits paid of for members Part IX, column (A), line 4) 14 0 Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 136,740 161,393 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 17 143.018 167,540 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 319,443 345,894 Revenue less expenses. Subtract line 18 from line 12 19 (32,884)111,137 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 120,602 224,500 21 Total liabilities (Part X, line 26) . 37,317 83,323 22 Net assets or fund balances. Subtract line 21 from line 20 83,285 141,177 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ficer) is based on all information of which preparer has any knowledge true, correct, and complete Declaration of preparer (other than Sign President Here Type or print name and title Print/Type preparer's name Preparer's signature Check \_\_\_ if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address 🕨 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form 990 (2012

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Part		Accomplishments response to any question in this Pa	rt III	
1	Briefly describe the organization's mission			<u>·_· · · · · · · · · · · · · · · · · · ·</u>
	Primary mission is to promote Christian w		Christian worldview. We work wi	th individuals.
	families, churches and schools to that end			
2	Did the organization undertake any sign			
	prior Form 990 or 990-EZ?			☐ Yes 🗹 No
3	Did the organization cease conducting services?	ng, or make significant changes in		
	If "Yes," describe these changes on Sch			L les E NO
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any,	(4) organizations are required to repo		
	•			
4a	(Code: ) (Expenses \$_Roanoke VA_Christian Education Commu	unity magazine		<del></del> -
4b	(Code: ) (Expenses \$_Hollywood FL Christian Education Commu			
4c	(Code: ) (Expenses \$	8.956 including grants of \$	) (Revenue \$	8.335 )
	Kansas City KS Christian Education Com			
				·
	011	1-41-0)		
4d	Other program services (Describe in Sci (Expenses \$ 11,915 including 6		ue \$ 7,850 )	
4e	Total program service expenses ▶	40.706	<u> </u>	

Part I	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,"			
	complete Schedule A	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		<b>√</b>
_		-		<b></b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		<b>√</b>
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		<b>V</b> ✓
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, VIII, 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
С	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	11c		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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		<b>→</b>
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		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	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? If "Yes," complete Schedule F, Parts I and IV	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		<u>,</u>
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? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	†	+

Part	Checklist of Required Schedules (continued)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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):			
a b	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 Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>✓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		
38	Part VI	37	1	<b>√</b>

	0 (2012)  V Statements Regarding Other IRS Filings and Tax Compliance		-	Page \$
Part	Check if Schedule O contains a response to any question in this Part V			[7]
	Check it Schedule O Contains a response to any question in this rant v	<u> </u>	Yes	· ·
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	3	-	+
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c	1	<del></del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		в		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<b>✓</b>
b	If "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.	ļ	ļ <u>.</u>	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
<b>.</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del> </del>	<b>-</b>
D		6ь		1
7	gifts were not tax deductible?	OD	<del>                                     </del>	<del> </del>
7 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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ŀ	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ŀ		1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	<b>/</b>
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
a	Did the organization make any taxable distributions under section 4966?	9a	1	<b> √</b>
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	<b> </b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	$\dashv$		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	$\dashv$		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	$\dashv$		
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	.20	+-	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
.u		13a	1	1

