### EXTENDED TO NOVEMBER 16, 2015

ggn

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

Open to Public

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending

Inspection

OMB No. 1545-0047

A For the 2014 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change TEEN CHALLENGE, INC. Name change 11-2510315 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 789-1414 444 CLINTON AVE. (718)termin-ated 997,307. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BROOKLYN, NY 11238-1602 H(a) Is this a group return Applica-F Name and address of principal officer: REV . RUSSELL HODGINS Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.TEENCHALLENGEBROOKLYN.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other -L Year of formation: 1965 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE RELIGIOUS ORGANIZATION'S Activities & Governance MISSION IS TO HELP INDIVIDUALS WHO HAVE LIFE-CONTROLLING ADDICTIONS Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) <del>13</del> Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 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 7b **Prior Year Current Year** 952,441. 878,656. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 110,068. 108,864. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 10,531. 2,985. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,073,040. 990,505. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 115,558. 89,045. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 398,377. 386,171. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 15,431. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 674,469 706,577. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,203,835. 1,181,793. -191,288. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -130,795. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,644,753. 3,887,052. Total assets (Part X, line 16) 60,524. 111,535. 21 Total liabilities (Part X, line 26) 775,517. 584,229. 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. Signature of officer Date Sign REV. RUSSELL HODGINS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature STANLEY WALDSHAN P00962592 Paid Firm's name CITRIN COOPERMAN & COMPANY, 22-2428965 Preparer Firm's EIN Firm's address 709 WESTCHESTER AVENUE Use Only Phone no. (914) 949-2990 WHITE PLAINS, NY 10604 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Other program services (Describe in Schedule O.)

including grants of \$ Total program service expenses ▶

4e

# Form 990 (2014) TEEN CHALLEN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		Х
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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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		Х
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		Х
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		Х
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , , ,	14a		X
b	3 3 3 7			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	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 other assistance to or for any		х	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0	Х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
.5	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, • 1/			

# Form 990 (2014) TEEN CHALLENGE, IN Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
domestic government on Part IX_column (A)_line 12 If "Yes." complete Schedule I. Parts I and II	04		
democracy government on that is a condition by y, into the series of the	21	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre	rent		
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Schedule J	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	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 25a			Х
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
any tax-exempt bonds?			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an			
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		Х
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,	s."		
complete Schedule L, Part II			Х
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	er		
of any of these persons? If "Yes," complete Schedule L, Part III			Х
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an of			
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		1	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
contributions? If "Yes," complete Schedule M			х
31 Did the organization liquidate, terminate, or dissolve and cease operations?		1	
If "Yes," complete Schedule N, Part I	31		х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
Schedule N, Part II	32		Х
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		Х
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			Х
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit		1	$t^{-}$
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	· 1		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.		1	
If "Yes," complete Schedule R, Part V, line 2			x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	·····	1	† <u> </u>
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?	·····	1	$t^{-}$
Note. All Form 990 filers are required to complete Schedule O	38	x	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u></u>				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	<u></u>				
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х				
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 22				
b	was and day of a day of the Co	6b						
7	Organizations that may receive deductible contributions under section 170(c).	OD						
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?								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b						
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
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. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	<u> </u>				

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 line oa, ob, or rob below, describe the circumstances, processes, or changes in schedule of see instructions.			77						
	Check if Schedule O contains a response or note to any line 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									
	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 13									
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
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							
b										
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.)									
			Yes	No						
	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	37							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37							
	in Schedule O how this was done	12c	X							
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?		v							
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Λ							
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х						
	taxable entity during the year?	16a		Λ						
D	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	4Ch								
800	exempt status with respect to such arrangements? tion C. Disclosure	16b								
	List the states with which a copy of this Form 990 is required to be filed NONE									
17 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) is	availah	مار							
10	for public inspection. Indicate how you made these available. Check all that apply.	avanal	ic							
	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, and	l finan	cial							
19	statements available to the public during the tax year.	ı ııı lal l	oiai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	TEEN CHALLENGE, INC 718-789-1414									
	444 CLINTON AVE., BROOKLYN, NY 11238-1602									

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

Check if Schedule O contains a response or note to any line 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable compensation	Estimated
	hours per week					is bot or/trus		compensation from	from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REV. DONALD WILKERSON	20.00								•	F.C. C.F.O.
PRESIDENT	20.00	Х		Х				0.	0.	56,650
(2) REV. RUSSELL HODGINS	30.00	<b>.</b> ,		,,					21 200	0
EXECUTIVE DIRECTOR	8.00	Х		Х	_			0.	21,200.	0
(3) MR. JOSEPH LOPEZ SECRETARY	8.00	x		х				0.	0.	0
(4) REV. WILSON JOSE	8.00	25		25				0.	0.	0
CHAIRMAN		x						0.	0.	0
(5) REV. MICHAEL BACCHUS	8.00									
DIRECTOR		Х						0.	0.	0
(6) MR. GEORGE SIBLALL	8.00									
DIRECTOR		Х						0.	0.	0
(7) REV. DUANE DURST	8.00	l							•	
DIRECTOR	0.00	Х						0.	0.	0
(8) REV. DOMINICK COTIGNOLA	8.00	x						0.	0.	0
DIRECTOR (9) DR. JANET LERNER	8.00	^						0.	0.	0
DIRECTOR	0.00	X						0.	0.	0
(10) REV. BOBBY MOORE	8.00									
DIRECTOR		x						0.	0.	0
(11) MR. LANCE PERDUE	8.00									
DIRECTOR		Х						0.	0.	0
(12) MR. ANGEL CHARRIEZ	8.00									
TREASURER		Х		Х				0.	0.	0
(13) REV. ENRIQUE LOPEZ	8.00	l							•	
DIRECTOR		Х				_	_	0.	0.	0
(14) REV. JIMMY JACK	8.00	-							_	_
DIRECTOR (15) REV. TIM DILENA	8.00	Х	_	$\vdash$				0.	0.	0
DIRECTOR	8.00	x						0.	0.	0
DINDCION								0.	0.	
		1								
		1								

Part VII Section A. Officers, Directors, Trus	tees, Key Em	mployees, and Highest						Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposition	Individual trustee or director (CC)  Position (do not check more the box, unless person is officer and a director/t (Mileer (Park of the property))  Rey employee (Highest comeansated (Park of the property))			n e than one n is both an tor/trustee)		( <b>D</b> ) Reportable compensation from the	(E) Reportable compensati from relate organizatior (W-2/1099-MI	on d ns	com fr org	(F) atimate nount other pensa om the anizat d relat anization	of ition e ion ed
				0	<u>×</u>	Ξ 0							
		-											
		_											
									21 2	0.0		<i>c c</i>	<u> </u>
to tal (add lines 1b and 1c)  Total number of individuals (including but n	II, Section A			· · · · · · · · · · · · · · · · · · ·				0. 0. 0. eceived more than \$100	21,2 21,2 0,000 of reportat	0. 00.		6,6 6,6	0.
compensation from the organization												Yes	No.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•	•	•	,	•	highest compensated e	. ,		3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15			-					•	the organization		4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			ted organization or indiv	idual for services	S 	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for (A)					vith	or w	rithir 	(B)			(0	;)	
Name and business	address	INC	INC	<u> </u>				Description of s	services		ompe	nsatio	1
Total number of independent contractors (i \$100,000 of compensation from the organi		ıot liı	mite	d to	tho (	se li:	stec	d above) who received n	nore than				

Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G		Fundraising events		3,672.				
gift lar,		Related organizations						
imi	е	Government grants (contribut	ions) <b>1e</b>					
tio S	f	All other contributions, gifts, gran	ts, and					
ibri		similar amounts not included abo	ve 1f	874,984.				
d	g	Noncash contributions included in lines	1a-1f: \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		▶	878,656.			
				<b>Business Code</b>				
<u>e</u>	2 a							
ervi	b							
n S	С							
ar Rev	d							
Program Service Revenue	е							
щ		All other program service reve						
_		Total. Add lines 2a-2f						
	3	Investment income (including		I				
		other similar amounts)			109,141.			109,141.
	4	Income from investment of ta	•		109,141.			109,141.
	5	Royalties						
	6.2	Gross rents	(i) Real 2,985.	(ii) Personal				
		Gross rents Less: rental expenses						
		Rental income or (loss)	2,985.					
		. Nt			2,985.			2,985.
		Gross amount from sales of	(i) Securities	(ii) Other	,			,
	,	assets other than inventory	() ====================================	6,525.				
	b	Less: cost or other basis						
		and sales expenses		6,802.				
	С	Gain or (loss)		-277.				
	d	Net gain or (loss)			-277.			-277.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
enc		including \$3,6	72. of					
Other Revenue		contributions reported on line	1c). See					
e.		Part IV, line 18		0.				
₽		Less: direct expenses						
		Net income or (loss) from fund		<b>&gt;</b>	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	······ <b>P</b>				
	ю а	Gross sales of inventory, less						
	h	and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a			Dusiliess Code				
	ii a b							
	C							
		All other revenue	_					
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			990,505.	0.	0.	111,849.

### 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A)
Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 25,994. 25,994. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 14,979. 14,979. Grants and other assistance to foreign organizations, foreign governments, and foreign 48,072. 48,072. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 77,851. 19,463. 58,388. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 261,573. 145,296. 98,357. 17,920. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,269. 27,111. 9,411. 1,431. 9 Other employee benefits 19,636. 6,816. 11,784. 1,036. Payroll taxes 10 Fees for services (non-employees): 11 a Management 200. 200. Legal 28,000. 28,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 929. 929. Advertising and promotion 12 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 23,276. 16,415. 6,861. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 170. 3,400. 3,230. Interest 20 Payments to affiliates 21 68,139. 15,672. 52,467. Depreciation, depletion, and amortization ..... 22 4,640. 92,813. 88,173. 23 Other expenses. Itemize expenses not covered 24 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.) LIGHT, HEAT & POWER 111,642. 100,478. 11,164. POSTAGE 79,816. 62,256. 7,982. 9,578. 70,347. 70,347. REPAIRS & MAINTENANCE 53,143. 3,111. 50,032. SUPPLIES 174,872. 6,230. 10,755. SEE SCH O 157,887. e All other expenses 1,181,793. 922,067. 218,077. 41,649. Total functional expenses. Add lines 1 through 24e 25 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)

# Form 990 (2014) Part X Balance Sheet

<u></u>
(B)
End of year
186,455.
2,550,000.
34,578.
10,234.
000 000
838,882.
0.
24,604.
3,644,753.
45,552.
14,972.
60,524.
00,524
3,579,917.
4,312.
3,584,229.
3,644,753.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	-	,18 -19				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	40	3	5.0	4,2	20		
Pai	column (B)) rt XII Financial Statements and Reporting	10	<u> </u>	, 50	+, 4	<u> </u>		
·	Check if Schedule O contains a response or note to any line in this Part XII					X		
	Oncok ii Ooncodic O contains a response of note to any line iii this i art XII			1	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Г					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
h	separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?			2b		X		
D				20		21		
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
За	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Six Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2014)

#### **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.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TEEN CHALLENGE, INC.

