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Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 2012 and ending JUN 30, 2013 D Employer identification number C Name of organization Check if applicable Address change KEYSTONE ADVENTURE SCHOOL & FARM, Name change 20-2054693 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 405-216-5400 19201 N. WESTERN City, town, or post office, state, and ZIP code G Gross receipts \$ 816,611 Applica-OKLAHOMA CITY, OK 73012 H(a) Is this a group return pending F Name and address of principal officer Jennifer Dunning for affiliates? Yes X No 19201 N. WESTERN, OKLAHOMA CITY, H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) __ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► KEYSTONEADVENTURESCHOOL.COM H(c) Group exemption number K Form of organization: X Corporation Trust Other > Association L Year of formation: 2005 M State of legal domicile; OK | Part I | Summary Briefly describe the organization's mission or most significant activities: The school provides childhood education by way of an all-day school working / Fanch / farm, Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI) ine 1b EB 1 9 2014 6 SCANNED MAR 30 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 OGDEN. UT 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 130,496. Contributions and grants (Part VIII, line 1h) 179,654. 537,114. 547,207. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 46,286 61,159. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 713,896. 788,020. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ω. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 570,905. 481,766 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 256,790. 261,211. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 738,556 834,116. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <24,660. <46.096.> 19 Revenue less expenses Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 208,570. 20 Total assets (Part X, line 16) 151,009. 21 Total liabilities (Part X, line 26) 127,602 116,137. 80,968 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. SA Signature of office Sign <u>J¢nnifer Dunning, President</u> Here Type or print name and title Date PTIN Check Print/Type preparer's name 02/04/14 self-employed P01083874 Paid Carolyn Levings Firm's name EIDE BAILLY LLP Firm's EIN 45-0250958 Preparer Firm's address 1601 NW EXPRESSWAY, SUITE 1900 Use Only Phone no. 405-478-3334OKLAHOMA CITY, OK 73118

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2012)

			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	_X_	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	<u> </u>
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	-	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			7.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- T
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		<u> </u>
D	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		х
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
13 14a	Control of the Control of the United Chates	14a		х
14a h	Did the organization maintain an onice, employees, or agents outside or the oritine orates? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- a		
	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		x
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X _
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	X	ļ
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2012)

			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		<u> </u>
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		<u> </u>
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		<u>X</u>
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		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		X
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	•			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		<u>x</u>
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x _
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		x
35a	5 4 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Ψ.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2012)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				\Box
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 30	<u>]</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?	_2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
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		X
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	_5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			l
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	•	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	· · · · · · · · · · · · · · · · · · ·	7f	├	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•	7 <u>g</u>	-	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			1	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	ļ	╄
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	•••	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	-	-
10	Section 501(c)(7) organizations. Enter:	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	11			
a	Gross income from members or shareholders	11a	-		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	۱		
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	-	├
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.			İ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1426			
	organization is licensed to issue qualified health plans	13b	1	1	1

14a

14b

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

13c

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

	to mile da, 65, 61 765 below, december the encountered, proceeded, or other get in contract of the mentioner			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	
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		X
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			L
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			:
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	ele	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	-	
	LaHonda Lerma - 405-246-8510			
_	19201 N. Western, Oklahoma City, OK 73012			
23200	A		000	100.15:

n 990 (2012)	KEYSTONE	ADVENTURE	SCHOOL	æ	FARM.	INC.	20-2054693	Page 7
11 330 (2012)	TO TO TO TO	THE VEHICLE	D C110 0 H	<u> </u>	* * * * * * * * * * * * * * * * * * * *		20 2034033	<u>ugo</u> .