**Note.** See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand . .

14a

14b

13b

13c

Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
O 4!	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u>···</u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a   11		162	140
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	If the governing body delegated broad authority to an executive committee or similar			į
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6 7a	Did the organization have members or stockholders?	6	<u> </u>	<b>✓</b>
7 4	one or more members of the governing body?	7a		✓
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1.4		
_	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	✓	
р	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	./	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	_	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>/</b>	<u> </u>
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b> </b>
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		
13	Did the organization have a written whistleblower policy?	13	<u> </u>	<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14	ļ	<b>✓</b>
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<b>√</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		_	
	with a taxable entity during the year?	16a		<b>/</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
Secti	on C. Disclosure		1	<del></del>
17	List the states with which a copy of this Form 990 is required to be filed ▶ vA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 6104 requi	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
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	of into	rect =	olicy
13	and financial statements available to the public during the tax year.	or nine	iesi F	oney,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	e	
	organization: ► Melvin Adams, 8420 Cloverdale Rd., Troutville, VA 24175, 540-966-0648			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- 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 no	r any relate	d org	anız	atıc	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
		(C)								
(A)	(B)	(do n	Position (do not check more				nne.	(D)	(E)	(F)
Name and Title	Average	age box, unless person is t					n an	Reportable	Reportable	Estimated
	hours per week (list any		officer and a dire			<del></del>		compensation from	compensation from related	amount of other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ag F	Former	the	organizations (W-2/1099-MISC)	compensation from the
	organizations	ect	tutio	Ÿ	eg	est	₫	organization (W-2/1099-MISC)		organization
	below dotted	9 =	nali		) ok	Wä				and related
	line)	stee	rust		ď	) beng				organizations
			ee			Highest compensated employee				
(1) Jeffery Keaton	40									
Founder, Chairman & CEO	+40	1	1	1				44,565	0	0
(2) Melvin L Adams, Sr	40	<u> </u>	<del> </del> -	i -			1	44,505		
President	† <del>-</del>	1		1	1		1	35,784	o	0
(3) David T Blanton	40									<u> </u>
Secretary/Treasurer	†	1		✓				29,167	o	0
(4) Gary Feazell	"		Γ							
Board Member		✓						o	0	0
(5) Jeffrey Ganthner		ļ								
Board Member		✓	_					0	0	0
(6) Nina Gillespie	<u> </u>				ļ					
Board Member		✓						0	0	<u>0</u>
(7) E W Jackson	<u> </u>			1						
Board Member		1		<u> </u>	ļ.,		ļ	0	0	0
(8) Randy Krantz	ļ									
Board Member		✓	_	<u> </u>		ļ	<u> </u>	0	0	0
(9) Steve Ridout	<u> </u>			i						
Board Member	<del> </del>	<b>✓</b>	_	┝	_		1	o	0	0
(10) Monte Stetler	<del></del>	١,								
Board Member	-	<b>✓</b>		<u> </u>	-		-	c	0	0
(11) Nancy Stouffer	<b></b>	1						_		_
Board Member	+	-	$\vdash$	$\vdash$	-	<u> </u>	╁	<u> </u>	0	0
(12)	+	-								
(13)						·				
(14)							$\vdash$			<u> </u>
	1			i	1	1	1	1		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	y <u>ees</u>	s, ar	nd F	lighe	st C	ompensated E	<b>mployees</b> (c	ontinuea	)	
		•			•	C)							
	(A)	(B)	Position (do not check more than or						(D)	(E)		(F)	
	Name and title	Average	١,				is both		Reportable	Reportable		Estimat	
		hours per week (list any		erano	_	lirect	or/trus	<del>_</del>	compensation from	compensation related	from	amount other	
		hours for	Individual trustee or director	Inst	Officer	<u>\$</u>	₽₩	Former	the	organization	าร	compens	
		related		itut	Ē	Key employee	bloy	₹	organization	(W-2/1099-MI	SC)	from th	
		organizations below dotted	학	Sno		탕	8 8		(W-2/1099-MISC)			organiza and rela	
		line)	l ii	Ħ		yee	npe	İ				organizat	
			8	Institutional trustee			Highest compensated employee						
							ē						
(15)		ļ											
								ļ					
(16)		ļ						ļ			2		
	· <u>-</u>					<del> </del>		<u> </u>					
(17)		ļ				1					-		
(4.0)				-	-	├							
(18)		<del> </del>	}										
(19)											<del></del>	· · • · · · · · · · · · · · · · · · · ·	
(19)		<del> </del>	1										
(20)									. = 2				
32.72		<del> </del>	1								1		
(21)								<b>†</b> "					
32		1	1		į.								
(22)													
				<u> </u>	<u> </u>	_		_					
(23)													
(24)				ł									
				<u> </u>	<del> </del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
(25)		<u></u>	-		1		1						
	Coh Astal	<u>l</u>	1						100 710				<del></del>
1b c	Sub-total		n A	•		•	•		109,516 0				
d				•	•	•	• •		109,516	<del>                                     </del>	-		
2	Total number of individuals (including but							مر رم			)0 000 o		
_	reportable compensation from the organ		2 10 11	1030	. II.G	ica	abov	C, <b>v</b> i	mo received m	ore triair wite	,0,000 0	•	
	, , , , , , , , , , , , , , , , , , , ,											Y	es No
3	Did the organization list any former of	fficer, direc	tor, c	or ti	rust	ee,	key (	emp	oloyee, or high	est comper	nsated		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3	✓
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation fro	m the		T
	organization and related organizations	greater th	an \$	150	,000	)? /	f "Ye	s,"	complete Sch	nedule J for	such		
	individual											4	<b>✓</b>
5	Did any person listed on line 1a receive of									zation or ind	ıvıdual		
	for services rendered to the organization	? If "Yes," o	comp	lete	Sci	hed	ule J	for :	such person			5	
	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	port compe	nsau	on i	or t	ne c	alend	ıar ı	year ending wi	n or within t	ne orgai	lization	stax
	year.							т -	(0)			(0)	
	<b>(A)</b> Name and business add	dress						1	(B)  Description of s	ervices	Co	(C) mpensatio	on
								+-					
								+-					
-								†-					
								†-					
								1					-
2	Total number of independent contractor							o ti	nose listed ab	ove) who			1
	received more than \$100,000 of compen	sation from	the c	orga	nıza	itior	1 <b>&gt;</b>		_ o				