**Employer identification number** 11-2510315

Pai	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.						
he c	organi	zation is not a private found	ation because it is: (	For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch					)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E.)									
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz					•	the hospital's name.					
		city, and state:		,			(	,					
5		An organization operated for	or the benefit of a co	lege or university owner	d or opera	ted by a g	overnmental unit describ	ped in					
_		section 170(b)(1)(A)(iv). (C		<b>g</b> ,		, 9							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)						
7			-				•	nublic described in					
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9						contribution	ana mambarahin fasa a	and arose receipts from					
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
				(less section 511 tax) if	om busine	sses acqu	ired by the organization	arter June 30, 1973.					
10		See <b>section 509(a)(2).</b> (Cor An organization organized a		volv to tost for public so	ofaty Saa	saction 50	10(2)(4)						
11		An organization organized a	•		•			nurnoses of one or					
• • •		more publicly supported or	•	•	-		•						
		lines 11a through 11d that	=					DIECK THE DOX III					
а		Type I. A supporting orga				•		, aivina					
u		the supported organization	•	•	•								
		organization. You must c	• • •		a majority	or the direc		apporting					
b		Type II. A supporting organization	- ·		tion with it	s sunnorte	ed organization(s), by ha	vina					
b		control or management o	•					-					
		organization(s). You mus			arrie perso	ons that co	introl of manage the sup	ported					
_		Type III functionally inte	-		in connec	tion with	and functionally integrate	ad with					
Ü		its supported organization	= :				• •	od With,					
d		Type III non-functionally		·				zation(s)					
_		that is not functionally int	= ::				• • • •						
		requirement (see instructi	-		•			17011000					
е		Check this box if the orga	·	-									
_		functionally integrated, or					, po ., . , po, . , po						
f	Fnte	r the number of supported of											
а		ide the following information											
		Name of supported	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above or IRC section	listed i	n your document?	support (see	other support (see					
				(see instructions))	Yes	No	Instructions)	Instructions)					
				,									

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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,						
	(6)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) 2010	(6) 2011	(0) 2012	(4) 2010	(6) 2014	(i) rotai
	Gross income from interest,						_
Ü	dividends, payments received on						
	securities loans, rents, royalties						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on			-			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	J	,		•	` , ` ,	▶□
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				·····
	Public support percentage for 2014 (li			column (f))		14	%
	Public support percentage from 2013						
	33 1/3% support test - 2014. If the or						
	<b>stop here.</b> The organization qualifies a	•		•		•	
h	<b>33 1/3% support test - 2013.</b> If the o						
_	and <b>stop here.</b> The organization qualit						<b>▶</b>
17a	10% -facts-and-circumstances test						or more
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					~	
h	10% -facts-and-circumstances test						
IJ	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				-		
18	<b>Private foundation.</b> If the organization						
		. s.a not oncor a	20% On mile 10, 10	-a, 100, 114, 01 11	2, 3110011 tillo DOX t		

# 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.)

Se	ction A. Public Support	now, piedee com	proto r ure m.,				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
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) organi:	zation,
	check this box and stop here						<b>_</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18   22.1/20/ and line:	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						······· <b>[</b>

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **p**<sub>art VI</sub> what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	110
1		
2		
3a		
01		
3b		
3с		
30		
4a		
1.5		
4b		
4c		
_		
5a		
5b		
5c		
30		
6		
7		
8		
0-		
9a		
9b		
35		
9c		
10a		
10b		
n 990 or 99	0-EZ)	2014

Pa	rt IV	Supporting Organizations (continued)			
	_	(VIIIIIIV)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
		Dr. Type i eapperaing enganizations		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-				
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [	D. Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year,	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must con-	mplete \$	Sections A through E.		
C1	ion A. Adiuskad Nak Income		(A) Prior Year	(B) Current Year	
Sect	ion A - Adjusted Net Income		(optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Soot	ion B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year	
Seci	ION B - MINIMUM Asset Amount		(A) Prior Year	(optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3_	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	janization (see	
	instructions).	-			

Schedule A (Form 990 or 990-EZ) 2014

. u	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	arrizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sact	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	ion E - Distribution Anocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b				
<u> </u>				
	Excess from 2013			
_	Fycess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A		11-2310313 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Also complete this part for any additional information. (See instructions).	7b; and Part III, line 12.
	The complete the part of any additional information (coe included inc).	

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

TEEN CHALLENGE, INC. 11-2510315

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from f, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
		at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),				

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

TEEN CHALLENGE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEHOLD MINISTRIES  PO BOX 745  LOCUST GROVE, VA 22508	\$ 83,476.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	REV. & MRS DON WILKERSON  PO BOX 745  LOCUST GROVE, VA 22508	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOPE FOR NEW YORK  1359 BROADWAY RM 410  NEW YORK, NY 10018	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TIMES SQUARE CHURCH  1657 BROADWAY, 4TH FLOOR  NEW YORK, NY 10019	\$ 11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JEANETTE LONG TRUST  620 LIBERTY AVEENUE  PITTSBURGH, PA 15222	\$16,841.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2014)}}{\mbox{Name of organization}}$ Employer identification number

TEEN CHALLENGE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number

TEEN	CHALLENGE,	INC
		_

art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	ributions to organizations describe columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 following line entry. For organizations		
	Use duplicate copies of Part III if addition	al space is needed.	or less for the year. (Enter this into, once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferrado nomo addresa	(e) Transfer of gi			
-	Transferee's name, address, a	10 ZIF + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gi			
(e) Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-   .					
		(e) Transfer of gi	 gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-	(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee		

### **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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEEN CHALLENGE, INC.

**Employer identification number** 11-2510315

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advise	ed funds
	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 a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization.		
	conservation easements.	tion's illiancial statements that describes t	The organization's accounting for
Pa	rt III   Organizations Maintaining Collections o	of Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	mn		<b>.</b> .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		<b>~</b>
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 900. Part V		•

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

		ALLIENGE, IN		2001120 02	Otho				Page ∠
3									
	(check all that apply):								
а	Public exhibition	d		nange progran	ns				
b									
С	Preservation for future generations								
4	Provide a description of the organization's co						e in Par	t XIII.	
5	During the year, did the organization solicit or							٦	
D	to be sold to raise funds rather than to be ma							Yes	No_
Pai	t IV Escrow and Custodial Arrang		te if the organization	n answered "Y	es" to F	orm 990, l	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•					7	<b>—</b>
	on Form 990, Part X?						<u>L</u>	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance					. <b>1</b> f		1	
	Did the organization include an amount on Fo	·	•			ty?	L	Yes	├ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years		<b>d)</b> Three yea	ars back	(e) Four	years back
1a	Beginning of year balance	2,000,000.	2,000,000.	2,000,	,000.				
b	Contributions	100 111	100.551	100	252		0,000.		
С	Net investment earnings, gains, and losses	109,141.	108,661.	109,	,353.	6	4,247.		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	109,141.	108,661.	109,	353.	6	4,247.		
f	Administrative expenses								
g	End of year balance	2,000,000.	2,000,000.	2,000,	,000.	2,00	0,000.		
2	Provide the estimated percentage of the curr			ı)) held as:					
	Board designated or quasi-endowment	100.00	_%						
	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administere	ed for th	e organiza	tion	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or oth	` '			cumulated		(d) Book	value
		basis (investm	,	. ,	dep	reciation			
	Land			0,569.		ca = -			,569.
	Buildings		1,12	2,921.	5	61,73	9.	561	,182.
	Leasehold improvements					<u> </u>			4.5-
d	Equipment			4,781.		05,61			,165.
	011	1	1 E7	Q 122	/1	10 15	1 1	117	966

838,882.

Part VII	Investments -	Other	Securities.

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Par (c) Method of valua	ation: Cost or end-of-year market valu
) Financial derivatives		1	, , , , , , ,
Closely-held equity interests			
s) Other			
(A)			
(B)			
` '			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	o Form 990. Part IV. line	e 11d. See Form 990. Par	t X. line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □	o Form 990, Part IV, line Description	e 11d. See Form 990, Par	t X, line 15. <b>(b)</b> Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) □		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) □  (1)  (2)		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) [  (1)  (2)  (3)		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) □  (1)  (2)		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) □  (1)  (2)  (3)		e 11d. See Form 990, Par	•
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) □  (1)  (2)  (3)  (4)  (5)		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" tags [1]  (1)  (2)  (3)  (4)  (5)  (6)		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)		e 11d. See Form 990, Par	•
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Par	•
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) [  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) Must equal Form 990, Part X, col. (B)	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Other Liabilities.  Complete if the organization answered "Yes" to (A) Part X (b) Inter (B) Part X	Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) □  Complete if the organization answered "Yes" to (b) □  (B) □  (Column (b) must equal Form 990, Part X, col. (B) □  (B) □  (Complete if the organization answered "Yes" to (a) □  (Complete if the organization answered "Yes" to (b) □  (Column (b) must equal Form 990, Part X, col. (B) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Column (b) must equal Form 990, Part X, col. (B) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Column (b) must equal Form 990, Part X, col. (B) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Column (b) must equal Form 990, Part X, col. (B) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Complete if the organization answered "Yes" to (c) □  (Comp	Description	e 11e or 11f. See Form 99	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes	Description	e 11e or 11f. See Form 99	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES PAYABLE	Description	e 11e or 11f. See Form 99 (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9)  fotal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES PAYABLE (3)	Description	e 11e or 11f. See Form 99 (b) Book value	(b) Book value
Other Assets.  Complete if the organization answered "Yes" to a complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASES PAYABLE (3) (4)	Description	e 11e or 11f. See Form 99 (b) Book value	(b) Book value
Other Assets.  Complete if the organization answered "Yes" to (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes  (2) CAPITAL LEASES PAYABLE  (3)  (4)  (5)	Description	e 11e or 11f. See Form 99 (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES PAYABLE (3) (4) (5) (6)	Description	e 11e or 11f. See Form 99 (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes  (2) CAPITAL LEASES PAYABLE  (3)  (4)  (5)  (6)  (7)	Description	e 11e or 11f. See Form 99 (b) Book value	(b) Book value
Other Assets.  Complete if the organization answered "Yes" to (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes  (2) CAPITAL LEASES PAYABLE  (3)  (4)  (5)  (6)  (7)  (8)	Description	e 11e or 11f. See Form 99 (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes  (2) CAPITAL LEASES PAYABLE  (3)  (4)  (5)  (6)  (7)	15.)o Form 990, Part IV, line	e 11e or 11f. See Form 99 (b) Book value	(b) Book value

Pai	rt XI	Reconciliation of Revenue per Audited Financial State	ement	s With	n Revenu	e per F	Retur	m.	<u> </u>
		Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.						
1	Total re	venue, gains, and other support per audited financial statements					1		
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unr	realized gains (losses) on investments	L	2a					
b	Donate	d services and use of facilities		2b					
С	Recove	ries of prior year grants		2c					
d	Other (I	Describe in Part XIII.)		2d					
е	Add line	es <b>2a</b> through <b>2d</b>					2e		
3	Subtrac	ct line <b>2e</b> from line <b>1</b>					3		
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	L	4a					
b	Other (I	Describe in Part XIII.)	L	4b					
С		es <b>4a</b> and <b>4b</b>					4c		
5		venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		
Pa		Reconciliation of Expenses per Audited Financial Stat		ts Wit	h Expens	es per	Ret	urn.	
		Complete if the organization answered "Yes" to Form 990, Part IV, line							
1	Total ex	penses and losses per audited financial statements					1		
2		ts included on line 1 but not on Form 990, Part IX, line 25:							
а		d services and use of facilities		2a			4		
b	Prior ye	ear adjustments	L	2b					
С	Other lo	osses		2c			4		
		Describe in Part XIII.)		2d					
е		es <b>2a</b> through <b>2d</b>					2e		
3		ct line <b>2e</b> from line <b>1</b>					3		
4		ts included on Form 990, Part IX, line 25, but not on line 1:							
		nent expenses not included on Form 990, Part VIII, line 7b		4a			4		
		Describe in Part XIII.)	L	4b			4	4	
С		es <b>4a</b> and <b>4b</b>					4c		
5		spenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5		
		Supplemental Information.							
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;				rt V, line	4; Pai	rt X, line 2; Part	XI,
lines	2d and 4	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additio	nal intor	mation.				
DΔI	RT 17	LINE 4:							
	v ,	TIME 4:							
тні	E BOZ	ARD OF DIRECTORS HAS NOT YET DECIDED	ON	тнв	FTNAT.	USE	OF	THE	
	<u> </u>	MD OF BIRDETOND MID NOT THE BECIDED	011		1 1111111	051	<u> </u>		
ENI	DOWME	ENT FUND.							
	J 0 11111	1010							

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

TEEN CHALLENGE,	TNC				11-251031	5
		ctivities Ou	tside the United States. Compl	ete if the organ		
Form 990, Part IV				oto ii tilo organ	ization answered	100 011
		n maintain recor	ds to substantiate the amount of its gr	ants and other		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
2 For grantmakers Desc	rihe in Part V the	organization's	procedures for monitoring the use of it	te grante and of	ther assistance out	side the
United States.	inde ii ii ait v tile	e organization s	procedures for mornitoring the use of it	is grants and or	iner assistance out	side tile
	ne following Part	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (e.g., fundraising, program		gram service,	expenditures for and
	in the region	independent contractors	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	investments
		in region	recipients located in the region)	OI SEIVIC	e(s) in region	in region
MIDDLE EAST AND			GENERAL SUPPORT TO ASSIST	PROGRAM SER	VICES -	
NORTH AFRICA -	0	0	THE ORGANIZATION'S MISSION.	MISSIONS		12,930.
GENERAL AVERTGA						
CENTRAL AMERICA & CARRIBEAN	0	0	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	PROGRAM SER	550.	
CARRIBEAN	0		THE ORGANIZATION 5 MISSION.	MISSIONS		330.
			GENERAL SUPPORT TO ASSIST	PROGRAM SER	VICES -	
SUB-SAHARAN AFRICA	0	0	THE ORGANIZATION'S MISSION.	MISSIONS		6,652.
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,		_	GENERAL SUPPORT TO ASSIST	PROGRAM SER	VICES -	
AUSTRIA, BELGIUM	0	0	THE ORGANIZATION'S MISSION.	MISSIONS		16,517.
SOUTH ASIA -						
AFGHANISTAN, BANGLADESH, BHUTAN,			GENERAL SUPPORT TO ASSIST	PROGRAM SER	VICEG _	
INDIA, MALDIVES,	0	0	THE ORGANIZATION'S MISSION.	MISSIONS	VICES	11,423.
	_	_				
2 0 1 1 1 1						40.070
3 a Sub-total	0	0				48,072.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						<u> </u>

0

48,072.

and 3b)

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL SUPPORT TO					
		SOUTH ASIA -	ASSIST THE					
		AFGHANISTAN,	ORGANIZATION'S		CHECK AND WIRE			
		BANGLADESH,	MISSION.	7,690.	TRANSFER	0.		
		MIDDLE EAST AND	GENERAL SUPPORT TO	,				
		NORTH AFRICA -	ASSIST THE					
		ALGERIA, BAHRAIN,	ORGANIZATION'S		CHECK AND WIRE			
		DJIBOUTI, EGYPT,	MISSION.	12,390.	TRANSFER	0.		
		, ,		,				
			<u> </u>					
2 Enter total number of	recipient organizatio	ne listed above that are	recognized as charities by the	foreign country	rocognized as tay a	vomnt by		
2 Entertetel acceptance	other ergerization	ei nas provided a sectio	n 501(c)(3) equivalency letter			<b>.</b>		
3 Enter total number of other organizations or entities								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region non-cash assistance recipients cash grant cash disbursement non-cash assistance GENERAL SUPPORT FOR MISSION SUB-SAHARAN CHECK, CREDIT CARD & WIRE AFRICA 6,652.TRANSFER TO MOZAMBIQUE. 1 0. GENERAL SUPPORT FOR MISSION CHECK, CREDIT CARD & WIRE TO GERMANY. EUROPE 9,789 TRANSFER 0.