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza (A)	(B)	Jige			201 2)	ا ا	Jal	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
VV a	hours per	box	unle	ss pe	rson	than s bot	h an	compensation	compensation	amount of
	week	\vdash	er an	dad	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	- G	93			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ruste	institutional trustee		aa	ubeu		(W-2/1099-MISC)		organization and related
	below	dualt	rbona		l ode	st co				organizations
	line)	Mpul	Instit	Officer	Key employee	Highest compensated employee	Former			.
(1) Jennifer Dunning	40.00									
President/Board Member		X		X				35,000.	0.	0.
(2) John Duhon	50.00									
Secretary/Board Member		X		X				65,574.	0.	6,214.
(3) Risa Wilkins	40.00									
Board Member/Director		X		X				65,648.	0.	10,342.
(4) Richard Dunning	0.00									
Board Member		X						0.	0.	0.
(5) Steve McDonald	0.00									
Board Member		X						0.	0.	0.
(6) Bliss Morris	0.00							_	_	_
Board Member		X		_				0.	0.	0.
(7) Armand Paliotta	0.00								_	
Board Member		X		<u> </u>				0.	0.	0.
(8) Cathy Perri	0.00	l								•
Board Member	1 00	X						0.	0.	0.
(9) Tari Vickery	1.00								•	•
Board Member	15.00	X		<u> </u>		┢		0.	0.	0.
(10) LaHonda Lerma	15.00	1		7.				15 000		•
Treasurer		-		X				15,960.	0.	0.
		\cdot								
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	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	itee or director op op op	not c	(C Posi heck i ss per	tion more rson i		one han tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	S	com fr org	(F) timate nount of other pensa om the anizate d relate	of tion e ion ed
	·	line)	Individu	Institut	Officer	Кеу етріоуее	Highest employ	Former				orga	ınızatı	ons
							1			<u> </u>				
														,
			-											
	Sub-total						>		182,182.		0.	1	6,5	56. 0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but		nose	liste	ed al	bove	e) wi	no re	182,182.	0,000 of reportab	0.	1	6,5	
	compensation from the organization												Yes	No.
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual								•		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? If "Yes	," co	mpl	ete S	Sche	edul	e J f	or such individual			4		X
Sec	rendered to the organization? If "Yes," cortion B. Independent Contractors	mplete Schedu	le J 1	or s	uch	pers	son	-	·			5	-	Х
1	Complete this table for your five highest compensation. Report compensation for										pens	ation f	rom	
	(A) Name and busines	s address	N	ON	€				(B) Description of s	services	C	(C Compe		n
														
	<u> </u>		_											=
							<u> </u>							
							•				_			
2	Total number of independent contractors \$100,000 of compensation from the organ		not li	mıte	d to		se l: O	sted	above) who received n	nore than				

		Check if Schedule O cont	ains a response	to any question in	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1 a	Federated campaigns	1a					
ira	b		40.					
S, E	С	Fundraising events	1c					
業別	d	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e					
P.S.	f	All other contributions, gifts, gran	its, and		:			
t per		similar amounts not included abo	ve 1f	179,654.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>용</u>	h	Total. Add lines 1a-1f		•	179,654.			
				Business Code				1
ice	2 a			611600	396,075.	396,075.		
e S	b	Enrollment		611600	139,983.			
n S	С	Other Income		611600	11,149.	11,149.		
Program Service Revenue	d							
ğ	е							
-	f	All other program service reve	enue		E 47 207			-
$\overline{}$		Total. Add lines 2a-2f		_	547,207.			
1	3	Investment income (including other similar amounts)	aiviaenas, inter	est, and				
	4	Income from investment of ta	v.ovemnt hand t					
	5	Royalties	x-exempt bond (noceeds				
	J	rioyanico	(i) Real	(ii) Personal				
	6 a	Gross rents	()	. (1)				
	b							
	-	Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)		<u> </u>				
	d	Net gain or (loss)		_				
e l	8 a	Gross income from fundraisin	ig events (not					
		including \$	of					
Other Reven		contributions reported on line	•	00 550				
ĕ		Part IV, line 18	a			i		1
₹		Less: direct expenses	b	28,591.	61 150	1		61 150
		Net income or (loss) from fund	-		61,159.			61,159.
	9 а	Gross income from gaming ad		1				İ
	h	Part IV, line 19 Less: direct expenses	_					
		Net income or (loss) from gan	-					
		Gross sales of inventory, less	-					
	.0 4	and allowances	a					
	b	Less: cost of goods sold	- b					
		Net income or (loss) from sale	es of inventory	•		. 1		
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
!	d	All other revenue .						
	е	Total. Add lines 11a-11d		▶↓				
00000	12	Total revenue. See instructions.			788,020.	547,207.	0.	
23200 12-10	⊎ -12							Form 990 (2012)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons	se to any question in the			. (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 -0-	454 000	16 105	
	trustees, and key employees	180,707.	164,282.	16,425.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	210 500	210 500		
7	Other salaries and wages	310,502.	310,502.		
8	Pension plan accruals and contributions (include	17 756	17 756		
_	section 401(k) and 403(b) employer contributions)	17,756.	17,756.		
9	Other employee benefits .	23,667.	23,667.		
10	Payroll taxes	38,273.	38,273.		
11	Fees for services (non-employees):				
a	Management	2,208.		2,208.	
b	Legal	2,700.		2,700.	
C	Accounting .	2,100.		2,700.	
d	Lobbying				
e	Investment management fees				
f					
g	column (A) amount, list line 11g expenses on Sch 0.)	3,835.	770.	3,065.	
12	Advertising and promotion	9,518.	9,518.	3,0001	
13	Office expenses	6,539.	7,7020	6,539.	
14	Information technology	7,696.	7,696.		
15	Royalties				
16	Occupancy	128,560.	108,678.	19,882.	
17	Travel	4,416.		4,416.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				··
20	Interest				· - · <u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,645.	18,645.		
23	Insurance	17,503.	17,503.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Auto Expense	21,739.	21,739.		
b	— 1-1 G11-	18,269.	18,269.		
c	D 4 D 1-1-	6,373.	6,373.		
d		5,030.	5,030.		
e		8,180.	8,180.		
25	Total functional expenses. Add lines 1 through 24e	834,116.	778,881.	55,235.	0_
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u>.</u> .			Form 990 (2012