Form 9	90 (201:	2)					Page
Part	VIII	Statement of Revenue			-		
		Check if Schedule O contains a respon	nse to any ques	tion in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a	0				,,,
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b	2,640				
ê, Ĕ	C	Fundraising events 1c	0				
Sift;	d	Related organizations 1d	0			!	
ir, C	e	Government grants (contributions) 1e	0				
r Si	f	All other contributions, gifts, grants,				!	
Contributions, Gifts, and Other Similar Ar		and similar amounts not included above 1f	406,506			,	
a de la	g	Noncash contributions included in lines 1a-1f. \$	113,440				
	h	Total. Add lines 1a-1f	🕨	409,146			
Ë			Business Code				
š	2a	Education periodicals	511120	44,385	44,385	0	
Program Service Revenue	b						
	С		,				
Sel	d						
Ja Ja	е						
ō B	f	All other program service revenue.					
	3	Total. Add lines 2a–2f		44,385			T
	3	Investment income (including divide and other similar amounts)				_	
		·	1	2,877	2877	0	(
	4   5	Income from investment of tax-exempt bo	na proceeas	0	0	0	
	3	Royalties	(ii) Personal	0	0	0	(
	6a	Gross rents	(1)				
	b	Less: rental expenses	· <del></del>				
	c	Rental income or (loss)					
	d	Net rental income or (loss)	•	o	0	0	
	7a	Gross amount from sales of (i) Securities	(II) Other	0		•	
		assets other than inventory 113,698		1			
	b	Less: cost or other basis					
		and sales expenses . 113,440		1			
	С	Gain or (loss) 258		·			
	d	Net gain or (loss)	▶	258	258	0	
Other Revenue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c) See Part IV, line 18 a					
돛	b	Less: direct expenses b					
•	С	Net income or (loss) from fundraising	events . ►	0		0	
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b	111				
	C 405	Net income or (loss) from gaming activ	/ities ►	0	0	0	
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b				<u> </u>	
	С	Net income or (loss) from sales of inve		0	. 0	0	
		Miscellaneous Revenue	Business Code				
	11a	Reimbursement of functional exp	900099	365	365	0	- "
	b						
	d	All other revenue					

365 457,031

47,885

Total. Add lines 11a-11d . . . . Total revenue. See instructions.

## Part IX Statement of Functional Expenses

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 clude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	nd 10b of Part VIII.		expenses	general expenses	expenses
	ants and other assistance to governments and ganizations in the United States. See Part IV, line 21	40.004	46.004		
-	rants and other assistance to individuals in	16,961	16,961		
the	e United States. See Part IV, line 22	0	0		
org	rants and other assistance to governments, ganizations, and individuals outside the nited States. See Part IV, lines 15 and 16	o	0		
	enefits paid to or for members	0	0		
	ompensation of current officers, directors, ustees, and key employees	125,966	81,878	31,491	12,597
pe	empensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)	0	0	0	<u> </u>
•	ther salaries and wages	25,091	16,309	6,273	2,509
<b>8</b> Pe	ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions)	23,031	10,303	0,273	2,500
	ther employee benefits	0	0	0	
	ayroll taxes	10,336	6,693	2,613	1,030
	ees for services (non-employees):	,			
	anagement	0	0	0	
	egal	0	0	0	(
	counting	0	0	0	
	bbying	0	0	<u> </u>	
	ofessional fundraising services. See Part IV, line 17	0			
<b>g</b> Otl	vestment management fees	0	0	0	(
	amount, list line 11g expenses on Schedule O)	6,244	6,244	0	
	dvertising and promotion	3,168	792	1,584	792
	ffice expenses	11,700	5,850	2,925	2,925
	oyalties	6,588	3,294	1,648	1,646
	ccupancy	16,707	3,342	10,024	3,34
	ravel	33,817	16,910	6,453	10,454
	ayments of travel or entertainment expenses	33,017	10,310	0,433	10,43-
	r any federal, state, or local public officials	o	o	o	(
	onferences, conventions, and meetings	1,156	620	416	120
	terest	0	0	0	(
<b>21</b> Pa	ayments to affiliates	0	0	0	. (
<b>22</b> De	epreciation, depletion, and amortization .	0	0	0	
<b>23</b> In:	surance	0	0	0	
<b>24</b> Ot	ther expenses Itemize expenses not covered				
	pove (List miscellaneous expenses in line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
	) amount, list line 24e expenses on Schedule O.)				<u> </u>
	anquet expenses	52,486	0	6,000	46,48
	agazine printing	34,461	34,461	0	
	onations/gifts	1,201	0	1,201	
	usiness exp - fine	12	0	12	
	Il other expenses  otal functional expenses. Add lines 1 through 24e	045.004	400.004	70.040	04.00
	pint costs. Complete this line only if the	345,894	193,354	70,640	81,90
or fro fu	ganization reported in column (B) joint costs om a combined educational campaign and indraising solicitation. Check here I if Illowing SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2012