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
REVIEWED AT BOARD MEETINGS.

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

Employer identification number

TEEN CHAL	LENGE, IN	IC.					11-2510315
Part I General Information on Grants a	ınd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?				•		
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than			tional space is need	ded.	(6) h A - + 1 1 f		
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEHOLD MINISTRIES, INC.							GENERAL SUPPORT TO ASSIST
P.O. BOX 745							THE ORGANIZATION'S
LOCUST GROVE, VA 22508	54-1809137	501(C)(3)	18,290.	0.			MISSION.
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							<b>1.</b>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DIRECT CASH SUPPORT FOR MISSIONS.	27	14,979.	0.		
Part IV Supplemental Information. Provide the informat	tion required in Part I, lin	e 2, Part III, column	ı (b), and any other a	dditional information.	
PART I, LINE 2:					
REVIEWED AT BOARD MEETINGS.					

# **SCHEDULE O**

Department of the Treasury Internal Revenue Service

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TEEN CHALLENGE, INC. Employer identification number 11-2510315

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND INITIATE THE DISCIPLESHIP PROCESS TO THE POINT WHERE THE INDIVIDUAL
CAN FUNCTION AS A PRODUCTIVE CHRISTIAN MEMBER OF SOCIETY.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TEEN CHALLENGE, INC. IS ORGANIZED AS A RELIGIOUS CORPORATION UNDER THE
LAWS OF THE STATE OF NEW YORK AS AN ASSEMBLIES OF GOD CHURCH AND IS
THEREFORE EXEMPT FROM FILING FORM 990, BUT IS FILING THIS YEAR ON A
VOLUNTARY BASIS.
FORM 990, PART VI, SECTION A, LINE 6:
FOR COMPLETE LISTING SEE PAGE 7 PART VII 1A.
FORM 990, PART VI, SECTION A, LINE 7A:
FOR COMPLETE LISTING SEE PAGE 7 PART VII 1A.
FORM 990, PART VI, SECTION B, LINE 11:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEWED AT BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15:
REVIEWED AT BOARD MEETINGS.

### FORM 990, PART VI, SECTION C, LINE 19:  UPON REQUEST.  FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:  FOOD:  PROGRAM SERVICE EXPENSES 53,027  MANAGEMENT AND GENERAL EXPENSES 0  TOTAL EXPENSES 53,027  AUTO EXPENSES:  PROGRAM SERVICE EXPENSES 36,858  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 36,858  ##################################	Name of the organization  TEEN CHALLENGE, INC.	Employer identification number 11-2510315
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: FOOD:  PROGRAM SERVICE EXPENSES 53,027  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 53,027  AUTO EXPENSES:  PROGRAM SERVICE EXPENSES 36,858  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 36,858  TELEPHONE:  PROGRAM SERVICE EXPENSES 22,323  MANAGEMENT AND GENERAL EXPENSES 0  TOTAL EXPENSES 24,803  ENDER OF THE PROGRAM SERVICE EXPENSES 0  TOTAL EXPENSES 24,803  BENEVOLENCE & HONORARIUMS:  PROGRAM SERVICE EXPENSES 21,222  MANAGEMENT AND GENERAL EXPENSES 0  TOTAL EXPENSES 21,222  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 0  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 1,222		
FOOD:         53,027           PROGRAM SERVICE EXPENSES         0           MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         53,027           AUTO EXPENSES:	UPON REQUEST.	
PROGRAM SERVICE EXPENSES         53,027           MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         0           TOTAL EXPENSES         53,027           AUTO EXPENSES:	FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	:S:
MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         53,027           AUTO EXPENSES:		
FUNDRAISING EXPENSES         0           TOTAL EXPENSES         53,027           AUTO EXPENSES:		
TOTAL EXPENSES         53,027           AUTO EXPENSES:	MANAGEMENT AND GENERAL EXPENSES	0.
AUTO EXPENSES:  PROGRAM SERVICE EXPENSES 36,858  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 36,858  TELEPHONE:  PROGRAM SERVICE EXPENSES 22,323  MANAGEMENT AND GENERAL EXPENSES 2,480  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 24,803  BENEVOLENCE & HONORARIUMS:  PROGRAM SERVICE EXPENSES 21,222  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 0  FUNDRAISING EXPENSES 0  FUNDRAISING EXPENSES 0	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES         36,858           MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         36,858           TELEPHONE:         22,323           MANAGEMENT AND GENERAL EXPENSES         22,480           FUNDRAISING EXPENSES         0           TOTAL EXPENSES         24,803           BENEVOLENCE & HONORARIUMS:         21,222           MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         0           FUNDRAISING EXPENSES         0           FUNDRAISING EXPENSES         0	TOTAL EXPENSES	53,027.
MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         36,858           TELEPHONE:	AUTO EXPENSES:	
FUNDRAISING EXPENSES         0           TOTAL EXPENSES         36,858           TELEPHONE:           PROGRAM SERVICE EXPENSES         22,323           MANAGEMENT AND GENERAL EXPENSES         2,480           FUNDRAISING EXPENSES         0           TOTAL EXPENSES         24,803           BENEVOLENCE & HONORARIUMS:         21,222           MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         1,025	PROGRAM SERVICE EXPENSES	36,858.
TOTAL EXPENSES         36,858           TELEPHONE:         22,323           MANAGEMENT AND GENERAL EXPENSES         2,480           FUNDRAISING EXPENSES         0           TOTAL EXPENSES         24,803           BENEVOLENCE & HONORARIUMS:         21,222           MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         0           FUNDRAISING EXPENSES         1,025	MANAGEMENT AND GENERAL EXPENSES	0.
TELEPHONE:         PROGRAM SERVICE EXPENSES       22,323         MANAGEMENT AND GENERAL EXPENSES       2,480         FUNDRAISING EXPENSES       0         TOTAL EXPENSES       24,803         BENEVOLENCE & HONORARIUMS:       21,222         MANAGEMENT AND GENERAL EXPENSES       0         FUNDRAISING EXPENSES       1,025	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  10  TOTAL EXPENSES  21,803  BENEVOLENCE & HONORARIUMS:  PROGRAM SERVICE EXPENSES  21,222  MANAGEMENT AND GENERAL EXPENSES  0  FUNDRAISING EXPENSES  1,025	TOTAL EXPENSES	36,858.
MANAGEMENT AND GENERAL EXPENSES 2,480  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 24,803  BENEVOLENCE & HONORARIUMS:  PROGRAM SERVICE EXPENSES 21,222  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 1,025	TELEPHONE:	
FUNDRAISING EXPENSES 0  TOTAL EXPENSES 24,803  BENEVOLENCE & HONORARIUMS:  PROGRAM SERVICE EXPENSES 21,222  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 1,025	PROGRAM SERVICE EXPENSES	22,323.
TOTAL EXPENSES 24,803  BENEVOLENCE & HONORARIUMS:  PROGRAM SERVICE EXPENSES 21,222  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 1,025	MANAGEMENT AND GENERAL EXPENSES	2,480.
BENEVOLENCE & HONORARIUMS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  0  FUNDRAISING EXPENSES  1,025	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES 21,222  MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 1,025	TOTAL EXPENSES	24,803.
MANAGEMENT AND GENERAL EXPENSES 0  FUNDRAISING EXPENSES 1,025	BENEVOLENCE & HONORARIUMS:	
FUNDRAISING EXPENSES 1,025	PROGRAM SERVICE EXPENSES	21,222.
	MANAGEMENT AND GENERAL EXPENSES	0.
TOTAL EXPENSES 22,247	FUNDRAISING EXPENSES	1,025.
	TOTAL EXPENSES	22,247.

Name of the organization TEEN CHALLENGE, INC.	Employer identification number 11-2510315
HOSPITALITY:	
PROGRAM SERVICE EXPENSES	8,299.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,299.
RECREATION EXPENSES:	
PROGRAM SERVICE EXPENSES	8,273.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,273.
DATA PROCESSING:	
PROGRAM SERVICE EXPENSES	5,292.
MANAGEMENT AND GENERAL EXPENSES	2,490.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,782.
NEWSLETTERS & PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	7,531.
TOTAL EXPENSES	7,531.
BANK CHARGES & CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	494.
FUNDRAISING EXPENSES	2,199.

Name of the organization TEEN CHALLENGE, INC.	Employer identification number 11-2510315
TOTAL EXPENSES	2,693.
COMPUTER EXPENSES:	
PROGRAM SERVICE EXPENSES	849.
MANAGEMENT AND GENERAL EXPENSES	565.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,414.
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	1,179.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,179.
BOOKSTORE EXPENSES:	
PROGRAM SERVICE EXPENSES	565.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	565.
THRIFT STORE EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	201.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	201.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 174,872.
FORM 990, PART XII, LINE 2C:	

Asset No.	Description	Date Acquired	Method	Life	C o n v	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
12	BUILDING	01/01/60	SL	26.00	1	6	22,950.				22,950.	22,950.		0.	22,950.
13	BUILDING	01/01/64	SL	20.00	1	6	66,956.				66,956.	66,956.		0.	66,956.
14	BUILDING	01/01/66	SL	20.00	1	6	375,339.				375,339.	375,339.		0.	375,339.
185	444 CLINTON, A/C INSTALLATION AND DELIVERY	06/20/12	SL	15.00	1	6	10,061.				10,061.	1,006.		671.	1,677.
186	AC DONATION	07/01/12	SL	15.00	1	6	20,000.				20,000.	2,000.		1,333.	3,333.
187	436 CLINTON SPRINKLER SYSTEM	07/20/12	SL	5.00	1	6	2,180.				2,180.	618.		436.	1,054.
	* 990 PAGE 10 TOTAL BUILDINGS						497,486.				497,486.	468,869.		2,440.	471,309.
	FURNITURE & FIXTURES														
15	CABINETS	09/20/95	SL	5.00	1	6	1,305.				1,305.	1,305.		0.	1,305.
16	CABINETS	10/21/94	SL	15.00	1	6	2,175.				2,175.	2,126.		0.	2,126.
18	CABINETS	02/26/97	SL	10.00	1	6	2,000.				2,000.	2,000.		0.	2,000.
20	FURNITURE	10/16/08	SL	7.00	1	6	1,798.				1,798.	1,725.		73.	1,798.
21	FURNITURE	12/31/08	SL	7.00	1	6	3,200.				3,200.	3,069.		131.	3,200.
22	BUNK BEDS (16)	06/08/09	SL	7.00	1	6	2,400.				2,400.	1,715.		343.	2,058.
23	FURNITURE	05/04/10	SL	7.00	HY1	7	2,905.				2,905.	1,453.		415.	1,868.
24	CARPETING - 444	07/22/10	SL	5.00	ну1	7	500.				500.	350.		100.	450.
162	CHAIRS - 444 CLINTON	02/24/11	SL	7.00	1	6	1,400.				1,400.	567.		200.	767.