	-	(A) Beginning of year		(B) End of year
- 1	Out	139,104.	_	106,196.
1	Cash - non-interest-bearing	133,104.	2	100,190
2	Savings and temporary cash investments	-		
3	Pledges and grants receivable, net	57,587.	3	26,817
4	Accounts receivable, net	37,367.	4	20,01/
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		_	
	Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	5	· · · · · · · · · · · · · · · · · · ·
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	9		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u> </u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
8 7	Notes and loans receivable, net		7	
~	Inventories for sale or use	•	8	
9	Prepaid expenses and deferred charges	•	9	
TUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 82,597			
		11,084.	40-	17,996.
b		11,004.	10c	11,330
11	Investments - publicly traded securities		12	
12	Investments - other securities. See Part IV, line 11		13	
13	Investments - program-related. See Part IV, line 11		14	
14	Intangible assets	795.	15	0.
15	Other assets. See Part IV, line 11	208,570.	16	151,009
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,719.	17	1,418
17	Accounts payable and accrued expenses	1,715.	18	1,410
18 19	Grants payable	125,883.	19	114,719
20	Tax-exempt bond liabilities	123,003.	20	114/115
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
e 21 22	Loans and other payables to current and former officers, directors, trustees,	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Liabilities 21 22 22 22 22 22 22 22 22 22 22 22 22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	127,602.	26	116,137.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
<u>ه</u> ا	complete lines 27 through 29, and lines 33 and 34.			
일 27	Unrestricted net assets		27	
ਰ ਰ 28	Temporarily restricted net assets		28	·-· · · · · · · · · · · · · · · · · · ·
B 29	Permanently restricted net assets		29	·
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
بر م	and complete lines 30 through 34.			
ध 30	Capital stock or trust principal, or current funds	0.	30	0.
89 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances 8 2 2 8 2 2 2 2 2 2 3 2 3 2 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	80,968.		34,872
ž 33	Total net assets or fund balances	80,968.	$\overline{}$	34,872
34	Total liabilities and net assets/fund balances	208,570.		151,009.