31

32

33

34

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year Cash – non-interest-bearing . . . . . . . . . . . . 1 5,484 112,205 2 Savings and temporary cash investments . . . . . . 0 0 3 3 Pledges and grants receivable, net . . 0 0 Accounts receivable, net . . . . . . 4 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . 0 6 0 **Assets** 7 0 0 Inventories for sale or use . . . . . . 8 0 0 Q Prepaid expenses and deferred charges 9 0 0 10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation . . . . 10b 115,118 10c 112,295 Investments—publicly traded securities . . . . . . . . . . . . . . . 11 0 11 0 12 Investments - other securities. See Part IV, line 11 . . . 12 0 0 13 13 Investments – program-related. See Part IV, line 11. 0 0 0 14 14 0 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 120,602 16 224,500 17 Accounts payable and accrued expenses . . . . . . . . . . . . 17 21,767 82,953 Grants payable . . . . . . . . . . . . . . . . . . 0 18 18 0 0 19 19 0 20 ol 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 23 Secured mortgages and notes payable to unrelated third parties . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 15,550 370 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 26 37,317 83.323 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . . . . . . . . . . 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds . . . . . . . . . 30 30 5,484 112,205

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

112,295

141,177

224.500

31

32 0

33

34

115,118

83,285

120.602

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Page	- 1	~

	<u> </u>			_	
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u> .	<u> </u>		<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45	57,031
2	Total expenses (must equal Part IX, column (A), line 25)	2		34	15,894
3	Revenue less expenses. Subtract line 2 from line 1	3		11	1,137
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		ε	33,285
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(5	3,245)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		14	\$1,177
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990. 🗹 Cash 🔲 Accrual 🔲 Other		_	ĺ	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n		
	Schedule O.				]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2a</b>	ļ	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or	1	
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • •	. <u>2b</u>		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audito	ed on	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				1
	· · · · · · · · · · · · · · · · · · ·			1	<del> </del>
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	piain i	"		1 .
0-		forth :	_		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ιοπη Ι			
	•		. 3a	-	<del>                                     </del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		e   3b		
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such a	uuits		000	1 (2247)
			For	m 996	(2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Employer identification number

Open to Public Inspection

		RENEWANA								26-39			
Pa	ırt I	Reason f	or Public Chai	r <b>ity Status</b> (All orga	nizations	s must c	omplete	this par	t.) See ii	nstructio	ns.		
he	orga	anızatıon is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1		A church, con	vention of churcl	nes, or association of	churches	describe	ed in sect	tion 170(	b)(1)(A)(i)				
2		A school desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	h Schedi	ule E.)							
3				spital service organiza									
4		A medical rese	earch organizatio	on operated in conjunc	ction with	a hospita	al describ	oed in <b>se</b>	ction 170	(b)(1)(A)	(iii). Enter	the	
		hospital's nam	ne, city, and state	∋:									
5			on operated for the complete of the complete o	the benefit of a collequete Part II.)	ge or uni	versity ov	vned or	operated	by a gov	/ernment	al unit de	scribed	in
6 7		An organization	n that normally	or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> that normally receives a substantial part of its support from a governmental unit or from the general public tion 170(b)(1)(A)(vi). (Complete Part II.)									
8				n section 170(b)(1)(A)		nplete Pa	rt II.)						
9						•	•	m contri	hutions :	memhers	hin fees	and are	٥,
			on that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross in activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its										
				nt income and unrel									
				fter June 30, 1975. Se							.,		
10			=	operated exclusively						<b>1</b> ).			
11			_	d operated exclusive		•	•			•	or to car	ry out ti	٦6
•				licly supported organ									
				describes the type of									
		a ☐ Type I	<b>b</b> 🗌 Type					•			onally int	egrated	
	eГ			that the organization			-		• •		•	•	าร
	_			rs and other than one									
		or section 509				, , ,		3				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	f			written determination	on from t	he IRS t	hat it is	a Type	I. Type I	l. or Tvo	e III supi	portina	
									., .,,,			, голина Г	٦
	g	Since August	17. 2006. has the	ne organization accer	oted anv	aift or co	ontributio	n from a	nv of the			_	_
	•	following pers		9	,	<b>3</b>		., ., ., ., .	,				
		(i) A person v	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	described	d in (ii) ar	nd [	Yes No	 )
				ody of the supported o							11g(i)		-
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)		_
				a person described in							11g(iii)		_
	h			on about the support							1.19(1.1)	J	-
	i) Nar	ne of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	(vi) I	s the	(viı) Amoun	t of monets	-
`		rganization	(.,,	(described on lines 1-9	in col (i) lis	sted in your	the organ	ization in	organizat	ion in col		port	y
				above or IRC section	governing	document?		of your oort?	(i) organii	zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
	<u> </u>												_
A)													
									-				_
B)													
													_
C)													
<u> </u>			-		<u> </u>				-				-
D)													
E)													_
-)									1				
					t								_

Part							
	(Complete only if you checked th						alify under
<del></del>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(.) 0000	41,0000	(-) 0040	(4) 0044	(-) 0040	(0 T-+-)
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	<del> </del>		<del></del>			
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)						
6	Public support. Subtract line 5 from line 4.	,		<u> </u>			
	on B. Total Support			1 1 2 2 2 2	( 0 0011	1 1 2 2 2 2	(0 T ) 1
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	L,	L		<u> </u>	<u> </u>	<u> </u>
12	Gross receipts from related activities, etc					12	nm E01(a)(2)
13	First five years. If the Form 990 is for the organization, check this box and stop he			na, tnira, tourti			
Sect	ion C. Computation of Public Support			_ <del></del>		· · · · · · · · · · · · · · · · · · ·	• - 🗀
14	Public support percentage for 2012 (line			11. column (fl)		14	%
15	Public support percentage from 2011 Sci					15	%
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2012. If the organi box and stop here. The organization qua	zation did not	check the box	k on line 13, an	ıd line 14 ıs 33		check this
b	331/3% support test—2011. If the organ check this box and stop here. The organ	ization qualifie	es as a publicly	y supported or	ganization		▶ 🗀
17a	10% or more, and if the organization me Part IV how the organization meets the "	ets the "facts	-and-circumsta umstances" te	ances" test, ch	eck this box a	nd <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	ition meets th	e "facts-and-d ts-and-circum	circumstances'	' test, check t	his box and s	top here.
18	Private foundation. If the organization d				a, or 17b, che	ck this box and	i see

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support											
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
1	Gifts, grants, contributions, and membership fees											
	received. (Do not include any "unusual grants.")		326,115	274,514	257,670	409,146	1,267,445					
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		(158)	o	25,270	44,385	69,497					
3	Gross receipts from activities that are not an		(100)	J								
	unrelated trade or business under section 513	Į	o	o	o	o	0					
4	Tax revenues levied for the											
7	organization's benefit and either paid	,										
	to or expended on its behalf		o	o	اه		•					
_	· ·		0	U		0	0					
5	The value of services or facilities furnished by a governmental unit to the											
	organization without charge			ا			_					
_	_		0	0	0	0	0					
6	Total. Add lines 1 through 5	<u> </u>	325,957	274,514	282,940	453,531	1,336,942					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		_ i	_	_		_					
_			0	0	0	0	0					
b	Amounts included on lines 2 and 3											
	received from other than disqualified											
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year											
	· ·		0	0	0	0	0					
_	Add lines 7a and 7b		0	0	0	0	0					
8	Public support (Subtract line 7c from line 6.)											
<del></del>	line 6.)											
		4 ) 0000	# 1 0000	4 ) 0040	( 1) 0044	( ) 0040	/0 T. t. l					
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total					
9	Amounts from line 6		325,957	274,514	282,940	453,351	1,336,942					
10a	Gross income from interest, dividends,											
	payments received on securities loans, rents,											
	royalties and income from similar sources .		0	0	3,618	3,135	6,753					
b	Unrelated business taxable income (less											
	section 511 taxes) from businesses											
	acquired after June 30, 1975		0	0	0	0	0					
С	Add lines 10a and 10b		0	0	3,618	3,135	6,753					
11	Net income from unrelated business											
	activities not included in line 10b, whether											
	or not the business is regularly carried on		0	0	0	0	<u> </u>					
12	Other income. Do not include gain or											
	loss from the sale of capital assets	ļ										
	(Explain in Part IV.)		0	0	0	365	365					
13	Total support. (Add lines 9, 10c, 11,											
	and 12.)		325,957				1,344,060					
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 he		<u> </u>	<u> </u>			🕨 🗸					
	on C. Computation of Public Suppo	<del></del>										
15	Public support percentage for 2012 (line	, ,	-				<u>%</u>					
16	Public support percentage from 2011 Sc					16	<u>%</u>					
	on D. Computation of Investment In											
17	Investment income percentage for 2012						<u>%</u>					
18	Investment income percentage from 201					18	%					
19a	331/3% support tests-2012. If the organ											
	17 is not more than 331/3%, check this box						_					
b	33 <sup>1</sup> /3% support tests—2011. If the organize											
	line 18 is not more than 331/3%, check this	-	-	-								
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌					