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
163	CARPETING - 444 CLINTON	02/25/11	SL	5.00	1	.6	1,277.				1,277.	723.		255.	978.
164	CARPETING - 435 VANDERBILT	04/07/11	SL	5.00	1	.6	1,352.				1,352.	743.		270.	1,013.
189	435 VANDERBILT, TCMI BUNK BEDS	01/19/12	SL	7.00	1	.6	1,434.				1,434.	393.		205.	598.
190	416 CLINTON ROOM D RUG	08/22/12	SL	5.00	1	.6	1,587.				1,587.	423.		317.	740.
191	BUNK BEDS FROM ARMY RESERVE (416)	07/01/12	SL	7.00	1	.6	10,000.				10,000.	2,143.		1,429.	3,572.
	416 CLINTON CABINETS	04/10/13	SL	10.00	1	.6	650.				650.	49.		65.	114.
206	435 VANDERBILT BUNK BEDS	08/18/14	SL	7.00	1	.6	5,643.				5,643.			269.	269.
207	436 CLINTON NEW COUCH	12/31/14	SL	7.00	1	.6	900.				900.			0.	
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						40,526.				40,526.	18,784.		4,072.	22,856.
	MACHINERY & EQUIPMENT														
110	FIRE ALARM	06/30/03	SL	15.00	HY1	.7	8,045.				8,045.	5,679.		536.	6,215.
111	FREEZER	01/01/03	SL	5.00	1	.6	1,000.				1,000.	1,000.		0.	1,000.
112	REFRIGERATOR	06/03/03	SL	5.00		.6	2,000.				2,000.	2,000.		0.	2,000.
113	AIR CONDITIONER	06/30/03	SL	5.00	1	.6	3,000.				3,000.	3,000.		0.	3,000.
114	REFRIGERATOR	06/30/03		7.00		.6	2,000.				2,000.	2,000.		0.	2,000.
	EXERCISE EQUIPMENT	06/30/03		7.00		.6	1,000.				1,000.	1,000.		0.	1,000.
	REFRIGERATOR	06/30/03		5.00		.6	2,000.				2,000.	2,000.		0.	2,000.
	COMPUTER EQUIPMENT	06/30/03		5.00		L6	5,177.				5,177.	5,064.		0.	5,064.

Asset No.	Description	Date Acquired	Method	Life	Conv	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
118	COMPUTER EQUIPMENT	06/30/03	SL	5.00	1	.6	4,462.				4,462.	4,462.		0.	4,462.
119	COMPUTER EQUIPMENT	06/30/03	SL	5.00	1	.6	10,316.				10,316.	10,316.		0.	10,316.
120	COMPUTER LAB	06/30/03	SL	5.00	1	.6	2,966.				2,966.	2,966.		0.	2,966.
121	SECURITY ALARM	06/30/03	SL	15.00	1	.6	1,075.				1,075.	762.		72.	834.
123	BOILER	08/28/97	SL	15.00	1	.6	8,250.				8,250.	8,250.		0.	8,250.
124	FREEZER	02/19/04	SL	7.00	1	.6	2,100.				2,100.	2,100.		0.	2,100.
125	PRIOR ASSETS	01/01/96	SL	5.00	1	.6	223,898.				223,898.	223,898.		0.	223,898.
126	AC UNITS	07/29/99	SL	5.00	1	.6	1,000.				1,000.	1,000.		0.	1,000.
135	AC UNIT	01/17/93	SL	15.00	1	.6	6,930.				6,930.	6,930.		0.	6,930.
136	BOILER	05/05/93	SL	15.00	1	.6	1,920.				1,920.	1,920.		0.	1,920.
137	BOILER	10/31/93	SL	15.00	1	.6	2,000.				2,000.	1,955.		0.	1,955.
138	FREEZER	02/20/96	SL	15.00	1	.6	1,800.				1,800.	1,800.		0.	1,800.
139	COMPUTER	09/01/04	SL	5.00	1	.6	159.				159.	159.		0.	159.
140	SOUND SYSTEM	11/15/04	SL	7.00	1	.6	6,767.				6,767.	6,727.		0.	6,727.
141	COMPUTER	12/31/04	SL	5.00	1	.6	28,931.				28,931.	28,931.		0.	28,931.
142	COMPUTER EQUIPMENT	09/22/05	SL	5.00	1	.6	1,468.				1,468.	1,468.		0.	1,468.
143	WASHER & DRYER	09/14/06	SL	5.00	1	.6	1,500.				1,500.	1,500.		0.	1,500.
144	KITCHEN HOOD	07/01/07	SL	5.00	1	.6	583.				583.	583.		0.	583.

Asset No.	Description	Date Acquired	Method	Life	C o n v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
145	COMPUTER EQUIPMENT	02/07/08	SL	5.00	1	.6	925.				925.	925.		0.	925.
146	COMPUTER EQUIPMENT	02/28/08	SL	5.00	1	16	2,170.				2,170.	2,170.		0.	2,170.
147	COMPUTER EQUIPMENT	10/01/08	SL	5.00	1	.6	1,010.				1,010.	1,010.		0.	1,010.
148	COMPUTER EQUIPMENT	02/07/08	SL	5.00	1	16	2,750.				2,750.	2,750.		0.	2,750.
149	COMPUTER EQUIPMENT	06/10/08	SL	5.00	1	.6	1,503.				1,503.	1,503.		0.	1,503.
150	SERVER & VIDEO CAMERA	08/11/09	SL	5.00	1	.6	4,226.				4,226.	3,803.		423.	4,226.
151	AVAYA PHONE SYSTEM	10/01/09	SL	5.00	1	.6	25,316.				25,316.	22,784.		2,532.	25,316.
152	FITNESS EQUIPMENT	12/15/09	SL	5.00	1	.6	2,848.				2,848.	2,565.		283.	2,848.
153	COPIER/FAX	12/31/09	SL	5.00	1	.6	910.				910.	819.		91.	910.
154	COMPUTERS	01/12/09	SL	5.00	1	.6	1,861.				1,861.	1,674.		187.	1,861.
155	ECOLAB SYSTEM	10/15/09	SL	7.00	1	.6	939.				939.	603.		134.	737.
156	DISHWASHER	05/13/09	SL	7.00	1	.6	1,777.				1,777.	1,270.		254.	1,524.
157	COMPUTERS	08/11/10	SL	5.00	нү1	.7	13,779.				13,779.	9,646.		2,756.	12,402.
159	15 DELL COMPUTERS	08/15/10	SL	5.00	HY1	.7	13,779.				13,779.	9,646.		2,756.	12,402.
160	DELL COMPUTER	11/18/10	SL	5.00	нү1	.7	1,095.				1,095.	767.		219.	986.
166	RANGE, WASHER & REFRIGERATOR	02/10/11	SL	7.00	1	.6	1,368.				1,368.	569.		195.	764.
192	444 CLINTON GREASE TRAP	06/01/12	SL	7.00	1	.6	1,900.				1,900.	429.		271.	700.
195	416 CLINTON BOILER	04/23/13	SL	15.00	1	.6	12,500.				12,500.	556.		833.	1,389.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine Una No. Cost	adjusted Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
202	KONICA COPIER	09/01/13	SL	5.00	1	6 1	9,652.				19,652.	1,310.		3,930.	5,240.
208	444 CLINTON SHREDDER	06/13/14	SL	5.00	1	6	1,230.				1,230.			144.	144.
209	444 CLINTON NEW STOVE	12/15/14	SL	5.00	1	6	2,931.				2,931.			49.	49.
212	COMPUTER LAPTOP	12/15/14	SL	5.00	1	6	1,199.				1,199.			20.	20.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					44	6,015.				446,015.	392,269.		15,685.	407,954.
	TRANSPORTATION EQUIPMENT														
2	(D)2001 FORD VAN	10/07/00	SL	5.00	1	6 2	7,549.				27,549.	26,172.		0.	
3	(D)2001 CHEVY VAN	01/04/01	SL	5.00	1	6 2	4,411.				24,411.	24,411.		0.	
4	2003 FORD VAN	02/28/02	SL	5.00	1	6 2	6,226.				26,226.	26,226.		0.	26,226.
5	(D)1997 FORD VAN	10/31/04	SL	5.00	1	6	7,000.				7,000.	7,000.		0.	
8	TOYOTA SIENNA	02/19/09	SL	5.00	1	6 2	5,472.				25,472.	22,923.		2,549.	25,472.
9	FORD E350 VAN	03/20/09	SL	5.00	1	6 3	5,101.				35,101.	31,590.		3,511.	35,101.
10	TRAILER	09/10/10	SL	5.00	нү1	7	3,500.				3,500.	2,450.		700.	3,150.
183	(D)2007 FORD EDGE	10/01/11	SL	5.00	1	6 1	0,500.				10,500.	4,725.		350.	
210	2012 MINI VAN	01/28/14	SL	5.00	1	6 2	5,000.				25,000.			4,583.	4,583.
211	FORD 2013 E350 VAN	05/14/14	SL	5.00	1	6 2	3,467.				23,467.			3,129.	3,129.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					20	8,226.				208,226.	145,497.		14,822.	97,661.
	LAND														

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
106	LAND	01/01/60		.000	НҮ16	20,000.				20,000.			0.	
107	LAND	01/01/64		.000	НҮ16	25,000.				25,000.			0.	
108	LAND	01/01/66		.000	НҮ16	35,569.				35,569.			0.	
	* 990 PAGE 10 TOTAL LAND					80,569.				80,569.	0.		0.	0.
	OTHER													
167	MERIT SOFTWARE	06/17/11		36 <b>M</b>	HY43	4,874.				4,874.	4,062.		812.	4,874.
	* 990 PAGE 10 TOTAL OTHER					4,874.				4,874.	4,062.		812.	4,874.
	IMPROVEMENTS													
	OTHER													
25	SHOWER ROOM	06/30/03	SL	20.00	16	3,811.				3,811.	2,021.		191.	2,212.
26	NEW GATE	06/30/03	SL	15.00	16	2,100.				2,100.	1,482.		140.	1,622.
33	WINDOWS	06/30/87	SL	25.00	16	3,000.				3,000.	3,000.		0.	3,000.
34	IMPROVEMENTS	10/04/91	SL	25.00	16	3,000.				3,000.	2,670.		120.	2,790.
35	GATES	02/18/94	SL	15.00	16	800.				800.	800.		0.	800.
36	POINTING	07/01/96	SL	15.00	16	7,450.				7,450.	7,450.		0.	7,450.
37	ROOF	07/22/98	SL	15.00	16	1,298.				1,298.	1,298.		0.	1,298.
38	IMPROVEMENTS	07/01/02	SL	17.00	16	2,601.				2,601.	1,759.		153.	1,912.
41	IMPROVEMENTS	01/01/71	SL	25.00	16	50,823.				50,823.	50,823.		0.	50,823.

Asset No.	Description	Date Acquired	Method	Life	Conv	unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
42	IMPROVEMENTS	01/01/80	SL	25.00	1	179.				179.	179.		0.	179.
43	IMPROVEMENTS	01/01/81	SL	25.00	1	5,422.				5,422.	5,422.		0.	5,422.
44	IMPROVEMENTS	01/01/86	SL	25.00	1	14,773.				14,773.	14,773.		0.	14,773.
45	IMPROVEMENTS	01/01/91	SL	25.00	1	4,230.				4,230.	3,890.		169.	4,059.
48	IMPROVEMENTS	02/22/93	SL	15.00	1	249.				249.	249.		0.	249.
49	GATES	07/06/94	SL	15.00	1	1,900.				1,900.	1,900.		0.	1,900.
51	ROOFING	07/22/98	SL	15.00	1	1,298.				1,298.	1,298.		0.	1,298.
52	IMPROVEMENTS	07/01/02	SL	17.00	1	841.				841.	564.		49.	613.
53	PRIOR ASSETS	01/01/75	SL	20.00	1	59,586.				59,586.	59,586.		0.	59,586.
54	IMPROVEMENTS	01/11/91	SL	25.00	1	4,018.				4,018.	3,699.		161.	3,860.
55	IMPROVEMENTS	05/30/92	SL	25.00	1	6,873.				6,873.	5,934.		275.	6,209.
56	IMPROVEMENTS	03/09/93	SL	15.00	1	2,374.				2,374.	2,374.		0.	2,374.
57	IMPROVEMENTS	07/31/93	SL	15.00	1	23,805.				23,805.	23,676.		0.	23,676.
58	ROOFING	07/20/97	SL	15.00	1	4,194.				4,194.	4,194.		0.	4,194.
59	ROOFING	08/19/97	SL	15.00	1	2,717.				2,717.	2,717.		0.	2,717.
60	ROOFING	12/01/97	SL	15.00	1	251.				251.	251.		0.	251.
61	PROGRAM DISPLAY UNIT	07/17/00	SL	5.00	1	4,316.				4,316.	4,316.		0.	4,316.
62	RANGE HOOD	11/06/00	SL	5.00	1	12,000.				12,000.	11,217.		0.	11,217.