Form	<u>990 (2012</u>)	KEYSTONE	ADVENTU	RE	<u> </u>	SCH	00L	& F	ARM	ſ, :	INC.		20-205	4693	Pag	ge 12
Par	t XI Re	conciliation	of Net Asset	ts													
	Che	ck if Schedule	O contains a resp	onse to any que	stio	on ır	n this	Part X									
1	Total reve	nue (must equa	al Part VIII, colum	n (A), line 12)										1	788	3.0	20.
2			ual Part IX, colum			•		•	•	•	•	• •	•	2			16.
3	•	•	Subtract line 2 from		• •		••	• •		• • •	•		•	3			96.>
4		•	ces at beginning	-	ual F	Pari	rt X. lır	ne 33. (olumn	(A))	•		•	4			68.
5			ses) on investmer	* .			,	,		` "	•	• •		5			
6		services and us	•		•	•		•	•					6			
7	Investmer	nt expenses		. , ,	• •			•			•		•	7		-	
8		od adjustments			•		••		•		•			8			
9	•	•	ets or fund balan	ces (explain in S	che	edul	le O)			_				9			0.
10			ces at end of yea					(must	equal P	art X,	line :	33,	•				
	column (E	3))	·	•										10	34	4,8	72.
Pai	t XII Fin	nancial Stat	ements and F	Reporting				•									
	Che	eck if Schedule	O contains a resp	onse to any que	stio	on ir	in this	Part X	1							••	
1		-	d to prepare the F led its method of					Accr			ther	Jon in S	ab a dula			Yes	No
2-	-	-	financial statemer	-			-						CHEGGIE	O .	2a		х
2a		•	low to indicate wh										reviewe	t on a	20		
	separate		ated basis, or bot	h:	_	,			ited and				001010	3 ON 12			:
b	Were the	organization's	financial statemer	nts audited by an	ınd	dep	ender	nt acco	untant	?					2b		<u> </u>
			low to indicate wh	ether the financi	al si	state	ement	ts for t	ne year	were a	audit	ted on a	separat	e basis,			
	Sep	ited basis, or bo parate basis	Consolida	ated basis					ited an	-							
C	If "Yes" to	o line 2a or 2b,	does the organiza	ition have a com	mıtt	tee	that a	issume	s respo	onsibili	lity fo	r oversi	ght of th	e audıt,			,
	review, or	r compilation of	its financial state	ments and selec	tıon	n of	fan ind	depen	dent ac	counta	ant?	•			2c		<u> </u>
	·	_	jed either its over	• .					_		-	•					
За			ward, was the org	anızatıon require	d to	o ur	nderg	o an aı	ıdıt or a	audits	as se	et forth i	n the Si	ngle Audıt			
		OMB Circular A-	•												3a		<u>X</u>
b		_	tion undergo the					-				ndergo 1	the requ	red audit			
_	or audits,	explain why in	Schedule O and	describe any ster	os t	take	en to u	ınderg	o such	audits	<u> </u>				<u>3b</u>	000	
															Form	990 ((2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Internal Rever	nue Service	► At	tach to Form 990 or Fo	rm 990-E	Z. ▶ See	separate	instructio	ons.		Inspe	ction	
Name of t	he organizati	on	 					E	mployer	identificati	on nur	nber
		KEYSTON	E ADVENTURE	SCHOO	L & F.	ARM,	INC.	İ	2	0-2054	693	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	tructions.				
The organ	ization is not a	private foundation I	because it is: (For lines	1 through 1	11, check o	only one b	ox.)		•			
1 🗀			s, or association of chur	_				١.				
2 X			0(b)(1)(A)(ii). (Attach Sc				(-)(-)(-)(-)					
3 🗔			tal service organization		n section	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital	's name	θ.
	city, and stat		- -					(-N -N - N-				•
5 🗀	•		benefit of a college or u	niversity ov	wned or or	erated by	a governi	mental uni	t describ	ed in		
•	_	(b)(1)(A)(iv). (Comple	_			,	- g					
6 🗆			ent or governmental uni	t described	d in sectio	n 170/h)/	1ΥΔΥν)					
7 🗔		_	eives a substantial part					or from the	general	nublic desc	ribed ir	1
·	_	b)(1)(A)(vi). (Comple		o, no cupp		90.0			gonora	pas acco.		•
8 🗀	•		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔			eives: (1) more than 33			rom contr	butions n	nembershi	n fees a	and aross rec	eints f	rom
9	•	•	nctions - subject to certa		- •					_	-	
		•	axable income (less sect	·-	•	-				_		
		509(a)(2). (Complete			,	011100000	aoquii ou b	,,o o.go		and dance	0, 107	٠.
10 🔲			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	4)				
11 🗔			perated exclusively for the						v out the	purposes o	f one c	or
	•	•	ations described in secti		•				-	• •		
			organization and compl		=		-,. 000 00 1	J.1.071 000(uncon on	ook ino box		
	a Type	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ype III - Fu	-			d 🔲 Typ	e III - No	n-functionali	v intea	rated
e 🗔		•	it the organization is not		-	_						
•			han one or more publicly									•
f		=	ten determination from						J(4)(1) 31	000000000	(4)(2)	
•	_	rganization, check th			at it io a 1 y	po 1, 1 ypo	· · · · · · · · · · · · · · · · · · ·	J				
		•	organization accepted ar	av aift or ci	ontribution	from any	of the follo	owing per	sons?	•		•
9			rectly controls, either al							,	Yes	No
	• •	-	upported organization?	one or tog	outor with	poroono	200011000	(ii) airia (,, 50.011	11g(i)	103	110
			n described in (i) above?		• •	•	•	•		11g(ii)		
		·	person described in (i)		a?				-	11g(iii)		
h			about the supported or			• •			•	_ · · · · · · · · · · · · · · · · · · ·		
"	1 TOVIGO ITIO I	ollowing information	about the supported of	gamzanom	(3).							
(!\ Nome	of our prosted	(II) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did vo	u notify the	(vi) ls	s the	(viii) Amount	of mon	otone
.,	of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) lis	sted in your	organiza	tion in col.	organizáti (i) organiz	on in col.	(vii) Amount		iciai y
O, gi	umzation		above or IRC section	governing				Ü.S	.7	Jup	, , ,	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
								Ì				
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							ļ					