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part III, Line	e 12 - Other income is for reimbursement of travel expenses.

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

	RENEWANATION		26-3901081
Par		or Advised Funds or Other Similar Fu	unds or Accounts. Complete if the
	organization answered "Yes" to Fe		(h) Funda and other accounts
_	Tatal number at and of user	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
-	funds are the organization's property, subject		
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	<del>-</del> -
	only for charitable purposes and not for the	e benefit of the donor or donor advisor, or	r for any other purpose
Par		plete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g.,		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organiza	ation hold a gualified consequation contribu	ition in the form of a conceniation
2	easement on the last day of the tax year.	ation held a qualified conservation contribu	dion in the form of a conservation
	outsimon on the last day of the lax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas		
С	Number of conservation easements on a ce		
d	Number of conservation easements include		
	historic structure listed in the National Regis		2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or to	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to		
5	Does the organization have a written po violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
U	_	oring, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
-	▶\$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		financial statements that describes the
	organization's accounting for conservation		Other Circles Assets
Par		ections of Art, Historical Treasures,	
10	If the organization elected, as permitted un	vered "Yes" to Form 990, Part IV, line 8	
ıa	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted u	inder SFAS 116 (ASC 958), to report in it	ts revenue statement and balance sheet
	works of art, historical treasures, or other public service, provide the following amoun	similar assets held for public exhibition,	
			<b>&gt;</b> \$
	<ul><li>(i) Revenues included in Form 990, Part VII</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>&gt;</b> \$
2	If the organization received or held works	of art, historical treasures, or other simi	lar assets for financial gain, provide the
	following amounts required to be reported u	under SFAS 116 (ASC 958) relating to these	e items:
а	Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X	ne 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

_	
Page	2

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	access	ion, and ot	her recor	ds, chec	k any of the	e follov	ving that are a s	ignificant use of its
а	☐ Public exhibition			<b>d</b> [	Loan	or exchang	e prog	rams	
b	☐ Scholarly research					_			
	☐ Preservation for future generations				<del>_</del>				
4	Provide a description of the organizati	ion's c	collections a	and expla	in how th	nev further	the ord	ianization's exen	not purpose in Par
7	XIII.	10113	Concentration 6	ина схріа	111 110 11 11	icy further	the org	anzanon s exen	ipi parpose iii i ai
5	During the year, did the organization	solicit	or receive	donation	s of art.	historical tr	easure	s, or other simila	ar
_	assets to be sold to raise funds rather								
Dart	IV Escrow and Custodial Arra								
rart	line 9, or reported an amount					arnzation	al ISWC	ied les toll	min 550, raitiv,
	Is the organization an agent, trustee,					r contribut		other seeds no	
1a					•				
	included on Form 990, Part X?								☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII	and comple	ete the fo	llowing ta	able:		<del></del>	
								A	mount
С	Beginning balance						10	:	
d	Additions during the year						1d		
е	Distributions during the year						1e	, [	
f	Ending balance						1f		
2a	Did the organization include an amoun								☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa								
Pari		to if t	he organiz	ration an	ewered	"Yes" to F	orm 9	90 Part IV line	· · · · · · · · · · · · · · · · · · ·
ı aı	Endownient i unus: compie		urrent year	(b) Pric		(c) Two year			
-	Paramer of warmhalance	• • •	•	(5) 1 110	, your	(6) 1116 year	- Duon	(a) Three years back	(c) i our yours buok
1a	Beginning of year balance							'	
b	Contributions			<del></del>					
С	Net investment earnings, gains, and								1
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs						١		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he cur	rent vear er	nd balanc	e (line 1a	column (a	)) held	as:	
a	Board designated or quasi-endowmen		•		- (	,	,,,		
b	Permanent endowment	%		/ 0					
	Temperarily restricted and symmetric		%						
С	Temporarily restricted endowment ▶			2007					
2-	The percentages in lines 2a, 2b, and 2		•		ration th	at are hold	and ad	ministered for th	20
3a	Are there endowment funds not in the organization by:	+ hoss	ession or ti	ie organii	zation the	at are rielu	anu au	ministered for tr	
	<b>5</b> ,								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations						•		3a(ii)
b	If "Yes" to 3a(ii), are the related organic								3b
4	Describe in Part XIII the intended uses								
Part	VI Land, Buildings, and Equip	ment	. See Forn	n 990, Pa	art X, lin	e 10.			
	Description of property		(a) Cost or of (investm			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land						79 g		
b	Buildings	·				97,018	CANADARY HIL	2,823	94,19
		.		<del></del>		31,018		2,023	94,19
C	Leasehold improvements	٠	<u> </u>						
d	Equipment	.  -				2,500			2,50
<u>е</u>	Other			22.5	<u> </u>	15,600	2( ) )		15,60
Total.	Add lines 1a through 1e (Column (d) m	nust ed	qual Form 9	90, Part )	K, columi	n (B), line 10	J(C).)	<b>.</b> 🕨	112,29

Part VII Investments—Other Securitie	s. See Form 990, Part X	, line 12.	Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			<del></del>
(G)			- ,,,
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		V line 12	
Part VIII Investments—Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of 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)			· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, I			
Culci Addets. Occ 1 om 1 000, 1	(a) Description		(b) Book value
(1)			
(2)			
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			··
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X,		<b>.</b>	<del></del>
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		_	
(2)	<del></del>	_	
(3)			
(4) (5)		_	
(6)		-	
(7)		<del></del>	
(8)		<del> </del>	
(9)		<del>-</del>	
(10)		<del>-</del>	
(11)		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		-	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the		organization's financial statements that	reports the organization's
liability for uncertain tax positions under FIN 48 (ASC			

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	1 1
b	Donated services and use of facilities	2b	7 1
С	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIII )	2d	1
е			2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	-	er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7
С	Other losses	2c	1
d	Other (Describe in Part XIII )	2d	1
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b	Other (Describe in Part XIII.)	4b	1
C	A JULY CALL THE TOTAL CONTROL OF THE TOTAL CONTROL		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XIII Supplemental Information		
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;
	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b		
nform			
			·••••
· <del>-</del>			
· <b>-</b>			

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2012

OMB No 1545-0047

Open to Public Inspection

**%** □

✓ Yes

**Employer identification number** 26-3901081 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Attach to Form 990. General Information on Grants and Assistance RENEWANATION Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

	O rothor bar other	of or order	bac atacamaron	Organizations	n the United S	Pater Complete	the organization answ	Course and Other Assistance to Consuments and Organizations in the United States Complete if the organization answered "Ves" to Form 990
במונוו	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	recipient that	received more th	ian \$5,000. Part	II can be duplica	ated if additional	space is needed.	
1 (a) Nar	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Grac Pk, Hager	(1) Grace Academy, 13321 Cearfoss Pk, Hagerstown MD 21740			9,884				Student scholarship
(2)								
(9)								
4					; !			
(2)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
<b>м</b>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	vernment organizat	ions listed in the l	ne 1 table			•
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2012)

We do not give grants to individuals but to schools or education entities (organizations) who have been qualified as our "affiliates". (We do not use the term affiliates in the same sense as qualified charity assistance or submits specific students along with their need for which they are seeking help with tuition. If a grant is given for other needs of the organization which is the IRS. Rather, they are local independent organizations with which we partner to achieve common goals; primarily that of offering education from a Christian worldview perspective. These organizations are qualified by a process of formal applications, interviews with administrators and boards, visits to campuses to see personnel and process, etc.) Grants are given based on specific demonstrated need. If it is to assist with student tuition scholarships, the organization communicates to us their enrollment and amount accepted in need of essential to the education they provide, the organization is typically required to give 3 specific reports on the completion and outcomes of the improvement.

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

**Transactions With Interested Persons** 

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047 2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(10)

orm 990-EZ. ► See separate instructions.

Employer identification number

RENEV	VANATION								26-3	390 <u>10</u> 8	81		
Part I Excess Benef Complete if th	fit Transaction e organization	is (section 501 answered "Yes	(c)(3) a s" on F	and secti Form 990	on 501(c)(4 ), Part IV, II	1) orga ine 25	anizations only). a or 25b, or For	m 990	)-EZ,	Part \	V, lıne	40b.	
1 (a) Name of disqualified	noman	(b) Relationship be			person and	-	(c) Description	of tran	eaction			(d) Corr	ected?
1 (a) Name of disqualified	person		organiza	ation	<del></del>		(c) Description	i Oi traii	ISaction	1		Yes	No
(1)		<u>-</u> .					<u>.</u>						
(2)													
(3)													
(4)													
(5)													
(6)													
2 Enter the amount of under section 4958		-		n manag 			ed persons dui	ring th	ne ye !	ar ► \$	<b>;</b>		
3 Enter the amount o	f tax, if any, on	line 2, above,	reımbı	ursed by	the organi	izatıor	١		!	• \$	5		
Complete if th	e organization	ested Person answered "Yes ount on Form 9 (c) Purpose of loan	s" on f 990, Pa (d) Lo fro			2. nal	38a or Form 99	(g) in d		(h) Ap		f the (i) Wi	
						1			- NI-	<u> </u>	1	V	Na
(4) 1 55 14 14	050		To ✓	From	_	4 000	270	Yes	No	Yes	No	Yes	No ✓
(1) Jeffery Keaton	CEO	pay expenses	<b>-</b>		1	1,000	370		<b>V</b>	<b>-</b>	ļ		<u> </u>
(2)				1				<u> </u>			<u> </u>		
(3)			ļ <del>-</del>	<del></del>				<del> </del>		1			
(4) (5)													
(6)											-		
(7)								<u> </u>	-		1		-
(8)				<del></del>				<del> </del>	-	1			
(9)		-								1			
(10)	+									1	<del> </del>		
Total			<u> </u>			<u> </u>	<u> </u>	<del>                                     </del>			1		
Part III Grants or Ass		fiting Intereste answered "Ye	ed Pe	rsons.		ine 27		1		<u> </u>			
(a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance	(	d) Type of assistanc	е	(е	) Purpo	ose of a	ssistan	се
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)					-								
(8)		-											
(9)		-											

	f interested person  (b) Relationship between interested person and the organization		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
					Yes	N
						-
						-
						L
	<del></del>					┼
						1
· .						
Supplemental I	Information	udditional information for ra	ananaan ta guaatian	is on Schedule L (see instruction	no)	
	***************************************					<b>-</b>
				·		

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open To Public Inspection

Employer identification number RENEWANATION 26-3901081

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution  amounts reported on  Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art						_	
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							
8	Intellectual property		-		<del></del>			
9	Securities—Publicly traded	<b>✓</b>	1	113,440	market value	)		
10	Securities—Closely held stock .			110,110	THAT HOL VALUE	<u> </u>		
11	Securities—Partnership, LLC,							
	or trust interests							
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							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()			- '				
27	Other ► ()							
28	Other ► (	j						
29	Number of Forms 8283 received							
	which the organization completed	Form 828	3, Part IV, Donee Acknowle	dgement	29	0		
							Yes	No
30a	During the year, did the organiza							
	it must hold for at least three year							
	used for exempt purposes for the		ing period?			30a		✓_
_	If "Yes," describe the arrangemen							
31	Does the organization have a	-	stance policy that require	es the review of any no	n-standard			
						31		✓
32a	Does the organization hire or us	•	<del>-</del>	•	ell noncash			
	contributions?					32a		✓
b	If "Yes," describe in Part II.	_						'
33	If the organization did not report a describe in Part II.	n amount ir	n column (c) for a type of pro	operty for which column (a)	is checked,			!

	and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I, Line	9 - Received a donation of mutual fund shares which were redeemed for cash.

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number		
RENEWANATION	26-3901081		
Part III, Line 4d: Other program services are additional Christian Education Community magazines.			
Part V, Line 3b: All income was related to the organization goals and primary purpose.			
Part VI, Section A, Line 2: The Founder/Chairman Jeffery Keaton and the President Melvin Adams ar	e brother-in-laws.		
Part VI, Section A, Line 9: Gary Feazell, 1100 Beechnut Ln, Moneta, VA 24121			
Jeffrey Ganthner, 3236 Joplin Ln, Chesapeake, VA 23323			
Nina Gillespie, 10108 Golf Course Rd, Fayetteville, PA 17222			
E W Jackson, 1012 Eddington Ct, Chesapeake, VA 23322			
Randy Krantz, 2579 Rock Cliff Rd, Bedford, VA 24523			
Steve Ridout, 3838 Belmont Ct, Roanoke, VA 24012			
Monte Stetler, 1447 Melinda Ln, Elsmere, KY 41018			
Nancy Stouffer, 992 Cranberry Dr, Chambersburg, PA 17202			
Part VI, Section B, Line 11b: Form 990 and related schedules were printed and mailed to all voting m	embers of governing body for review		
before filing.			
Part VI, Section C, Line 19: These documents, all policies and financial statements are available to the	ne public upon request.		
Part XI, Line 9: Change in net assets or fund balances was caused by an increase in liability because	of back pay due employees.		
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