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	PRIOR ASSETS	01/01/70	SL	15.00	16	53,565.				53,565.	53,565.		0.	53,565.
64	IMPROVEMENTS	10/01/91	SL	25.00	16	2,554.				2,554.	2,272.		102.	2,374.
65	IMPROVEMENTS	05/30/92	SL	25.00	16	325.				325.	281.		13.	294.
66	IMPROVEMENTS	05/30/92	SL	25.00	16	2,811.				2,811.	2,423.		112.	2,535.
67	IMPROVEMENTS	08/31/92	SL	25.00	16	1,557.				1,557.	1,326.		62.	1,388.
68	GATES	01/17/93	SL	15.00	16	3,032.				3,032.	3,032.		0.	3,032.
69	GATES	01/19/93	SL	15.00	16	3,032.				3,032.	3,032.		0.	3,032.
70	IMPROVEMENTS	04/30/93	SL	15.00	16	160.				160.	160.		0.	160.
71	IMPROVEMENTS	05/31/93	SL	15.00	16	6,812.				6,812.	6,812.		0.	6,812.
72	IMPROVEMENTS	05/05/94	SL	15.00	16	1,047.				1,047.	1,047.		0.	1,047.
73	AMP	10/07/94	SL	15.00	16	1,724.				1,724.	1,695.		0.	1,695.
74	COND	06/09/95	SL	15.00	16	2,775.				2,775.	2,775.		0.	2,775.
75	ROOFING	07/02/97	SL	15.00	16	4,194.				4,194.	4,194.		0.	4,194.
76	ROOFING	08/19/97	SL	15.00	16	1,359.				1,359.	1,359.		0.	1,359.
77	SIDEWALK	09/01/98	SL	15.00	16	7,756.				7,756.	7,756.		0.	7,756.
78	FLOORING	03/07/00	SL	10.00	16	4,216.				4,216.	4,216.		0.	4,216.
79	IMPROVEMENTS	07/01/02	SL	17.00	16	15,473.				15,473.	10,465.		910.	11,375.
80	SHOWER	07/01/04	SL	39.00	MM16	9,106.				9,106.	2,204.		233.	2,437.

Asset No.	Description	Date Acquired	Method	Life	C o n v	unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
81	ROOF REPAIR	12/31/04	SL	39.00	MM16	2,322.				2,322.	542.		60.	602.
82	PRIOR IMPROVEMENTS	01/01/96	SL	39.00	MM16	28,941.				28,941.	28,941.		0.	28,941.
83	IMPROVEMENTS	07/01/05	SL	39.00	мм16	21,991.				21,991.	4,771.		564.	5,335.
84	IMPROVEMENTS	07/01/06	SL	39.00	MM16	26,517.				26,517.	5,072.		680.	5,752.
85	IMPROVEMENTS	07/01/07	SL	39.00	MM16	3,000.				3,000.	501.		77.	578.
86	BUILDING IMPROVEMENTS	07/01/07	SL	39.00	MM16	22,643.				22,643.	3,753.		581.	4,334.
87	IMPROVEMENTS	04/23/08	SL	15.00	16	33,363.				33,363.	12,232.		2,224.	14,456.
88	IMPROVEMENTS	05/14/08	SL	39.00	MM16	10,176.				10,176.	1,468.		261.	1,729.
89	IMPROVEMENTS	06/25/08	SL	15.00	16	1,140.				1,140.	418.		76.	494.
90	IMPROVEMENTS	08/26/08	SL	39.00	MM16	11,908.				11,908.	1,640.		305.	1,945.
92	IMPROVEMENTS	12/05/08	SL	15.00	16	11,257.				11,257.	4,126.		750.	4,876.
94	CARPETING - 416	02/15/09	SL	10.00	16	3,090.				3,090.	1,391.		309.	1,700.
95	ROOF REPAIR - 416	08/07/09	SL	39.00	MM16	35,975.				35,975.	4,034.		922.	4,956.
96	FLOORING - 436	07/27/09	SL	10.00	16	5,800.				5,800.	2,610.		580.	3,190.
97	CONCRETE PLATFORM - 436	08/13/09	SL	15.00	16	5,500.				5,500.	1,651.		367.	2,018.
98	PAVING - 444	08/07/09	SL	15.00	16	1,300.				1,300.	391.		87.	478.
100	FLOORING - 416	11/05/09	SL	10.00	16	1,600.				1,600.	720.		160.	880.
101	BLDG IMPROVEMENTS - 435 V	08/11/10	SL	7.00	ну17	6,450.				6,450.	3,224.		921.	4,145.

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
102	FLOORING - 444	09/20/10	SL	10.00	HY17	11,974.				11,974.	4,190.		1,197.	5,387.
103	BLDG IMPROVEMENTS - 444	12/09/10	SL	7.00	HY17	450.				450.	224.		64.	288.
104	BOILER - 444	12/29/10	SL	7.00	НҮ17	12,249.				12,249.	6,125.		1,750.	7,875.
165	BOILER	02/03/11	SL	15.00	16	875.				875.	169.		58.	227.
168	POINTING - 416 CLINTON	06/07/11	SL	15.00	16	2,400.				2,400.	413.		160.	573.
169	WINDOWS - 416 CLINTON	08/22/11	SL	39.00	MM16	4,975.				4,975.	299.		128.	427.
170	IMPROVEMENTS - 435 VANDERBILT	10/17/11	SL	39.00	MM16	4,500.				4,500.	249.		115.	364.
171	GATES	07/22/11	SL	15.00	16	3,600.				3,600.	580.		240.	820.
172	FLOORING	08/09/11	SL	10.00	16	3,600.				3,600.	870.		360.	1,230.
173	CARPETING - 435 VANDERBILT	06/02/11	SL	5.00	16	1,701.				1,701.	878.		340.	1,218.
174	RENOVATION - 435 VANDERBILT	09/13/11	SL	39.00	MM16	7,002.				7,002.	420.		180.	600.
175	WINDOWS - 436 CLINTON	04/14/11	SL	39.00	MM16	24,500.				24,500.	1,727.		628.	2,355.
176	BOILER - 444 CLINTON	01/27/11	SL	15.00	16	8,047.				8,047.	1,564.		536.	2,100.
177	RENOVATION - 444 CLINTON (CIP)	10/11/11	SL	39.00	MM16	256,499.				256,499.	13,154.		6,577.	19,731.
178	ROOFING - 444 CLINTON (CIP)	11/28/11	SL	39.00	MM16	65,637.				65,637.	3,366.		1,683.	5,049.
179	WINDOWS - 436 CLINTON	06/01/11	SL	39.00	MM16	5,000.				5,000.	331.		128.	459.
180	WINDOWS - 435 VANDERBILT	06/01/11	SL	39.00	MM16	1,500.				1,500.	98.		38.	136.
181	10 TON ROOF AC UNIT	06/01/11	SL	15.00	16	32,500.				32,500.	5,598.		2,167.	7,765.

Asset No.	Description	Date Acquired	Method	Life	V n o O	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
182	POINTING - 436 CLINTON	09/06/11	SL	39.00	MM1	L6	4,000.				4,000.	240.		103.	343.
184	IMPROVEMENTS - PLUMBING - 436 CLINTON	01/01/11	SL	15.00	1	L6	4,400.				4,400.	879.		293.	1,172.
188	444 CLINTON CAPITAL IMPROVEMENTS (TRANSFER FROM	01/01/12	SL	39.00	MM1	L6	35,795.				35,795.	1,836.		918.	2,754.
194	416 CLINTON RENOVATION PROJECT	08/14/13	SL	39.00	MM1	L6	4,439.				4,439.	47.		114.	161.
197	435 VANDERBILT RENOVATION PROJECT	10/10/13	SL	39.00	MM1	L6	6,361.				6,361.	41.		163.	204.
198	435 VANDERBILT ELECTRICAL WORK	05/16/13	SL	39.00	MM1	L6	7,100.				7,100.	106.		182.	288.
199	435 VANDERBILT STAIRWAY	05/16/13	SL	39.00	MM1	L6	7,500.				7,500.	112.		192.	304.
200	435 VANDERBILT RENOVATION PROJECT	04/01/13	SL	39.00	MM1	L6	10,494.				10,494.	202.		269.	471.
201	436 CLINTON RENOVATION PROJECT-FLOORS	02/22/13	SL	39.00	MM1	L6	2,994.				2,994.	64.		77.	141.
203	435 VANDERBILT	07/17/14	SL	39.00	1	L6	1,136.				1,136.			12.	12.
204	444 CLINTON; REMOVE & INSTALL NEW CELLAR DOOR	10/15/14	SL	39.00	1	L6	1,300.				1,300.			8.	8.
205	416 CLINTON; WATER HEATER AND ACCESSORIES	10/15/14	SL	39.00	1	L6	2,124.				2,124.			14.	14.
	* 990 PAGE 10 TOTAL OTHER						1,113,032.				1,113,032.	447,423.		30,308.	477,731.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						1,113,032.				1,113,032.	447,423.		30,308.	477,731.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					:	2,390,728.				2,390,728.	1,476,904.		68,139.	1,482,385.

# **Depreciation and Amortization** (Including Information on Listed Property)

990

Identifying number

Attachment Sequence No. **179** 

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates Name(s) shown on return

FORM 990 PAGE 10

11-2510315

TEE	N CHALLENGE, INC.			FOR	M 99	) P <i>I</i>	AGE 10		11-2510315
Part	t I Election To Expense Certain Prope	rty Under Section 1	79 Note: If you	ı have any lis	ted prop	erty, co	omplete Part	V before y	ou complete Part I.
<b>1</b> M	aximum amount (see instructions)							1	500,000.
<b>2</b> To	otal cost of section 179 property plac								
	nreshold cost of section 179 property								2,000,000.
	eduction in limitation. Subtract line 3								
<b>5</b> Do	llar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filin	g separately, see	e instruction	s		5	
6	(a) Description of pro	operty		(b) Cost (busin	ess use only	/)	(c) Elected	l cost	
7 Li	sted property. Enter the amount from	line 29				7			
<b>8</b> To	otal elected cost of section 179 prope	erty. Add amounts	s in column (c)	, lines 6 and	7			8	
<b>9</b> Te	entative deduction. Enter the <b>smaller</b>	of line 5 or line 8						9	
<b>10</b> Ca	arryover of disallowed deduction from	line 13 of your 2	013 Form 456	32				10	
<b>11</b> Bu	usiness income limitation. Enter the s	maller of busines	s income (not	less than zer	ro) or line	5		11	
<b>12</b> Se	ection 179 expense deduction. Add li	nes 9 and 10, but	t do not enter	more than lir	ne 11 <u></u>			12	
	arryover of disallowed deduction to 2				▶ 1	3			
	Do not use Part II or Part III below for	r listed property. I	nstead, use P	art V.					
Par	t II Special Depreciation Allowa	nce and Other D	epreciation (	<b>Do not</b> inclu	de listed	proper	ty. <b>)</b>		
<b>14</b> S	pecial depreciation allowance for qua	lified property (ot	ner than listed	l property) pl	aced in s	ervice	during		
th	e tax year							14	
<b>15</b> Pr	operty subject to section 168(f)(1) ele	ection						15	
_	ther depreciation (including ACRS)							16	55,913.
Par	MACRS Depreciation (Do no	t include listed p			)				
				ction A					44 44 4
<b>17</b> M	ACRS deductions for assets placed i	n service in tax ye	ears beginning	before 201	4			<u>.</u> 17	11,414.
<b>18</b> If y	ou are electing to group any assets placed in serv								
	Section B - Assets				Using the	e Gene	ral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed	(c) Basis for (business/inv	estment use	(d) Red peri	overy od	(e) Convention	(f) Method	(g) Depreciation deduction
		in service	only - see ii	nstructions)	, , ,				
<u>19a</u>	3-year property	_							
b_	5-year property	_							
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property				_				
<u>g</u>	25-year property				25 y			S/L	
h	Residential rental property	/			27.5		MM	S/L	
	,	/			27.5	•	MM	S/L	
i	Nonresidential real property	/			39 y	rs.	MM	S/L	
	,	/	Di 0044	T V 11		A 14	MM	S/L	-1
	Section C - Assets F	riaced in Service	During 2014	Tax Year U	sing the	Aitern	ative Depred		stem
<u>20a</u>	Class life							S/L	
<u>b</u>	12-year				12 y			S/L	
C	40-year	/			40 y	rs.	MM	S/L	
Par								1	
	sted property. Enter amount from line							21	
	otal. Add amounts from line 12, lines								67 227
	nter here and on the appropriate lines				tions - se	e ınstr		22	67,327.
	or assets shown above and placed in ortion of the basis attributable to sect					,			
po	DI LIOIT OF THE DASIS ATTRIBUTABLE TO SECT	IUI I ∠OJA COSTS			1 2	23			