Page 2 Schedule A (Form 990 or 990-EZ) 2012 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2008 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 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 Section B. Total Support (b) 2009 (c) 2010(d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 7 Amounts from line 4 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)

	accete (Explain III and IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)		. [12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectioi	n 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2012 (III	ne 6, column (f) di	vided by line 11, o	column (f))		14	
15	Public support percentage from 2011	Schedule A, Part	II, line 14		. [15	%
16a	33 1/3% support test - 2012. If the or	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this I	box and
	stop here. The organization qualifies a	ıs a publicly supp	orted organization	١	-		. ▶□
b	33 1/3% support test - 2011. If the or				i line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qualif	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2012. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 109	% or more,
	and if the organization meets the "fact	s-and-circumstan	ces" test, check t	his box and stop I	nere. Explain in Par	t IV how the org	anization
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supported	d organization		▶□
ь	10% -facts-and-circumstances test	- 2011. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 i	ıs 10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		_				ons
				·			90 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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 if	to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	elow, piease com	piete Part II)		-		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	12/ 200	12722	(5).25.5	1-, : :	1-7	
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 organ- ization'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 through 5					-	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	_		.		 <u>-</u>	▶□
Section C. Computation of Publ					- 	
15 Public support percentage for 2012 (I		•	column (f))		15	%
16 Public support percentage from 2011					16	<u>%</u>
Section D. Computation of Inves					T 47	
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from 2			on line 14, and line	a 15 is mara than	18 33 1/3% and line 1	
19a 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box a						I / IS HUL
b 33 1/3% support tests - 2011. If the	-	-				▶ ⊑ and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	KEYSTONE ADVENTURE SCHOOL & FARM, IN	<u>. </u>	20-2054693
Par		ınds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	advised fun	ids
_	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca	n be used o	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp		
	impermissible private benefit?		Yes No
Par		90, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
•		n historical	ly important land area
	Protection of natural habitat Preservation of a		• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	form of a co	onservation easement on the last
_	day of the tax year.		
	au y or ano tur, your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
G	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic s	tructure	
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated to	y the organ	nization during the tax
	year▶		•
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handlin	g of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easeme	nts during t	he year >
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements d	uring the ye	ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp	ense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that described	ribes the or	ganızatıon's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, o	or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s		
	historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	· · · · · · · · · · · · · · · · · · ·		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public se	rvice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X	• •	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for fin		provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		_
а			\$
b	Assets included in Form 990, Part X		▶ \$