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

_	Section A -														
<u>24a</u>	Do you have evidence to s			nt use cla	aimed?	<u> Ц Ү</u>	es L	_ No	<b>24b</b> If "Y			nce writt	en? L	」Yes	<u> No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	Ot!	<b>(d)</b> Cost or her basis		(e) is for depresiness/invesuse only	stment	(f) Recovery period	Met	<b>g)</b> :hod/ ention	Depre	h) ciation iction	Elec sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified listed p	property	placed	in servic	ce durin	g the ta	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha	n 50% in a c	ualified busine	ss use:											
		: :	%	5											
		: :	%	5											
		1 1	%	5											
27	Property used 50% or le	ess in a quali	fied business (	use:											
		: :	%	5						S/L -					
		: :	%	5						S/L -					
		: :	%	5						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	e and on	line 21,	page 1				28				
29	Add amounts in column	(i), line 26. E	enter here and	on line 7	7, page 1								29		
			S	ection E	3 - Infori	mation	on Use	of Veh	icles						
Con	plete this section for ve	hicles used	by a sole propi	rietor, pa	artner, o	r other "	more th	an 5%	owner," o	or related	d persor	ո. If you լ	orovided	l vehicles	s
to y	our employees, first ans	wer the ques	stions in Section	n C to s	see if you	ı meet a	an excep	tion to	completi	ng this s	ection f	or those	vehicles	S.	
				(a	a)	(I	b)		(c)	(0	d)	(6	e)	(f	<del></del>
30	Total business/investment	miles driven d	uring the	Veh	icle	Veh	nicle	V	ehicle	Veh	icle	Veh	iicle	Veh	icle
	year ( <b>do not</b> include comr	nuting miles)													
31	Total commuting miles of	driven during	the year												
32	Total other personal (no	ncommuting	) miles												
	driven														
	Total miles driven during														
,	Add lines 30 through 32														
	Was the vehicle availab		I	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
	Was the vehicle used p		Г												
	than 5% owner or relate	ed person?													
36	ls another vehicle availa	ble for perso	onal												
	use?														
		Section C	- Questions fo	or Empl	oyers W	ho Prov	vide Vel	nicles 1	for Use by	/ Their E	Employe	ees			
Ans	wer these questions to o	determine if	you meet an ex	ception	to com	oleting S	Section	B for ve	ehicles us	ed by er	nployee	s who <b>ar</b>	<b>e not</b> m	ore than	5%
own	ers or related persons.														
37	Do you maintain a writte	n policy stat	tement that pro	hibits a	II person	nal use c	of vehicl	es, incl	uding cor	nmuting	, by you	r		Yes	No
(	employees?														
38	Do you maintain a writte	n policy stat	tement that pro	hibits p	ersonal	use of v	ehicles,	excep	t commut	ing, by y	our				
-	employees? See the ins	tructions for	vehicles used	by corp	orate of	ficers, d	irectors	or 1%	or more	owners					
39	Do you treat all use of v	ehicles by er	nployees as pe	ersonal i	use?										
	Do you provide more tha														
	the use of the vehicles,	and retain th	e information r	eceived	l?										
	Do you meet the require														
41	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Yes	s," do no	ot comple	ete Sec	tion B fo	r the c	overed ve	hicles.					
	Note. Il your ariswer to t														
	rt VI Amortization														
		costs	Date a	(b) mortization pegins		(c) Amortizab amount			(d) Code section		(e) Amortiza period or per		Ar fo	(f) nortization r this year	
Pa	rt VI Amortization		Date a	mortization regins	ar:	Amortizab			(d) Code section		Amortiza		Ar fo	(f) nortization or this year	
Pa	rt VI Amortization (a) Description of		Date a	mortization regins	ır:	Amortizab			(d) Code section		Amortiza		Ar fo	<b>(f)</b> nortization r this year	
Pa	rt VI Amortization (a) Description of		Date a	mortization regins	ar:	Amortizab			(d) Code section		Amortiza		Ar fo	<b>(f)</b> nortization r this year	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
12	BUILDING	010160	SL	26.00	16	22,950.			22,950.	22,950.		0.
13	BUILDING	010164	SL	20.00	16	66,956.			66,956.	66,956.		0.
		010166	SL	20.00	16	375,339.			375,339.	375,339.		0.
	444 CLINTON, A/C INSTALLATION AND DE	062012	SL	15.00	16	10,061.			10,061.	1,006.		671.
		070112	SL	15.00	16	20,000.			20,000.	2,000.		1,333.
		072012	SL	5.00	16	2,180.			2,180.	618.		436.
	* 990 PAGE 10 TOTAL BUILDINGS FURNITURE & FIXTURES					497,486.			497,486.	468,869.		2,440.
15	CABINETS	092095	SL	5.00	16	1,305.			1,305.	1,305.		0.
16	CABINETS	102194	SL	15.00	16	2,175.			2,175.	2,126.		0.
18	CABINETS	022697	SL	10.00	16	2,000.			2,000.	2,000.		0.
20	FURNITURE	101608	SL	7.00	16	1,798.			1,798.	1,725.		73.
21	FURNITURE	123108	SL	7.00	16	3,200.			3,200.	3,069.		131.
22	BUNK BEDS (16)	060809	SL	7.00	16	2,400.			2,400.	1,715.		343.
23	FURNITURE	050410	SL	7.00	17	2,905.			2,905.	1,453.		415.
		072210	SL	5.00	17	500.			500.	350.		100.
	CHAIRS - 444 CLINTON	022411	SL	7.00	16	1,400.			1,400.	567.		200.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		022511	SL	5.00	16	1,277.			1,277.	723.		255.
164		040711	SL	5.00	16	1,352.			1,352.	743.		270.
	435 VANDERBILT, TCMI BUNK BEDS	011912	RST.	7.00	16	1,434.			1,434.	393.		205.
	416 CLINTON ROOM D											
	RUG BUNK BEDS FROM ARMY	082212	SL	5.00	16	1,587.			1,587.	423.		317.
191	RESERVE (416)	070112	SL	7.00	16	10,000.			10,000.	2,143.		1,429.
	416 CLINTON CABINETS	041013	SSL	10.00	16	650.			650.	49.		65.
	435 VANDERBILT BUNK BEDS		l a T	7.00	16	E 643			E 642			269.
	436 CLINTON NEW	081814	FSL	7.00	Τ 0	5,643.			5,643.			209.
	COUCH	123114	SL	7.00	16	900.			900.			0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					40,526.			40,526.	18,784.		4,072.
	MACHINERY & EQUIPMENT											
110	FIRE ALARM	063003	SL	15.00	17	8,045.			8,045.	5,679.		536.
111	FREEZER	010103	SL	5.00	16	1,000.			1,000.	1,000.		0.
112	REFRIGERATOR	060303	SL	5.00	16	2,000.			2,000.	2,000.		0.
113	AIR CONDITIONER	063003	SL	5.00	16	3,000.			3,000.	3,000.		0.
114	REFRIGERATOR	063003	SL	7.00	16	2,000.			2,000.	2,000.		0.
115	EXERCISE EQUIPMENT	063003	SL	7.00	16	1,000.			1,000.	1,000.		0.
116	REFRIGERATOR	063003	SL	5.00	16	2,000.			2,000.	2,000.		0.
117	COMPUTER EQUIPMENT	063003	SL	5.00	16	5,177.			5,177.	5,064.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
118	COMPUTER EQUIPMENT	063003	SL	5.00	16	4,462.			4,462.	4,462.		0.
119	COMPUTER EQUIPMENT	063003	SL	5.00	16	10,316.			10,316.	10,316.		0.
120	COMPUTER LAB	063003	SL	5.00	16	2,966.			2,966.	2,966.		0.
121	SECURITY ALARM	063003	SL	15.00	16	1,075.			1,075.	762.		72.
123	BOILER	082897	SL	15.00	16	8,250.			8,250.	8,250.		0.
124	FREEZER	021904	SL	7.00	16	2,100.			2,100.	2,100.		0.
125	PRIOR ASSETS	010196	SL	5.00	16	223,898.			223,898.	223,898.		0.
126	AC UNITS	072999	SL	5.00	16	1,000.			1,000.	1,000.		0.
135	AC UNIT	011793	SL	15.00	16	6,930.			6,930.	6,930.		0.
136	BOILER	050593	SL	15.00	16	1,920.			1,920.	1,920.		0.
137	BOILER	103193	SL	15.00	16	2,000.			2,000.	1,955.		0.
138	FREEZER	022096	SL	15.00	16	1,800.			1,800.	1,800.		0.
139	COMPUTER	090104	SL	5.00	16	159.			159.	159.		0.
140	SOUND SYSTEM	111504	SL	7.00	16	6,767.			6,767.	6,727.		0.
141	COMPUTER	123104	SL	5.00	16	28,931.			28,931.	28,931.		0.
142	COMPUTER EQUIPMENT	092205	SL	5.00	16	1,468.			1,468.	1,468.		0.
143	WASHER & DRYER	091406	SL	5.00	16	1,500.			1,500.	1,500.		0.
144	KITCHEN HOOD	070107	SL	5.00	16	583.			583.	583.		0.

Asset No.	Description	Date Acquire	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
145	COMPUTER EQUIPMENT	02070	8SL	5.00	16	925.			925.	925.		0.
146	COMPUTER EQUIPMENT	02280	8SL	5.00	16	2,170.			2,170.	2,170.		0.
147	COMPUTER EQUIPMENT	10010	8SL	5.00	16	1,010.			1,010.	1,010.		0.
148	COMPUTER EQUIPMENT	02070	8SL	5.00	16	2,750.			2,750.	2,750.		0.
		06100	8SL	5.00	16	1,503.			1,503.	1,503.		0.
	SERVER & VIDEO CAMERA	08110	9SL	5.00	16	4,226.			4,226.	3,803.		423.
151	AVAYA PHONE SYSTEM	10010	9SL	5.00	16	25,316.			25,316.	22,784.		2,532.
152	FITNESS EQUIPMENT	12150	9SL	5.00	16	2,848.			2,848.	2,565.		283.
153	COPIER/FAX	12310	9SL	5.00	16	910.			910.	819.		91.
154	COMPUTERS	01120	9SL	5.00	16	1,861.			1,861.	1,674.		187.
155	ECOLAB SYSTEM	10150	9SL	7.00	16	939.			939.	603.		134.
156	DISHWASHER	05130	9SL	7.00	16	1,777.			1,777.	1,270.		254.
157	COMPUTERS	08111	.0SL	5.00	17	13,779.			13,779.	9,646.		2,756.
159	15 DELL COMPUTERS	08151	.0SL	5.00	17	13,779.			13,779.	9,646.		2,756.
		1118	.0SL	5.00	17	1,095.			1,095.	767.		219.
166		02101	.1SL	7.00	16	1,368.			1,368.	569.		195.
	444 CLINTON GREASE TRAP	0601	.2SL	7.00	16	1,900.			1,900.	429.		271.
195	416 CLINTON BOILER	04231	.3SL	15.00	16	12,500.			12,500.	556.		833.

Asset No.	Description	Date Acquir	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		0901	13	SL	5.00	16	19,652.			19,652.	1,310.		3,930.
208		0613	14	SL	5.00	16	1,230.			1,230.			144.
	444 CLINTON NEW STOVE	1215	14	SL	5.00	16	2,931.			2,931.			49.
212		1215			5.00		1,199.			1,199.			20.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION						446,015.				392,269.		15,685.
	EQUIPMENT												
2	(D)2001 FORD VAN	1007	0 0	SL	5.00	16	27,549.			27,549.	26,172.		0.
3	(D)2001 CHEVY VAN	0104	01	SL	5.00	16	24,411.			24,411.	24,411.		0.
4	2003 FORD VAN	0228	02	SL	5.00	16	26,226.			26,226.	26,226.		0.
5	(D)1997 FORD VAN	1031	04	SL	5.00	16	7,000.			7,000.	7,000.		0.
8	TOYOTA SIENNA	0219	09	SL	5.00	16	25,472.			25,472.	22,923.		2,549.
9	FORD E350 VAN	0320	09	SL	5.00	16	35,101.			35,101.	31,590.		3,511.
10	TRAILER	0910	10	SL	5.00	17	3,500.			3,500.	2,450.		700.
183	(D)2007 FORD EDGE	1001	11	SL	5.00	16	10,500.			10,500.	4,725.		350.
210	2012 MINI VAN	0128	14	SL	5.00	16	25,000.			25,000.			4,583.
211	FORD 2013 E350 VAN	0514	14	SL	5.00	16	23,467.			23,467.			3,129.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU						208,226.			208,226.	145,497.		14,822.
	LAND												

Asset No.	Description	Date Acquire	d Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
106	LAND	0101	5 0	.000	16	20,000.			20,000.			0.
107	LAND	0101	5 4	.000	16	25,000.			25,000.			0.
108		0101	5 6	.000	16	35,569.			35,569.			0.
	* 990 PAGE 10 TOTAL LAND					80,569.			80,569.	0.		0.
	OTHER											
167		0617	11	36 <b>M</b>	43	4,874.			4,874.	4,062.		812.
	* 990 PAGE 10 TOTAL OTHER					4,874.			4,874.	4,062.		812.
	IMPROVEMENTS											
	OTHER											
25	SHOWER ROOM	0630	)3SL	20.00	16	3,811.			3,811.	2,021.		191.
26	NEW GATE	0630	)3SL	15.00	16	2,100.			2,100.	1,482.		140.
33	WINDOWS	0630	37SL	25.00	16	3,000.			3,000.	3,000.		0.
34	IMPROVEMENTS	1004	91SL	25.00	16	3,000.			3,000.	2,670.		120.
35	GATES	0218	94SL	15.00	16	800.			800.	800.		0.
36	POINTING	0701	96sL	15.00	16	7,450.			7,450.	7,450.		0.
37	ROOF	0722	98SL	15.00	16	1,298.			1,298.	1,298.		0.
38	IMPROVEMENTS	0701	)2SL	17.00	16	2,601.			2,601.	1,759.		153.
428102	IMPROVEMENTS	0101	71SL	25.00	16	50,823.			50,823.	50,823.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
42	IMPROVEMENTS	010180	SL	25.00	16	179.			179.	179.		0.
43	IMPROVEMENTS	010181	SL	25.00	16	5,422.			5,422.	5,422.		0.
44	IMPROVEMENTS	010186	SL	25.00	16	14,773.			14,773.	14,773.		0.
45	IMPROVEMENTS	010191	SL	25.00	16	4,230.			4,230.	3,890.		169.
48	IMPROVEMENTS	022293	SL	15.00	16	249.			249.	249.		0.
49	GATES	070694	SL	15.00	16	1,900.			1,900.	1,900.		0.
51	ROOFING	072298	SL	15.00	16	1,298.			1,298.	1,298.		0.
52	IMPROVEMENTS	070102	SL	17.00	16	841.			841.	564.		49.
53	PRIOR ASSETS	010175	SL	20.00	16	59,586.			59,586.	59,586.		0.
54	IMPROVEMENTS	011191	SL	25.00	16	4,018.			4,018.	3,699.		161.
55	IMPROVEMENTS	053092	SL	25.00	16	6,873.			6,873.	5,934.		275.
56	IMPROVEMENTS	030993	SL	15.00	16	2,374.			2,374.	2,374.		0.
57	IMPROVEMENTS	073193	SL	15.00	16	23,805.			23,805.	23,676.		0.
58	ROOFING	072097	SL	15.00	16	4,194.			4,194.	4,194.		0.
59	ROOFING	081997	SL	15.00	16	2,717.			2,717.	2,717.		0.
	ROOFING	120197	SL	15.00	16	251.			251.	251.		0.
	PROGRAM DISPLAY UNIT	071700	SL	5.00	16	4,316.			4,316.	4,316.		0.
62	RANGE HOOD	110600	SL	5.00	16	12,000.			12,000.	11,217.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
63	PRIOR ASSETS	010170	SL	15.00	16	53,565.			53,565.	53,565.		0.
64	IMPROVEMENTS	100191	SL	25.00	16	2,554.			2,554.	2,272.		102.
65	IMPROVEMENTS	053092	SL	25.00	16	325.			325.	281.		13.
66	IMPROVEMENTS	053092	SL	25.00	16	2,811.			2,811.	2,423.		112.
67	IMPROVEMENTS	083192	SL	25.00	16	1,557.			1,557.	1,326.		62.
68	GATES	011793	SL	15.00	16	3,032.			3,032.	3,032.		0.
69	GATES	011993	SL	15.00	16	3,032.			3,032.	3,032.		0.
70	IMPROVEMENTS	043093	SL	15.00	16	160.			160.	160.		0.
71	IMPROVEMENTS	053193	SL	15.00	16	6,812.			6,812.	6,812.		0.
72	IMPROVEMENTS	050594	SL	15.00	16	1,047.			1,047.	1,047.		0.
73	AMP	100794	SL	15.00	16	1,724.			1,724.	1,695.		0.
74	COND	060995	SL	15.00	16	2,775.			2,775.	2,775.		0.
75	ROOFING	070297	SL	15.00	16	4,194.			4,194.	4,194.		0.
76	ROOFING	081997	SL	15.00	16	1,359.			1,359.	1,359.		0.
77	SIDEWALK	090198	SL	15.00	16	7,756.			7,756.	7,756.		0.
78	FLOORING	030700	SL	10.00	16	4,216.			4,216.	4,216.		0.
79	IMPROVEMENTS	070102	SL	17.00	16	15,473.			15,473.	10,465.		910.
80	SHOWER	070104	SL	39.00	16	9,106.			9,106.	2,204.		233.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
81	ROOF REPAIR	123104	lSL	39.00	16	2,322.			2,322.	542.		60.
82	PRIOR IMPROVEMENTS	010196	SL	39.00	16	28,941.			28,941.	28,941.		0.
83	IMPROVEMENTS	070105	SL	39.00	16	21,991.			21,991.	4,771.		564.
84	IMPROVEMENTS	070106	SL	39.00	16	26,517.			26,517.	5,072.		680.
		070107	7SL	39.00	16	3,000.			3,000.	501.		77.
	BUILDING IMPROVEMENTS	070107	7SL	39.00	16	22,643.			22,643.	3,753.		581.
87	IMPROVEMENTS	042308	SL	15.00	16	33,363.			33,363.	12,232.		2,224.
88	IMPROVEMENTS	051408	SL	39.00	16	10,176.			10,176.	1,468.		261.
89	IMPROVEMENTS	062508	SL	15.00	16	1,140.			1,140.	418.		76.
90	IMPROVEMENTS	082608	SL	39.00	16	11,908.			11,908.	1,640.		305.
92	IMPROVEMENTS	120508	SL	15.00	16	11,257.			11,257.	4,126.		750.
94	CARPETING - 416	021509	SL	10.00	16	3,090.			3,090.	1,391.		309.
95	ROOF REPAIR - 416	080709	SL	39.00	16	35,975.			35,975.	4,034.		922.
		072709	SL	10.00	16	5,800.			5,800.	2,610.		580.
	CONCRETE PLATFORM - 436	081309	SL	15.00	16	5,500.			5,500.	1,651.		367.
98	PAVING - 444	080709	SL	15.00	16	1,300.			1,300.	391.		87.
		110509	SL	10.00	16	1,600.			1,600.	720.		160.
	BLDG IMPROVEMENTS - 435 V	081110	SL	7.00	17	6,450.			6,450.	3,224.		921.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FLOORING - 444	09201	0SL	10.00	17	11,974.			11,974.	4,190.		1,197.
	BLDG IMPROVEMENTS - 444	12091	0SL	7.00	17	450.			450.	224.		64.
104	BOILER - 444	12291	0SL	7.00	17	12,249.			12,249.	6,125.		1,750.
	BOILER	02031	1SL	15.00	16	875.			875.	169.		58.
168	POINTING - 416 CLINTON	06071	1SL	15.00	16	2,400.			2,400.	413.		160.
169	WINDOWS - 416 CLINTON	08221	1SL	39.00	16	4,975.			4,975.	299.		128.
	IMPROVEMENTS - 435 VANDERBILT	10171	1SL	39.00	16	4,500.			4,500.	249.		115.
171	GATES	07221	1SL	15.00	16	3,600.			3,600.	580.		240.
	FLOORING	08091	1SL	10.00	16	3,600.			3,600.	870.		360.
173	CARPETING - 435 VANDERBILT	06021	1SL	5.00	16	1,701.			1,701.	878.		340.
174		09131	1SL	39.00	16	7,002.			7,002.	420.		180.
175	WINDOWS - 436 CLINTON BOILER - 444	04141	1SL	39.00	16	24,500.			24,500.	1,727.		628.
176	=	01271	1SL	15.00	16	8,047.			8,047.	1,564.		536.
177	RENOVATION - 444 CLINTON (CIP) ROOFING - 444	10111	1SL	39.00	16	256,499.			256,499.	13,154.		6,577.
178	CLINTON (CIP)	11281	1SL	39.00	16	65,637.			65,637.	3,366.		1,683.
179	WINDOWS - 436 CLINTON	06011	1SL	39.00	16	5,000.			5,000.	331.		128.
	WINDOWS - 435 VANDERBILT	06011	1SL	39.00	16	1,500.			1,500.	98.		38.
181	10 TON ROOF AC UNIT	06011	1SL	15.00	16	32,500.			32,500.	5,598.		2,167.

Asset No.	Description	Dat Acqui	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
182	POINTING - 436 CLINTON IMPROVEMENTS -	0906	11	SL	39.00	16	4,000.			4,000.	240.		103.
184	PLUMBING - 436 CLIN		11	SL	15.00	16	4,400.			4,400.	879.		293.
188	444 CLINTON CAPITAL IMPROVEMENTS (TRAN		12	SL	39.00	16	35,795.			35,795.	1,836.		918.
		0814	13	SL	39.00	16	4,439.			4,439.	47.		114.
197	435 VANDERBILT RENOVATION PROJECT	1010	13	SL	39 <b>.</b> 00	16	6,361.			6,361.	41.		163.
	435 VANDERBILT ELECTRICAL WORK	0516	13	SL	39.00	16	7,100.			7,100.	106.		182.
	435 VANDERBILT STAIRWAY	0516	13	SL	39.00	16	7,500.			7,500.	112.		192.
	435 VANDERBILT	0401			39.00		10,494.			10,494.	202.		269.
	436 CLINTON RENOVATION PROJECT-				39.00		2,994.			2,994.	64.		77.
		0717			39.00		1,136.			1,136.			12.
	444 CLINTON; REMOVE & INSTALL NEW CELL				39.00		1,300.			1,300.			8.
	416 CLINTON; WATER												
	HEATER AND ACCESSOR * 990 PAGE 10 TOTAL		14	SL	39.00	Τ6	2,124.			2,124.			14.
	OTHER * 990 PAGE 10 TOTAL						1113032.			1113032.	447,423.		30,308.
	- IMPROVEMENTS						1113032.			1113032.	447,423.		30,308.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR						2390728.			2390728.	1476904.		68,139.
428102													

Asset No.	Description	Date Acquire		Method	Life	Unadju Cost Or	sted Basis	* Reduction In Basis	Basis Fo Depreciati	r ion	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS											
	BUILDING	0101	60		26.00		950.		22,9			
	BUILDING	0101			20.00				66,9			
	BUILDING	0101	66	SL	20.00	375,	339.		375,3	39.	375,339.	0.
	444 CLINTON, A/C INSTALLATION AND											
	DELIVERY	0620			15.00		061.		10,0			
	AC DONATION	0701			15.00		000.		20,0			
	436 CLINTON SPRINKLER SYSTEM	0720	12	SL	5.00		180.		2,1			
	* 990 PAGE 10 TOTAL BUILDINGS					497,	486.		497,4	86.	471,309.	2,440.
	FURNITURE & FIXTURES											
	CABINETS	0920			5.00		305.		1,3			0.
	CABINETS	1021			15.00	•	175.		2,1			
	CABINETS	0226			10.00		000.		2,0			
	FURNITURE	1016			7.00		798.		1,7			
	FURNITURE	1231			7.00		200.		3,2			
	BUNK BEDS (16)	0608			7.00		400.		2,4			
	FURNITURE	0504			7.00		905.		2,9			
	CARPETING - 444	0722			5.00		500.			00.		50.
162	CHAIRS - 444 CLINTON	0224	11	SL	7.00		400.		1,4	00.		200.
	CARPETING - 444 CLINTON	0225			5.00		277.		1,2	77.		
164	CARPETING - 435 VANDERBILT	0407			5.00		352.		1,3	52.		270.
	435 VANDERBILT, TCMI BUNK BEDS	0119			7.00		434.		1,4			
190	416 CLINTON ROOM D RUG	0822			5.00	1,	587.		1,5	87.	740.	317.
191	BUNK BEDS FROM ARMY RESERVE (416)	0701			7.00		000.		10,0			1,429.
196	416 CLINTON CABINETS	0410			10.00		650.		6	50.		65.
206	435 VANDERBILT BUNK BEDS	0818			7.00	5,	643.		5,6	43.	269.	806.
207	436 CLINTON NEW COUCH	1231	14	SL	7.00		900.		9	00.		129.
	* 990 PAGE 10 TOTAL FURNITURE &											
	FIXTURES					40,	526.		40,5	26.	22,856.	4,483.
	MACHINERY & EQUIPMENT											
	FIRE ALARM	0630	03		15.00		045.		8,0			536.
111	FREEZER	0101			5.00	1,	000.		1,0	00.	1,000.	0.
112	REFRIGERATOR	0603			5.00		000.		2,0	00.		
113	AIR CONDITIONER	0630	03	SL	5.00		000.		3,0	00.	3,000.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