Schee Par		ADVENTUR								Page 2
	Using the organization's acquisition, accession									
•	(check all that apply):	,	.,	,		•				
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other						
c	Preservation for future generations	_								
4	Provide a description of the organization's colle	ections and explain	n how th	ev further ti	he organizati	on's exem	nt purpo	se in Parl	XIII.	
_	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be main					•••••		Γ_	Yes	☐ No
_	t IV Escrow and Custodial Arrange		-			"Yes" to F	orm 990	. Part IV. I	_	
<u> </u>	reported an amount on Form 990, Part			J. J				, , .		
12	Is the organization an agent, trustee, custodian		iary for	contribution	ns or other as	sets not i	ncluded		-	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	Id complete the fol	Ilowina 1	able:				. —		
	in 100, explain the untangement in that All all	ia complete the le							Amount	
С	Beginning balance						1c	•	7 4110 4111	
d	Additions during the year	• • • • • • • • • • • • • • • • • • • •		•	•		1d		-	
u -	Distributions during the year			•			1e	-	_	
f	Ending balance	•					1f			
2a	Did the organization include an amount on Form	m 99∩ Part X line.	212	•					Yes	No
	If "Yes," explain the arrangement in Part XIII. C			n has been	provided in l	Part XIII			_ 103	— "
Par).			
		(a) Current year		rior year	(c) Two year	ı		ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) canon year	(2)	iioi you.	(6) 1.00 year.	- Duoii C	<u>., .,</u>	04,0 040	(6) : 55: 7	
b	Contributions			•						
6	Net investment earnings, gains, and losses									
d	Grants or scholarships					-				
u	Other expenditures for facilities									-
C	and programs									
	Administrative expenses							•		
g	End of year balance									
2	Provide the estimated percentage of the current	nt vear end balanc	e (line 1	a column (a	al) held as:	-1.				
a	Board designated or quasi-endowment	n your one bulanc	%	9, 00.0 (0	2,,					
b	Permanent endowment	%	_′°							
c	Temporarily restricted endowment	/·								
·	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess		ation tha	at are held a	and administe	ered for th	e organiz	zation		
	by:						3	-	[s	res No
	(i) unrelated organizations								3a(i)	
	(ji) related organizations	•		•					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the o				•	•		•		
	t VI Land, Buildings, and Equipme									
	Description of property	(a) Cost or o			t or other	(c) Ac	cumulate	ed	(d) Book	value
	,	basis (investr			(other)	dep	reciation		` '	
1a	Land					·				
b	Buildings									
~ C	Leasehold improvements									
d	Equipment			8	2,597.		64,6	01.	17	,996.
	Other									
	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, colur	nn (B), line 1	10(c).)			>	17	,996.

Schedule D (Form 990) 2012

Schedule D (Form 990) 201			<u> 100L & FARM, </u>	$\underline{INC.}$ 2	<u>0-2054693 Page</u>
	ts - Other Securities. Sec				·
	category (including name of security)	(b) Book value	(c) Method of	i valuation: Cost or e	nd-of-year market value
(1) Financial derivatives		·			
(2) Closely-held equity inte	rests				
(3) Other				. <u> </u>	
(A)		<u></u>			
(B)					
(C)					<u> </u>
(D)				· · · · · · · · · · · · · · · · · · ·	
(E)					
(F)					
(G)					
(H)					
(I)					
	m 990, Part X, col. (B) line 12.)			<u></u>	
	ts - Program Related. se				
(a) Description	of investment type	(b) Book value	(c) Method o	f valuation: Cost or e	nd-of-year market value
(1)					
(2)				_	
(3)					<u> </u>
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	m 990, Part X, col. (B) line 13.)				
Part IX Other Asse	ets. See Form 990, Part X, line				
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					ļ .
(4)					
(5)					
(6)					
(7)					
(8)		<u>-</u>	<u> </u>		
(9)				<u> </u>	
(10)					
	ual Form 990, Part X, col. (B) lın				<u> </u>
	ilities. See Form 990, Part X,	line 25.			
<u>1</u>	(a) Description of liability		(b) Book value		
(1) Federal income tax	kes			_	
(2)				_	
(3)					
(4)					
(5)					
(6)				_	
(7)					
(8)				_	
(9)				_	
(10)				_	
(11)				_	
Total. (Column (b) must eq	ual Form 990, Part X, col. (B) lin	e 25.) >			
2. FIN 48 (ASC 740) Foot	note. In Part XIII, provide the te	xt of the footnote to t			
liability for uncertain ta	x positions under FIN 48 (ASC	740). Check here if th	e text of the footnote h	as been provided in l	Part XIII
				S	chedule D (Form 990) 201

	ents With Revenue pe	er Heturn
Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
Net unrealized gains on investments		
Donated services and use of facilities	2b	
Recoveries of prior year grants	2c	
Other (Describe in Part XIII.)	2d	
Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1	•	
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII)	4b	
Add lines 4a and 4b	10	4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	5
rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	
Total expenses and losses per audited financial statements	The state of the s	1
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Donated services and use of facilities	00	i l
• • •	2a	
Prior year adjustments	2b	
Other losses	2c	
Other (Describe in Part XIII.)	2d	
Add lines 2a through 2d		
Subtract line 2e from line 1		3
Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
Other (Describe in Part XIII)	4b	
Add lines 4a and 4b		4c
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
rt XIII Supplemental Information		
plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

KEYSTONE ADVENTURE SCHOOL & FARM, INC.

Employer identification number 20-2054693

art I			
		YES	N
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
other governing instrument, or in a resolution of its governing body?	1	X	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			Γ
catalogues, and other written communications with the public dealing with student admissions, programs, and scholars	hips? 2	x	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		 	1
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			1
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
If you need more space, use Part II	3	X	l
The school's brochure and website clearly state its		+	╁
nondiscriminatory policy.			
Does the organization maintain the following?			
Records indicating the racial composition of the student body, faculty, and administrative staff?	. 4a	X	
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis	s? 4b	X	Γ
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with stud			Γ
admissions, programs, and scholarships?	. 4c	X	
Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	Γ
			1
			
Does the organization discriminate by race in any way with respect to:			
Students' rights or privileges?			
	. 5a		
Students' rights or privileges?	· —		
a Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies?	5b 5c 5d 5e		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?	5b 5c 5d		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies?	5b 5c 5d 5e		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	5b 5c 5d 5e 5f		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	5b 5c 5d 5e 5f 5g		
a Students' rights or privileges? b Admissions policies? c Employment of faculity or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5b 5c 5d 5e 5f 5g 5h		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	x	

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

Schedule E (Form 990 or 990-EZ) (2012)

Schedule E	(Form 990 or 990-E	Z) (2012) KEY S	TONE	ADVENT	URE	SCHOOL	<u>&</u>	FARM,	INC.	20-20	54693	Page 2
Part II	Supplemental as applicable. Also	Information	• Complet	e this part to	provide	the explana	tions	required by	Part I, line	s 3, 4d, 5h,	6b, and 7,	
	as applicable. Also	complete this p	art to prov	vide any othe	er addıtıc	onal informat	tion.					
											·	
												
	<u> </u>	-						···				
			-									
					_						 	
	 											
										 		
-												
												
												<u> </u>
-				-								

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

KEYSTONE ADVENTURE SCHOOL & FARM, INC. Employer identification number 20-2054693

Part I Fundraising Activities required to complete this par	 Complete if the organization answer 	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	e Solicitate f Solicitate g Special or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					-	
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	b oution:	s or has been notified	d it is exempt from re	egistration
			_			
					<u>.</u>	

Sch Pa		le G (Form 990 or 990-EZ) 2012 KEYSTON Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	l "Yes" to Form 990, Parl	IV, line 18, or reported	more than \$15,000
		or furnishing over contributions and gr	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through
			Fall 2012 _	Spring 2013		col. (c))
Θ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	46,865.	42,885.		89,750.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	46,865.	42,885.		89,750.
	4	Cash prizes				
တ္	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				
	8	Entertainment .				
	9	Other direct expenses .	15,701.	12,890.		28,591.
	10				.	(28,591)
D	<u>11</u> 		nn (d), and line 10	900 Part IV line 19 or i	reported more than	61,159.
		\$15,000 on Form 990-EZ, line 6a.	answered 165 to 10111	1 3 3 0, 1 21 1 1 7, 111 0 1 3, 01 1	eported more triair	
_		\$10,000 011 0111 000 LL, 1110 0a.	T	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes .				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	ıh 5 ın column (d)		•	
	8	Net gaming income summary. Combine line			•	
_	<u> </u>	Net gaming income summary. Combine into	Ti column di and mio /	· · · · · · · · · · · · · · · · · · ·		<u></u>
	ıls	nter the state(s) in which the organization opera the organization licensed to operate gaming a "No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses r "Yes," explain.			yearr .	Yes No
	_					
	_				Cabadala O F	um 000 or 000 E71 0040
2320	82 (01-07-13			ocnequie G (FO	rm 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 KEYSTONE ADVENTURE SCHOOL & FARM, INC. 20-2054693 Page 3
11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility
t	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
t	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
c	e If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
_	organization's own exempt activities during the tax year 🕨 \$
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
-	

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**EVETONE ADVENTIBE SCHOOT, & FARM INC.

Employer identification number 20-2054693

committee comprised of three board members that meets at least three times

per year. There are specific guidelines that the committee must follow in

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

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization KEYSTONE ADVENTURE SCHOOL & FARM, INC.	Employer identification number 20-2054693
policing the compensation process, including review of be	enchmarks to ensure
that compensation of the executive management team is rea	isonable,
coordinate performance goals and criteria for president a	and other
appropriate employees to determine compensation, and appr	cove appropriate
employment agreements.	
Form 990, Part VI, Section C, Line 19: The organizations	governing
documents, conflict of interest policy and financial stat	ements are
available to the public upon request.	
	·
	····

Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			ightharpoons		
	are filing for an Additional (Not Automatic) 3-Month Ex							
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.			
	nic filing _(e-file) . You can electronically file Form 8868 if y							
	to file Form 990-T), or an additional (not automatic) 3-mor							
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Fransfers A	Associated With (Certain		
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of thi	s form,		
visit www	v.irs gov/efile and click on e-file for Chanties & Nonprofits							
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).				
A corpo	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete				
Part I on	•							
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time			
to file ind	come tax returns.				.			
Type or	or Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or				
print								
5.1- b	KEYSTONE ADVENTURE SCHOOL & FARM, INC.			20-2054693				
File by the due date for filing your	no I number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)		3N)		
return See		rough add	lrees, and instructions					
II ISU UCCION	 City, town or post office, state, and ZIP code. For a form OKLAHOMA CITY, OK 73012 	reign add	ress, see instructions.					
	ORDANOMA CITT, OR 75012							
Enter th	e Return code for the return that this application is for (file	a conara	te application for each return)			01		
CHICH III	a Return code for the return that this application is for the	a separa	te application for each return,			(*1-1		
Applica	tion	Return	Application			Return		
''		Is For						
						07		
	Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A				08			
Form 4720 (individual) 03 Form 4720					09			
	Form 990-PF 04 Form 5227					10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11				
			Form 8870			12		
LaHonda Lerma								
• The b	books are in the care of > 19201 N. Wester	rn - (Oklahoma City, OK	73012				
	shone No. ► 405-246-8510		FAX No. ▶					
	organization does not have an office or place of business	s in the Ur				▶ □		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this								
box 🕨	. If it is for part of the group, check this box							
	equest an automatic 3-month (6 months for a corporation							
February 15, 2014 , to file the exempt organization return for the organization named above. The extension								
is for the organization's return for:								
calendar year or								
>	► X tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 .							
			- 		_			
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accounting period							
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
nonrefundable credits. See instructions.						0.		
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	stimated tax payments made. Include any pnor year over			3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa							
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.		
	. If you are going to make an electronic fund withdrawal			orm 8879-	EO for payment i	nstructions.		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.