## TEEN CHALLENGE, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	REFRIGERATOR	06 30 03		7.00	2,000.		2,000.		0.
115	EXERCISE EQUIPMENT	063003		7.00	1,000.		1,000.		0.
116	REFRIGERATOR	063003		5.00	2,000.		2,000.		
117	COMPUTER EQUIPMENT	063003		5.00	5,177.		5,177.	5,064.	0.
	COMPUTER EQUIPMENT	063003		5.00	4,462.		4,462.	4,462.	0.
119	COMPUTER EQUIPMENT	063003		5.00	10,316.		10,316.	10,316.	0.
	COMPUTER LAB	063003		5.00	2,966.		2,966.		
121	SECURITY ALARM	063003		15.00			1,075.		72.
123	BOILER	082897		15.00	8,250.		8,250.	8,250.	0.
124	FREEZER	021904		7.00	2,100.		2,100.		
125	PRIOR ASSETS	010196		5.00	223,898.		223,898.	223,898.	
	AC UNITS	072999		5.00	1,000.		1,000.		0.
	AC UNIT	01 17 93		15.00			6,930.		0.
136	BOILER	05 05 93		15.00			1,920.	1,920.	0.
	BOILER	10 31 93		15.00			2,000.	1,955.	
138	FREEZER	022096		15.00			1,800.		0.
	COMPUTER	090104		5.00	159.		159.		0.
140	SOUND SYSTEM	111504		7.00	6,767.		6,767.		0.
	COMPUTER	123104		5.00	28,931.		28,931.		0.
	COMPUTER EQUIPMENT	092205		5.00	1,468.		1,468.		0.
	WASHER & DRYER	091406		5.00	1,500.		1,500.		0.
	KITCHEN HOOD	070107		5.00	583.		583.	583.	0.
145	COMPUTER EQUIPMENT	020708		5.00	925.		925.	925.	0.
	COMPUTER EQUIPMENT	022808		5.00	2,170.		2,170.		0.
147	COMPUTER EQUIPMENT	100108		5.00	1,010.		1,010.		0.
	COMPUTER EQUIPMENT	020708		5.00	2,750.		2,750.		0.
	COMPUTER EQUIPMENT	061008		5.00	1,503.		1,503.		0.
150	SERVER & VIDEO CAMERA	081109		5.00	4,226.		4,226.		0.
	AVAYA PHONE SYSTEM	100109		5.00	25,316.		25,316.		0.
	FITNESS EQUIPMENT	121509	SL	5.00	2,848.		2,848.	2,848.	0.
	COPIER/FAX	123109		5.00	910.		910.	910.	0.
	COMPUTERS	011209		5.00	1,861.		1,861.	1,861.	0.
	ECOLAB SYSTEM	101509		7.00	939.		939.	737.	134.
156	DISHWASHER	051309	SL	7.00	1,777.		1,777.	1,524.	253.

<sup>(</sup>D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
157	COMPUTERS	08 11 10	ST	5.00	13,779.		13,779.	12,402.	1,377.
	15 DELL COMPUTERS	081510		5.00	13,779.		13,779.		
	DELL COMPUTER	111810		5.00	1,095.		1,095.		
	RANGE, WASHER & REFRIGERATOR	021011		7.00	1,368.		1,368.		
	444 CLINTON GREASE TRAP	060112		7.00	1,900.		1,900.		271.
	416 CLINTON BOILER	042313		15.00			12,500.		833.
	KONICA COPIER	090113		5.00	19,652.		19,652.		
	444 CLINTON SHREDDER	061314		5.00	1,230.		1,230.		246.
	444 CLINTON NEW STOVE	121514		5.00	2,931.		2,931.		586.
	COMPUTER LAPTOP	121514		5.00	1,199.		1,199.		240.
	* 990 PAGE 10 TOTAL MACHINERY &				•				
	EQUIPMENT				446,015.		446,015.	407,954.	10,159.
	TRANSPORTATION EQUIPMENT				-				
4	2003 FORD VAN	022802	SL	5.00	26,226.		26,226.	26,226.	0.
8	TOYOTA SIENNA	021909	SL	5.00	25,472.		25,472.	25,472.	0.
9	FORD E350 VAN	032009	SL	5.00	35,101.		35,101.	35,101.	0.
10	TRAILER	091010		5.00	3,500.		3,500.		350.
210	2012 MINI VAN	012814	SL	5.00	25,000.		25,000.	4,583.	5,000.
211	FORD 2013 E350 VAN	051414	SL	5.00	23,467.		23,467.	3,129.	4,693.
	* 990 PAGE 10 TOTAL TRANSPORTATION								
	EQUIPMENT				138,766.		138,766.	97,661.	10,043.
	LAND								
106	LAND	010160		.000	20,000.		20,000.		0.
107	LAND	010164		.000	25,000.		25,000.		0.
108	LAND	010166		.000	35,569.		35,569.		0.
	* 990 PAGE 10 TOTAL LAND				80,569.		80,569.	0.	0.
	OTHER								
167	MERIT SOFTWARE	061711		36M	4,874.		4,874.	4,874.	0.
	* 990 PAGE 10 TOTAL OTHER				4,874.		4,874.	4,874.	0.
	IMPROVEMENTS								
	OTHER								
	SHOWER ROOM	063003		20.00			3,811.		
	NEW GATE	063003		15.00			2,100.		140.
33	WINDOWS	063087	SL	25.00	3,000.		3,000.	3,000.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	IMPROVEMENTS	100491	SL	25.00	3,000.		3,000.	2,790.	120.
35	GATES	021894		15.00			800.	800.	0.
36	POINTING	070196		15.00			7,450.	7,450.	0.
37	ROOF	072298	SL	15.00			1,298.	1,298.	0.
38	IMPROVEMENTS	070102		17.00	2,601.		2,601.	1,912.	153.
41	IMPROVEMENTS	010171		25.00	50,823.		50,823.	50,823.	0.
42	IMPROVEMENTS	010180	SL	25.00	179.		179.	179.	0.
43	IMPROVEMENTS	010181		25.00			5,422.	5,422.	0.
44	IMPROVEMENTS	010186		25.00			14,773.	14,773.	0.
45	IMPROVEMENTS	010191		25.00	4,230.		4,230.	4,059.	169.
	IMPROVEMENTS	0 2 2 2 9 3		15.00			249.	249.	0.
	GATES	070694		15.00			1,900.		0.
51	ROOFING	072298		15.00			1,298.	1,298.	0.
	IMPROVEMENTS	070102		17.00			841.	613.	49.
	PRIOR ASSETS	010175		20.00			59,586.	59,586.	0.
	IMPROVEMENTS	011191		25.00			4,018.		
	IMPROVEMENTS	053092		25.00			6,873.		275.
	IMPROVEMENTS	030993		15.00			2,374.		0.
	IMPROVEMENTS	073193		15.00			23,805.	23,676.	0.
	ROOFING	072097		15.00			4,194.		0.
	ROOFING	08 19 97		15.00			2,717.	2,717.	0.
	ROOFING	120197		15.00			251.	251.	0.
	PROGRAM DISPLAY UNIT	071700		5.00	4,316.		4,316.	4,316.	0.
	RANGE HOOD	110600		5.00	12,000.		12,000.	11,217.	0.
	PRIOR ASSETS	010170		15.00			53,565.	53,565.	0.
	IMPROVEMENTS	100191		25.00			2,554.	2,374.	102.
	IMPROVEMENTS	05 30 92		25.00			325.	294.	13.
	IMPROVEMENTS	05 30 92		25.00			2,811.	2,535.	112.
	IMPROVEMENTS	083192		25.00			1,557.	1,388.	62.
	GATES	011793	SL	15.00			3,032.	3,032.	0.
	GATES	011993		15.00			3,032.	3,032.	0.
	IMPROVEMENTS	043093		15.00			160.	160.	0.
	IMPROVEMENTS	05 31 93		15.00			6,812.	6,812.	0.
72	IMPROVEMENTS	050594	SL	15.00	1,047.		1,047.	1,047.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	AMP	100794	SL	15.00	1,724.		1,724.		0.
	COND	060995		15.00			2,775.		0.
	ROOFING	070297		15.00			4,194.		0.
	ROOFING	081997		15.00			1,359.		0.
77	SIDEWALK	090198		15.00			7,756.		0.
	FLOORING	030700		10.00			4,216.		0.
	IMPROVEMENTS	070102		17.00			15,473.		910.
	SHOWER	070104		39.00			9,106.		233.
81	ROOF REPAIR	123104		39.00			2,322.		60.
	PRIOR IMPROVEMENTS	010196		39.00			28,941.	28,941.	0.
	IMPROVEMENTS	070105		39.00	21,991.		21,991.		564.
84	IMPROVEMENTS	070106		39.00	26,517.		26,517.		680.
	IMPROVEMENTS	070107		39.00	3,000.		3,000.		77.
	BUILDING IMPROVEMENTS	070107		39.00	22,643.		22,643.		581.
87	IMPROVEMENTS	042308		15.00	33,363.		33,363.		2,224.
	IMPROVEMENTS	051408		39.00			10,176.		261.
89	IMPROVEMENTS	062508		15.00			1,140.		76.
	IMPROVEMENTS	082608		39.00			11,908.		305.
	IMPROVEMENTS	120508		15.00			11,257.		750.
94	CARPETING - 416	021509		10.00			3,090.		309.
	ROOF REPAIR - 416	080709		39.00			35,975.		922.
	FLOORING - 436	072709		10.00			5,800.		580.
	CONCRETE PLATFORM - 436	081309		15.00			5,500.		367.
	PAVING - 444	080709	SL	15.00			1,300.	478.	87.
	FLOORING - 416	110509		10.00	1,600.		1,600.	880.	160.
	BLDG IMPROVEMENTS - 435 V	081110		7.00	6,450.		6,450.		921.
	FLOORING - 444	092010		10.00	11,974.		11,974.		1,197.
103	BLDG IMPROVEMENTS - 444	120910		7.00	450.		450.	288.	64.
	BOILER - 444	122910		7.00	12,249.		12,249.		1,750.
	BOILER	020311		15.00			875.	227.	58.
	POINTING - 416 CLINTON	060711		15.00			2,400.	573.	160.
	WINDOWS - 416 CLINTON	082211		39.00			4,975.		128.
	IMPROVEMENTS - 435 VANDERBILT	101711		39.00			4,500.	364.	115.
171	GATES	072211	SL	15.00	3,600.		3,600.	820.	240.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquir		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
172	FLOORING	0809	11	SL	10.00	3,600.		3,600.	1,230.	360.
173	CARPETING - 435 VANDERBILT	0602	11	SL	5.00	1,701.		1,701.		340.
174	RENOVATION - 435 VANDERBILT	0913	11	SL	39.00			7,002.		
175	WINDOWS - 436 CLINTON	0414	11	SL	39.00	24,500.		24,500.		628.
	BOILER - 444 CLINTON	0127	11		15.00			8,047.		
177	RENOVATION - 444 CLINTON (CIP)	1011	11	SL	39.00	256,499.		256,499.		
178	ROOFING - 444 CLINTON (CIP)	1128	11	SL	39.00	65,637.		65,637.	5,049.	1,683.
179	WINDOWS - 436 CLINTON	0601	11	SL	39.00	5,000.		5,000.	459.	128.
180	WINDOWS - 435 VANDERBILT	0601	11	SL	39.00	1,500.		1,500.	136.	38.
181	10 TON ROOF AC UNIT	0601			15.00	32,500.		32,500.	7,765.	2,167.
182	POINTING - 436 CLINTON	0906	11	SL	39.00	4,000.		4,000.	343.	103.
	IMPROVEMENTS - PLUMBING - 436									
184	CLINTON	0101	11	SL	15.00	4,400.		4,400.	1,172.	293.
	444 CLINTON CAPITAL IMPROVEMENTS									
188	(TRANSFER FROM CIP)	0101			39.00			35,795.		
	416 CLINTON RENOVATION PROJECT	0814			39.00			4,439.		
197	435 VANDERBILT RENOVATION PROJECT	1010			39.00			6,361.	204.	163.
	435 VANDERBILT ELECTRICAL WORK	05 16			39.00			7,100.		182.
	435 VANDERBILT STAIRWAY	05 16			39.00			7,500.	304.	192.
	435 VANDERBILT RENOVATION PROJECT	0401	. 13	SL	39.00	10,494.		10,494.	471.	269.
	436 CLINTON RENOVATION									
	PROJECT-FLOORS	0222			39.00			2,994.	141.	77.
	435 VANDERBILT	0717	/14	SL	39.00	1,136.		1,136.	12.	29.
	444 CLINTON; REMOVE & INSTALL NEW									
	CELLAR DOOR	10 15	14	SL	39.00	1,300.		1,300.	8.	33.
	416 CLINTON; WATER HEATER AND		ļ.,							
205	ACCESSORIES	1015	14	SL	39.00			2,124.	14.	54.
	* 990 PAGE 10 TOTAL OTHER					1113032.		1113032.	•	
	* 990 PAGE 10 TOTAL - IMPROVEMENTS					1113032.		1113032.	477,731.	30,387.
	* GRAND TOTAL 990 PAGE 10 DEPR &					0001060		0001060	1.400005	FB 540
	AMORT					2321268.		2321268.	1482385.	57,512.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone