

CITRIN COOPERMAN & COMPANY, LLP  
709 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

TEEN CHALLENGE, INC.  
444 CLINTON AVE.  
BROOKLYN, NY 11238-1602



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CLIENT'S COPY



**CITRINCOOPERMAN®**

Accountants and Advisors

Rev. Willie Ramos  
444 Clinton Ave.  
Brooklyn, NY 11238-1602

Dear Rev. Ramos:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The returns were prepared from information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Sincerely,

Stanley Waldshan

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2016

<b>Prepared for</b>	Rev. Willie Ramos 444 Clinton Ave. Brooklyn, NY 11238-1602
<b>Prepared by</b>	Citrin Cooperman & Company, LLP 709 Westchester Avenue White Plains, NY 10604
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2017.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**TEEN CHALLENGE, INC.**

**11-2510315**

Name and title of officer

**REV. WILLIE RAMOS  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,135,817.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **CITRIN COOPERMAN & COMPANY, LLP** to enter my PIN **54321**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13069312345**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>TEEN CHALLENGE, INC.</b>		<b>D Employer identification number</b> 11-2510315
	Doing business as		<b>E Telephone number</b> (718) 789-1414
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	444 CLINTON AVE.		<b>G Gross receipts \$</b> 1,152,592.
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11238-1602		
<b>F Name and address of principal officer:</b> REV. WILLIE RAMOS SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> ▶ WWW.TEENCHALLENGEBROOKLYN.ORG		<b>L Year of formation:</b> 1965 <b>M State of legal domicile:</b> NY	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE RELIGIOUS ORGANIZATION'S MISSION IS TO HELP INDIVIDUALS WHO HAVE LIFE-CONTROLLING ADDICTIONS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	22
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,069,350.	1,033,815.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,280.	98,692.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,290.	3,310.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,137,920.	1,135,817.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,052.	41,070.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	373,249.	457,989.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,678.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	704,723.	870,130.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,115,024.	1,369,189.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	22,896.	-233,372.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 3,681,433.	End of Year 3,450,269.
	<b>21</b> Total liabilities (Part X, line 26)	74,308.	76,516.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,607,125.	3,373,753.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	REV. WILLIE RAMOS, EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name STANLEY WALDSHAN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00962592
	Firm's name ▶ CITRIN COOPERMAN & COMPANY, LLP	Firm's EIN ▶ 22-2428965	Phone no. (914) 949-2990		
	Firm's address ▶ 709 WESTCHESTER AVENUE WHITE PLAINS, NY 10604				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE RELIGIOUS ORGANIZATION'S MISSION IS TO HELP INDIVIDUALS WHO HAVE LIFE-CONTROLLING ADDICTIONS AND INITIATE THE DISCIPLESHIP PROCESS TO THE POINT WHERE THE INDIVIDUAL CAN FUNCTION AS A PRODUCTIVE CHRISTIAN MEMBER OF SOCIETY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,109,688. including grants of \$ 41,070. ) (Revenue \$ ) THE ORGANIZATION WORKS WITH INDIVIDUALS AND FAMILIES WHOSE LIVES ARE AFFECTED BY DRUGS AND OTHER LIFE-CONTROLLING PROBLEMS. ALL TREATMENT IS THROUGH THE ACCEPTANCE OF JESUS CHRIST AS THEIR SAVIOR. THE ORGANIZATION ALSO CONDUCTS TRADITIONAL CHURCH ACTIVITIES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,109,688.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. DONALD WILKERSON PRESIDENT	20.00	X		X				0.	0.	51,600.
(2) REV. RUSSELL HODGINS EXECUTIVE DIRECTOR	30.00	X		X				0.	45,600.	0.
(3) MR. JOSEPH LOPEZ SECRETARY	8.00	X		X				0.	0.	0.
(4) REV. WILSON JOSE CHAIRMAN	8.00	X						0.	0.	0.
(5) REV. MICHAEL BACCHUS DIRECTOR	8.00	X						0.	0.	0.
(6) MR. GEORGE SIBLALL DIRECTOR	8.00	X						0.	0.	0.
(7) REV. DUANE DURST DIRECTOR	8.00	X						0.	0.	0.
(8) REV. DOMINICK COTIGNOLA DIRECTOR	8.00	X						0.	0.	0.
(9) DR. JANET LERNER DIRECTOR	8.00	X						0.	0.	0.
(10) REV. BOBBY MOORE DIRECTOR	8.00	X						0.	0.	0.
(11) MR. ANGEL CHARRIEZ TREASURER	8.00	X		X				0.	0.	0.
(12) REV. ENRIQUE LOPEZ DIRECTOR	8.00	X						0.	0.	0.
(13) REV. JIMMY JACK DIRECTOR	8.00	X						0.	0.	0.
(14) REV. TIM DILENA DIRECTOR	8.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

1b Sub-total 0. 45,600. 51,600.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 0. 45,600. 51,600.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>							
	<b>b</b> Membership dues .....	<b>1b</b>							
	<b>c</b> Fundraising events .....	<b>1c</b>							
	<b>d</b> Related organizations .....	<b>1d</b>							
	<b>e</b> Government grants (contributions) .....	<b>1e</b>							
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,033,815.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....								
	<b>h Total.</b> Add lines 1a-1f .....							1,033,815.	
<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b> _____								
	<b>b</b> _____								
	<b>c</b> _____								
	<b>d</b> _____								
	<b>e</b> _____								
	<b>f</b> All other program service revenue .....								
	<b>g Total.</b> Add lines 2a-2f .....								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....				97,415.		97,415.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....								
	<b>5</b> Royalties .....								
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal						
		3,310.							
		b Less: rental expenses .....	0.						
		c Rental income or (loss) .....	3,310.						
	<b>d</b> Net rental income or (loss) .....				3,310.		3,310.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other						
		10,156.	7,896.						
		b Less: cost or other basis and sales expenses .....	10,223.	6,552.					
		c Gain or (loss) .....	-67.	1,344.					
	<b>d</b> Net gain or (loss) .....				1,277.		1,277.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....			<b>a</b>					
	<b>b</b> Less: direct expenses .....			<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events .....									
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....			<b>a</b>						
<b>b</b> Less: direct expenses .....			<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....									
<b>10 a</b> Gross sales of inventory, less returns and allowances .....			<b>a</b>						
<b>b</b> Less: cost of goods sold .....			<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....									
<b>Miscellaneous Revenue</b>			<b>Business Code</b>						
<b>11 a</b> _____									
	<b>b</b> _____								
	<b>c</b> _____								
	<b>d</b> All other revenue .....								
	<b>e Total.</b> Add lines 11a-11d .....								
<b>12 Total revenue.</b> See instructions. ....				1,135,817.	0.	0.	102,002.		

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,825.	16,825.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,160.	3,160.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,085.	21,085.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	97,200.	72,900.	24,300.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	315,652.	239,067.	76,585.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	19,486.	14,922.	4,564.	
10 Payroll taxes	25,651.	19,644.	6,007.	
11 Fees for services (non-employees):				
a Management				
b Legal	5,200.	5,200.		
c Accounting	28,000.		28,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	8,958.	8,305.		653.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	31,179.	11,885.	19,294.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	595.	565.	30.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,654.	46,649.	14,005.	
23 Insurance	59,488.	56,514.	2,974.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FOOD</b>	151,323.	151,323.		
b <b>LIGHT, HEAT &amp; POWER</b>	96,443.	86,799.	9,644.	
c <b>REPAIRS &amp; MAINTENANCE</b>	85,529.	85,529.		
d <b>SUPPLIES</b>	85,412.	79,891.	5,521.	
e All other expenses <b>SEE SCH O</b>	257,349.	189,425.	31,899.	36,025.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,369,189.	1,109,688.	222,823.	36,678.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	730,610.	<b>1</b>	91,330.
	<b>2</b> Savings and temporary cash investments .....	2,000,000.	<b>2</b>	2,450,000.
	<b>3</b> Pledges and grants receivable, net .....	52,280.	<b>3</b>	19,817.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	23,495.	<b>5</b>	17,913.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,565.	<b>7</b>	97.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,297.	<b>9</b>	5,206.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,395,055.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,578,956.	842,628.	<b>10c</b> 816,099.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	29,558.	<b>15</b>	49,807.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,681,433.	<b>16</b>	3,450,269.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	63,099.	<b>17</b>	26,176.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	11,209.	<b>25</b>	50,340.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	74,308.	<b>26</b>	76,516.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,587,091.	<b>27</b>	3,344,112.
	<b>28</b> Temporarily restricted net assets .....	20,034.	<b>28</b>	29,641.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	3,607,125.	<b>33</b>	3,373,753.	
<b>34</b> Total liabilities and net assets/fund balances .....	3,681,433.	<b>34</b>	3,450,269.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,135,817.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,369,189.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-233,372.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,607,125.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,373,753.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **TEEN CHALLENGE, INC.** Employer identification number **11-2510315**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			





**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

TEEN CHALLENGE, INC.

Employer identification number

11-2510315

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

Name of organization <b>TEEN CHALLENGE, INC.</b>	Employer identification number <b>11-2510315</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. & MRS. DOUGLAS MONTICCIOLO 333 RECTOR PL. TH2 NEW YORK, NY 10280	\$ 7,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HOPE FOR NEW YORK 1166 AVENUE OF THE AMERICAS, SUITE 1610 NEW YORK, NY 10036	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOHN B. COAST 10012 UMBEHAGEN LN BATON ROUGE, LA 70817	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NATIONAL TEMPERANCE SOCIETY PO BOX 287 MIDDLE GRANVILLE, NY 12849	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STANLEY WALDSHAN 100 HARBOR VIEW DRIVE 501 PORT WASHINGTON, NY 11050	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TIMES SQUARE CHURCH 1657 BROADWAY, 4TH FLOOR NEW YORK, NY 10019	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TEEN CHALLENGE, INC.</b>	Employer identification number <b>11-2510315</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BELLROSE ASSEMBLY OF GOD 23825 HILLSIDE AVENUE BELLEROSE, NY 11426	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CAROL MCCARTHY 266 ASCOT AVE STATEN ISLAND, NY 10306	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ELENA FORONDA 2650 OCEAN PKWY APT 10A BROOKLYN, NY 11235	\$ 10,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MR. & MRS. JOHNNY MELENDEZ 449 MONTELLUNA DRIVE NORTH VENICE, FL 34275	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	GEORGE T. KAN 177 BROADWAY DOBBS FERRY, NY 10522	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	WESTCHESTER CHRISTIAN WORSHIP CENTER 294 OLD MAMARONECK ROAD WHITE PLAINS, NY 10605	\$ 7,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TEEN CHALLENGE, INC.</b>	Employer identification number  <b>11-2510315</b>
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**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>TEEN CHALLENGE, INC.</b>	Employer identification number <b>11-2510315</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		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" on 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

2016

Open to Public Inspection

Name of the organization TEEN CHALLENGE, INC. Employer identification number 11-2510315

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,000,000.	2,000,000.	2,000,000.	2,000,000.	2,000,000.
b Contributions					
c Net investment earnings, gains, and losses	97,415.	115,219.	109,141.	108,661.	109,353.
d Grants or scholarships					
e Other expenditures for facilities and programs	97,145.	115,219.	109,141.	108,661.	109,353.
f Administrative expenses					
g End of year balance	2,000,000.	2,000,000.	2,000,000.	2,000,000.	2,000,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,569.		80,569.
b Buildings		1,164,521.	598,183.	566,338.
c Leasehold improvements				
d Equipment		607,520.	530,540.	76,980.
e Other		542,445.	450,233.	92,212.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				816,099.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASES PAYABLE	25,340.
(3) CONDITIONAL DONATION	25,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	50,340.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE BOARD OF DIRECTORS HAS NOT YET DECIDED ON THE FINAL USE OF THE  
 ENDOWMENT FUND.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization <b>TEEN CHALLENGE, INC.</b>	Employer identification number <b>11-2510315</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA -	0	0	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	PROGRAM SERVICES - MISSIONS	6,815.
CENTRAL AMERICA & CARRIBEAN	0	0	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	PROGRAM SERVICES - MISSIONS	7,095.
SOUTH AMERICA	0	0	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.		0.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	PROGRAM SERVICES - MISSIONS	3,095.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	PROGRAM SERVICES - MISSIONS	3,980.
RUSSIA AND NEIGHBORING STATES	0	0	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	PROGRAM SERVICES - MISSIONS	100.
<b>3 a</b> Sub-total .....	0	0			21,085.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			21,085.

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

Schedule F (Form 990) 2016

**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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	6,815.	CHECK AND WIRE TRANSFER	0.		
		CENTRAL AMERICA & CARRIBEAN	GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.	6,345.	CHECK AND WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ \_\_\_\_\_

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 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  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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  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  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  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  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**REVIEWED AT BOARD MEETINGS.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**TEEN CHALLENGE, INC.**

Employer identification number

**11-2510315**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BEHOLD MINISTRIES PO BOX 745 LOCUST GROVE, VA 22508	54-1809137	501(C)(3)	11,000.	0.			GENERAL SUPPORT TO ASSIST THE ORGANIZATION'S MISSION.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **1.**

**3** Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) (2016)



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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 noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

REVIEWED AT BOARD MEETINGS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization **TEEN CHALLENGE, INC.** Employer identification number **11-2510315**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
RUSSELL HODGINS	EXECUTIVE	HOUSING		X	25,000.	17,913.		X	X		X	
<b>Total</b> .....						▶ \$	<b>17,913.</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
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 11B:

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.

Name of the organization

TEEN CHALLENGE, INC.

Employer identification number

11-2510315

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

POSTAGE:

PROGRAM SERVICE EXPENSES	45,665.
MANAGEMENT AND GENERAL EXPENSES	5,854.
FUNDRAISING EXPENSES	7,025.
TOTAL EXPENSES	58,544.

BENEVOLENCE &amp; HONORARIUMS:

PROGRAM SERVICE EXPENSES	30,860.
MANAGEMENT AND GENERAL EXPENSES	13,428.
FUNDRAISING EXPENSES	1,810.
TOTAL EXPENSES	46,098.

HOSPITALITY:

PROGRAM SERVICE EXPENSES	31,397.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,397.

TELEPHONE:

PROGRAM SERVICE EXPENSES	27,496.
MANAGEMENT AND GENERAL EXPENSES	3,055.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,551.

Name of the organization <b>TEEN CHALLENGE, INC.</b>	Employer identification number <b>11-2510315</b>
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**NEWSLETTERS & PUBLIC RELATIONS:**

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,694.
FUNDRAISING EXPENSES	27,190.
TOTAL EXPENSES	28,884.

**AUTO EXPENSES:**

PROGRAM SERVICE EXPENSES	20,416.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,416.

**FRANCHISE EXPENSE:**

PROGRAM SERVICE EXPENSES	15,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,000.

**RECREATION EXPENSES:**

PROGRAM SERVICE EXPENSES	8,596.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,596.

**DATA PROCESSING:**

PROGRAM SERVICE EXPENSES	5,804.
MANAGEMENT AND GENERAL EXPENSES	2,732.
FUNDRAISING EXPENSES	0.

Name of the organization <b>TEEN CHALLENGE, INC.</b>	Employer identification number <b>11-2510315</b>
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<b>TOTAL EXPENSES</b>	<b>8,536.</b>
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**BANK CHARGES & CREDIT CARD FEES:**

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	4,147.
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FUNDRAISING EXPENSES	0.
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<b>TOTAL EXPENSES</b>	<b>4,147.</b>
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**DUES & SUBSCRIPTIONS:**

PROGRAM SERVICE EXPENSES	3,133.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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<b>TOTAL EXPENSES</b>	<b>3,133.</b>
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**COMPUTER EXPENSES:**

PROGRAM SERVICE EXPENSES	715.
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MANAGEMENT AND GENERAL EXPENSES	476.
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FUNDRAISING EXPENSES	0.
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<b>TOTAL EXPENSES</b>	<b>1,191.</b>
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**THRIFT STORE EXPENSES:**

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	513.
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FUNDRAISING EXPENSES	0.
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<b>TOTAL EXPENSES</b>	<b>513.</b>
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**BOOKSTORE EXPENSES:**

PROGRAM SERVICE EXPENSES	343.
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Name of the organization <b>TEEN CHALLENGE, INC.</b>	Employer identification number <b>11-2510315</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>343.</b>
<b>TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A</b>	<b>257,349.</b>

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FINANCIAL STATEMENTS  
 PRIOR TO BEING ISSUED.



2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	BUILDINGS														
12	BUILDING	01/01/60	SL	26.00		16	22,950.				22,950.	22,950.		0.	22,950.
13	BUILDING	01/01/64	SL	20.00		16	66,956.				66,956.	66,956.		0.	66,956.
14	BUILDING	01/01/66	SL	20.00		16	375,339.				375,339.	375,339.		0.	375,339.
185	444 CLINTON, A/C INSTALLATION AND DELIVERY	06/20/12	SL	15.00		16	10,061.				10,061.	2,348.		671.	3,019.
186	AC DONATION	07/01/12	SL	15.00		16	20,000.				20,000.	4,666.		1,333.	5,999.
187	436 CLINTON SPRINKLER SYSTEM	07/20/12	SL	5.00		16	2,180.				2,180.	1,490.		436.	1,926.
	* 990 PAGE 10 TOTAL BUILDINGS						497,486.				497,486.	473,749.		2,440.	476,189.
	FURNITURE & FIXTURES														
15	CABINETS	09/20/95	SL	5.00		16	1,305.				1,305.	1,305.		0.	1,305.
16	CABINETS	10/21/94	SL	15.00		16	2,174.				2,174.	2,127.		0.	2,127.
18	CABINETS	02/26/97	SL	10.00		16	2,000.				2,000.	2,000.		0.	2,000.
20	FURNITURE	10/16/08	SL	7.00		16	1,798.				1,798.	1,798.		0.	1,798.
21	FURNITURE	12/31/08	SL	7.00		16	3,200.				3,200.	3,200.		0.	3,200.
22	BUNK BEDS (16)	06/08/09	SL	7.00		16	2,400.				2,400.	2,400.		0.	2,400.
23	FURNITURE	05/04/10	SL	7.00		HY17	2,905.				2,905.	2,283.		415.	2,698.
24	CARPETING - 444	07/22/10	SL	5.00		HY17	500.				500.	500.		0.	500.
162	CHAIRS - 444 CLINTON	02/24/11	SL	7.00		16	1,400.				1,400.	967.		200.	1,167.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
163	CARPETING - 444 CLINTON	02/25/11	SL	5.00		16	1,277.				1,277.	1,233.		44.	1,277.
164	CARPETING - 435 VANDERBILT	04/07/11	SL	5.00		16	1,352.				1,352.	1,283.		69.	1,352.
189	435 VANDERBILT, TCMI BUNK BEDS	01/19/12	SL	7.00		16	1,434.				1,434.	803.		205.	1,008.
190	416 CLINTON ROOM D RUG	08/22/12	SL	5.00		16	1,587.				1,587.	1,057.		317.	1,374.
191	BUNK BEDS FROM ARMY RESERVE (416)	07/01/12	SL	7.00		16	10,000.				10,000.	5,001.		1,429.	6,430.
196	416 CLINTON CABINETS	04/10/13	SL	10.00		16	650.				650.	179.		65.	244.
206	435 VANDERBILT BUNK BEDS	08/18/14	SL	7.00		16	5,643.				5,643.	1,075.		806.	1,881.
207	436 CLINTON NEW COUCH	12/31/14	SL	7.00		16	900.				900.	129.		129.	258.
216	COUCH	07/06/15	SL	7.00		16	1,100.				1,100.	79.		157.	236.
217	BUNK BEDS & MATTRESSES	10/05/15	SL	7.00		16	9,236.				9,236.	330.		1,319.	1,649.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						50,861.				50,861.	27,749.		5,155.	32,904.
	MACHINERY & EQUIPMENT														
110	FIRE ALARM	06/30/03	SL	15.00	HY1	17	8,045.				8,045.	6,751.		536.	7,287.
111	FREEZER	01/01/03	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
112	REFRIGERATOR	06/03/03	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
113	AIR CONDITIONER	06/30/03	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
114	REFRIGERATOR	06/30/03	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
115	EXERCISE EQUIPMENT	06/30/03	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
116	REFRIGERATOR	06/30/03	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
117	COMPUTER EQUIPMENT	06/30/03	SL	5.00		16	5,177.				5,177.	5,064.		0.	5,064.
118	COMPUTER EQUIPMENT	06/30/03	SL	5.00		16	4,462.				4,462.	4,462.		0.	4,462.
119	COMPUTER EQUIPMENT	06/30/03	SL	5.00		16	10,316.				10,316.	10,316.		0.	10,316.
120	COMPUTER LAB	06/30/03	SL	5.00		16	2,966.				2,966.	2,966.		0.	2,966.
121	SECURITY ALARM	06/30/03	SL	15.00		16	1,075.				1,075.	906.		72.	978.
123	BOILER	08/28/97	SL	15.00		16	8,250.				8,250.	8,250.		0.	8,250.
124	FREEZER	02/19/04	SL	7.00		16	2,100.				2,100.	2,100.		0.	2,100.
125	PRIOR ASSETS	01/01/96	SL	5.00		16	223,898.				223,898.	223,898.		0.	223,898.
126	AC UNITS	07/29/99	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
135	AC UNIT	01/17/93	SL	15.00		16	6,930.				6,930.	6,930.		0.	6,930.
136	BOILER	05/05/93	SL	15.00		16	1,920.				1,920.	1,920.		0.	1,920.
137	BOILER	10/31/93	SL	15.00		16	2,000.				2,000.	1,955.		0.	1,955.
138	FREEZER	02/20/96	SL	15.00		16	1,800.				1,800.	1,800.		0.	1,800.
139	COMPUTER	09/01/04	SL	5.00		16	159.				159.	159.		0.	159.
140	SOUND SYSTEM	11/15/04	SL	7.00		16	6,767.				6,767.	6,727.		0.	6,727.
141	COMPUTER	12/31/04	SL	5.00		16	28,931.				28,931.	28,931.		0.	28,931.
142	COMPUTER EQUIPMENT	09/22/05	SL	5.00		16	1,468.				1,468.	1,468.		0.	1,468.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
143	WASHER & DRYER	09/14/06	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
144	KITCHEN HOOD	07/01/07	SL	5.00		16	583.				583.	583.		0.	583.
145	COMPUTER EQUIPMENT	02/07/08	SL	5.00		16	925.				925.	925.		0.	925.
146	COMPUTER EQUIPMENT	02/28/08	SL	5.00		16	2,170.				2,170.	2,170.		0.	2,170.
147	COMPUTER EQUIPMENT	10/01/08	SL	5.00		16	1,010.				1,010.	1,010.		0.	1,010.
148	COMPUTER EQUIPMENT	02/07/08	SL	5.00		16	2,750.				2,750.	2,750.		0.	2,750.
149	COMPUTER EQUIPMENT	06/10/08	SL	5.00		16	1,503.				1,503.	1,503.		0.	1,503.
150	SERVER & VIDEO CAMERA	08/11/09	SL	5.00		16	4,226.				4,226.	4,226.		0.	4,226.
151	AVAYA PHONE SYSTEM	10/01/09	SL	5.00		16	25,316.				25,316.	25,316.		0.	25,316.
152	FITNESS EQUIPMENT	12/15/09	SL	5.00		16	2,848.				2,848.	2,848.		0.	2,848.
153	COPIER/FAX	12/31/09	SL	5.00		16	910.				910.	910.		0.	910.
154	COMPUTERS	01/12/09	SL	5.00		16	1,861.				1,861.	1,861.		0.	1,861.
155	ECOLAB SYSTEM	10/15/09	SL	7.00		16	939.				939.	871.		68.	939.
156	DISHWASHER	05/13/09	SL	7.00		16	1,777.				1,777.	1,777.		0.	1,777.
157	COMPUTERS	08/11/10	SL	5.00		HY17	13,779.				13,779.	13,779.		0.	13,779.
159	15 DELL COMPUTERS	08/15/10	SL	5.00		HY17	13,779.				13,779.	13,779.		0.	13,779.
160	DELL COMPUTER	11/18/10	SL	5.00		HY17	1,095.				1,095.	1,095.		0.	1,095.
166	RANGE, WASHER & REFRIGERATOR	02/10/11	SL	7.00		16	1,368.				1,368.	959.		195.	1,154.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
167	MERIT SOFTWARE	06/17/11		36M		HY43	4,874.				4,874.	4,874.		0.	4,874.
192	444 CLINTON GREASE TRAP	06/01/12	SL	7.00		16	1,900.				1,900.	971.		271.	1,242.
195	416 CLINTON BOILER	04/23/13	SL	15.00		16	12,500.				12,500.	2,222.		833.	3,055.
202	(D)KONICA COPIER	09/01/13	SL	5.00		16	19,652.				19,652.	9,170.		3,930.	13,100.
208	444 CLINTON SHREDDER	06/13/14	SL	5.00		16	1,230.				1,230.	390.		246.	636.
209	444 CLINTON NEW STOVE	12/15/14	SL	5.00		16	2,931.				2,931.	635.		586.	1,221.
212	COMPUTER LAPTOP	12/15/14	SL	5.00		16	1,199.				1,199.	260.		240.	500.
218	COMPUTER	04/08/15	SL	5.00		16	1,794.				1,794.	269.		359.	628.
219	WASHER	05/11/15	SL	7.00		16	1,079.				1,079.	103.		154.	257.
220	FLOOR BUFFER	05/18/15	SL	7.00		16	736.				736.	61.		105.	166.
221	COMPUTERS AND SERVER	06/08/15	SL	5.00		16	19,680.				19,680.	2,296.		3,936.	6,232.
223	NEW KONICA COPIER	11/01/16	SL	5.00		16	26,102.				26,102.			870.	870.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						500,280.				500,280.	425,716.		12,401.	438,117.
	TRANSPORTATION EQUIPMENT														
4	2003 FORD VAN	02/28/02	SL	5.00		16	19,226.				19,226.	19,226.		0.	19,226.
8	TOYOTA SIENNA	02/19/09	SL	5.00		16	25,472.				25,472.	25,472.		0.	25,472.
9	FORD E350 VAN	03/20/09	SL	5.00		16	35,101.				35,101.	35,101.		0.	35,101.
10	TRAILER	09/10/10	SL	5.00		HY17	3,500.				3,500.	3,500.		0.	3,500.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
210	2012 MINI VAN	01/28/14	SL	5.00		16	25,000.				25,000.	9,583.		5,000.	14,583.
211	FORD 2013 E350 VAN	05/14/14	SL	5.00		16	23,467.				23,467.	7,822.		4,693.	12,515.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						131,766.				131,766.	100,704.		9,693.	110,397.
	LAND														
106	LAND	01/01/60		.000		HY16	20,000.				20,000.			0.	
107	LAND	01/01/64		.000		HY16	25,000.				25,000.			0.	
108	LAND	01/01/66		.000		HY16	35,569.				35,569.			0.	
	* 990 PAGE 10 TOTAL LAND						80,569.				80,569.	0.		0.	0.
	IMPROVEMENTS														
	OTHER														
25	SHOWER ROOM	06/30/03	SL	20.00		16	3,811.				3,811.	2,403.		191.	2,594.
26	NEW GATE	06/30/03	SL	15.00		16	2,100.				2,100.	1,762.		140.	1,902.
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.	2,910.		90.	3,000.
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.	2,065.		153.	2,218.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
41	IMPROVEMENTS	01/01/71	SL	25.00		16	50,823.				50,823.	50,823.		0.	50,823.
42	IMPROVEMENTS	01/01/80	SL	25.00		16	179.				179.	179.		0.	179.
43	IMPROVEMENTS	01/01/81	SL	25.00		16	5,422.				5,422.	5,422.		0.	5,422.
44	IMPROVEMENTS	01/01/86	SL	25.00		16	14,773.				14,773.	14,773.		0.	14,773.
45	IMPROVEMENTS	01/01/91	SL	25.00		16	4,230.				4,230.	4,228.		2.	4,230.
48	IMPROVEMENTS	02/22/93	SL	15.00		16	249.				249.	249.		0.	249.
49	GATES	07/06/94	SL	15.00		16	1,900.				1,900.	1,900.		0.	1,900.
51	ROOFING	07/22/98	SL	15.00		16	1,298.				1,298.	1,298.		0.	1,298.
52	IMPROVEMENTS	07/01/02	SL	17.00		16	841.				841.	662.		49.	711.
53	PRIOR ASSETS	01/01/75	SL	20.00		16	59,586.				59,586.	59,586.		0.	59,586.
54	IMPROVEMENTS	01/11/91	SL	25.00		16	4,018.				4,018.	4,018.		0.	4,018.
55	IMPROVEMENTS	05/30/92	SL	25.00		16	6,873.				6,873.	6,484.		275.	6,759.
56	IMPROVEMENTS	03/09/93	SL	15.00		16	2,374.				2,374.	2,374.		0.	2,374.
57	IMPROVEMENTS	07/31/93	SL	15.00		16	23,805.				23,805.	23,676.		0.	23,676.
58	ROOFING	07/20/97	SL	15.00		16	4,194.				4,194.	4,194.		0.	4,194.
59	ROOFING	08/19/97	SL	15.00		16	2,717.				2,717.	2,717.		0.	2,717.
60	ROOFING	12/01/97	SL	15.00		16	251.				251.	251.		0.	251.
61	PROGRAM DISPLAY UNIT	07/17/00	SL	5.00		16	4,316.				4,316.	4,316.		0.	4,316.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
62	RANGE HOOD	11/06/00	SL	5.00		16	12,000.				12,000.	11,217.		0.	11,217.
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.	2,476.		78.	2,554.
65	IMPROVEMENTS	05/30/92	SL	25.00		16	325.				325.	307.		13.	320.
66	IMPROVEMENTS	05/30/92	SL	25.00		16	2,811.				2,811.	2,647.		112.	2,759.
67	IMPROVEMENTS	08/31/92	SL	25.00		16	1,557.				1,557.	1,450.		62.	1,512.
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.	12,285.		910.	13,195.



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Asset No.	Description	Date Acquired	Method	Life	Conv 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
80	SHOWER	07/01/04	SL	39.00	MM16	9,106.				9,106.	2,670.		233.	2,903.
81	ROOF REPAIR	12/31/04	SL	39.00	MM16	2,322.				2,322.	662.		60.	722.
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	MM16	21,991.				21,991.	5,899.		564.	6,463.
84	IMPROVEMENTS	07/01/06	SL	39.00	MM16	26,517.				26,517.	6,432.		680.	7,112.
85	IMPROVEMENTS	07/01/07	SL	39.00	MM16	3,000.				3,000.	655.		77.	732.
86	BUILDING IMPROVEMENTS	07/01/07	SL	39.00	MM16	22,643.				22,643.	4,915.		581.	5,496.
87	IMPROVEMENTS	04/23/08	SL	15.00	16	33,363.				33,363.	16,680.		2,224.	18,904.
88	IMPROVEMENTS	05/14/08	SL	39.00	MM16	10,176.				10,176.	1,990.		261.	2,251.
89	IMPROVEMENTS	06/25/08	SL	15.00	16	1,140.				1,140.	570.		76.	646.
90	IMPROVEMENTS	08/26/08	SL	39.00	MM16	11,908.				11,908.	2,250.		305.	2,555.
92	IMPROVEMENTS	12/05/08	SL	15.00	16	11,257.				11,257.	5,626.		750.	6,376.
94	CARPETING - 416	02/15/09	SL	10.00	16	3,090.				3,090.	2,009.		309.	2,318.
95	ROOF REPAIR - 416	08/07/09	SL	39.00	MM16	35,975.				35,975.	5,878.		922.	6,800.
96	FLOORING - 436	07/27/09	SL	10.00	16	5,800.				5,800.	3,770.		580.	4,350.
97	CONCRETE PLATFORM - 436	08/13/09	SL	15.00	16	5,500.				5,500.	2,385.		367.	2,752.
98	PAVING - 444	08/07/09	SL	15.00	16	1,300.				1,300.	565.		87.	652.
100	FLOORING - 416	11/05/09	SL	10.00	16	1,600.				1,600.	1,040.		160.	1,200.

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Asset No.	Description	Date Acquired	Method	Life	Conv 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
101	BLDG IMPROVEMENTS - 435 V	08/11/10	SL	7.00	HY17	6,450.				6,450.	5,066.		921.	5,987.
102	FLOORING - 444	09/20/10	SL	10.00	HY17	11,974.				11,974.	6,584.		1,197.	7,781.
103	BLDG IMPROVEMENTS - 444	12/09/10	SL	7.00	HY17	450.				450.	352.		64.	416.
104	BOILER - 444	12/29/10	SL	7.00	HY17	12,249.				12,249.	9,625.		1,750.	11,375.
165	BOILER	02/03/11	SL	15.00	16	875.				875.	285.		58.	343.
168	POINTING - 416 CLINTON	06/07/11	SL	15.00	16	2,400.				2,400.	733.		160.	893.
169	WINDOWS - 416 CLINTON	08/22/11	SL	39.00	MM16	4,975.				4,975.	555.		128.	683.
170	IMPROVEMENTS - 435 VANDERBILT	10/17/11	SL	39.00	MM16	4,500.				4,500.	479.		115.	594.
171	GATES	07/22/11	SL	15.00	16	3,600.				3,600.	1,060.		240.	1,300.
172	FLOORING	08/09/11	SL	10.00	16	3,600.				3,600.	1,590.		360.	1,950.
173	CARPETING - 435 VANDERBILT	06/02/11	SL	5.00	16	1,701.				1,701.	1,558.		143.	1,701.
174	RENOVATION - 435 VANDERBILT	09/13/11	SL	39.00	MM16	7,002.				7,002.	780.		180.	960.
175	WINDOWS - 436 CLINTON	04/14/11	SL	39.00	MM16	24,500.				24,500.	2,983.		628.	3,611.
176	BOILER - 444 CLINTON	01/27/11	SL	15.00	16	8,047.				8,047.	2,636.		536.	3,172.
177	RENOVATION - 444 CLINTON (CIP)	10/11/11	SL	39.00	MM16	256,499.				256,499.	26,308.		6,577.	32,885.
178	ROOFING - 444 CLINTON (CIP)	11/28/11	SL	39.00	MM16	65,637.				65,637.	6,732.		1,683.	8,415.
179	WINDOWS - 436 CLINTON	06/01/11	SL	39.00	MM16	5,000.				5,000.	587.		128.	715.
180	WINDOWS - 435 VANDERBILT	06/01/11	SL	39.00	MM16	1,500.				1,500.	174.		38.	212.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
181	10 TON ROOF AC UNIT	06/01/11	SL	15.00		16	32,500.				32,500.	9,932.		2,167.	12,099.
182	POINTING - 436 CLINTON	09/06/11	SL	39.00	MM	16	4,000.				4,000.	446.		103.	549.
184	IMPROVEMENTS - PLUMBING - 436 CLINTON	01/01/11	SL	15.00		16	4,400.				4,400.	1,465.		293.	1,758.
188	444 CLINTON CAPITAL IMPROVEMENTS (TRANSFER FROM 416 CLINTON RENOVATION PROJECT	01/01/12	SL	39.00	MM	16	35,795.				35,795.	3,672.		918.	4,590.
194	435 VANDERBILT RENOVATION PROJECT	08/14/13	SL	39.00	MM	16	4,439.				4,439.	275.		114.	389.
197	435 VANDERBILT ELECTRICAL WORK	10/10/13	SL	39.00	MM	16	6,361.				6,361.	367.		163.	530.
198	435 VANDERBILT STAIRWAY	05/16/13	SL	39.00	MM	16	7,500.				7,500.	496.		192.	688.
199	435 VANDERBILT RENOVATION PROJECT	04/01/13	SL	39.00	MM	16	10,494.				10,494.	740.		269.	1,009.
200	436 CLINTON RENOVATION PROJECT-FLOORS	02/22/13	SL	39.00	MM	16	2,994.				2,994.	218.		77.	295.
201	435 VANDERBILT	07/17/14	SL	39.00	MM	16	1,136.				1,136.	41.		29.	70.
203	444 CLINTON; REMOVE & INSTALL NEW CELLAR DOOR	10/15/14	SL	39.00	MM	16	1,300.				1,300.	41.		33.	74.
204	416 CLINTON; WATER HEATER AND ACCESSORIES	10/15/14	SL	39.00	MM	16	2,124.				2,124.	68.		54.	122.
205	COUNTERTOPS	01/13/15	SL	7.00		16	1,412.				1,412.	202.		202.	404.
213	WINDOWS	01/20/15	SL	39.00	MM	16	1,600.				1,600.	38.		41.	79.
214	ELECTRICAL WORK	12/31/15	SL	39.00	MM	16	28,000.				28,000.			718.	718.
215	ELECTRICAL WORK 416	06/01/16	SL	39.00		16	12,000.				12,000.			179.	179.
222	BOILER	11/17/16	SL	15.00		16	2,575.				2,575.			14.	14.
224															

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	* 990 PAGE 10 TOTAL OTHER						1,158,619.				1,158,619.	508,358.		30,965.	539,323.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						1,158,619.				1,158,619.	508,358.		30,965.	539,323.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						2,419,581.				2,419,581.	1,536,276.		60,654.	1,596,930.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,378,904.			0.	2,378,904.	1,536,276.			1,595,867.
	ACQUISITIONS						40,677.			0.	40,677.	0.			1,063.
	DISPOSITIONS						19,652.			0.	19,652.	9,170.			13,100.
	ENDING BALANCE						2,399,929.			0.	2,399,929.	1,527,106.			1,583,830.
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,583,830.			
	ENDING BOOK VALUE											816,099.			

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return <b>TEEN CHALLENGE, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>11-2510315</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	55,771.

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2016 .....	<b>17</b>	4,883.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> .....		

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	60,654.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**27** Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year ...												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2016 tax year:

	:	:			
	:	:			

**43** Amortization of costs that began before your 2016 tax year ..... **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44**

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - TEEN CHALLENGE, INC.

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.
14	BUILDING	010166	SL	20.00	16	375,339.			375,339.	375,339.		0.
185	444 CLINTON, A/C INSTALLATION AND DE	062012	SL	15.00	16	10,061.			10,061.	2,348.		671.
186	AC DONATION 436 CLINTON	070112	SL	15.00	16	20,000.			20,000.	4,666.		1,333.
187	SPRINKLER SYSTEM * 990 PAGE 10 TOTAL	072012	SL	5.00	16	2,180.			2,180.	1,490.		436.
	BUILDINGS FURNITURE & FIXTURES					497,486.		0.	497,486.	473,749.		2,440.
15	CABINETS	092095	SL	5.00	16	1,305.			1,305.	1,305.		0.
16	CABINETS	102194	SL	15.00	16	2,174.			2,174.	2,127.		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.	1,798.		0.
21	FURNITURE	123108	SL	7.00	16	3,200.			3,200.	3,200.		0.
22	BUNK BEDS (16)	060809	SL	7.00	16	2,400.			2,400.	2,400.		0.
23	FURNITURE	050410	SL	7.00	17	2,905.			2,905.	2,283.		415.
24	CARPETING - 444 CHAIRS - 444	072210	SL	5.00	17	500.			500.	500.		0.
162	CLINTON	022411	SL	7.00	16	1,400.			1,400.	967.		200.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - TEEN CHALLENGE, INC.

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
163	CARPETING - 444 CLINTON	022511	SL	5.00	16	1,277.			1,277.	1,233.		44.
164	CARPETING - 435 VANDERBILT	040711	SL	5.00	16	1,352.			1,352.	1,283.		69.
189	435 VANDERBILT, TCMI BUNK BEDS	011912	SL	7.00	16	1,434.			1,434.	803.		205.
190	416 CLINTON ROOM D RUG	082212	SL	5.00	16	1,587.			1,587.	1,057.		317.
191	BUNK BEDS FROM ARMY RESERVE (416)	070112	SL	7.00	16	10,000.			10,000.	5,001.		1,429.
196	416 CLINTON CABINETS	041013	SL	10.00	16	650.			650.	179.		65.
206	435 VANDERBILT BUNK BEDS	081814	SL	7.00	16	5,643.			5,643.	1,075.		806.
207	436 CLINTON NEW COUCH	123114	SL	7.00	16	900.			900.	129.		129.
216	COUCH	070615	SL	7.00	16	1,100.			1,100.	79.		157.
217	BUNK BEDS & MATTRESSES	100515	SL	7.00	16	9,236.			9,236.	330.		1,319.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT					50,861.		0.	50,861.	27,749.		5,155.
110	FIRE ALARM	063003	SL	15.00	17	8,045.			8,045.	6,751.		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.



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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
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.
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.	906.		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.

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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.
145	COMPUTER EQUIPMENT	020708	SL	5.00	16	925.			925.	925.		0.
146	COMPUTER EQUIPMENT	022808	SL	5.00	16	2,170.			2,170.	2,170.		0.
147	COMPUTER EQUIPMENT	100108	SL	5.00	16	1,010.			1,010.	1,010.		0.
148	COMPUTER EQUIPMENT	020708	SL	5.00	16	2,750.			2,750.	2,750.		0.
149	COMPUTER EQUIPMENT	061008	SL	5.00	16	1,503.			1,503.	1,503.		0.
150	SERVER & VIDEO CAMERA	081109	SL	5.00	16	4,226.			4,226.	4,226.		0.
151	AVAYA PHONE SYSTEM	100109	SL	5.00	16	25,316.			25,316.	25,316.		0.
152	FITNESS EQUIPMENT	121509	SL	5.00	16	2,848.			2,848.	2,848.		0.
153	COPIER/FAX	123109	SL	5.00	16	910.			910.	910.		0.
154	COMPUTERS	011209	SL	5.00	16	1,861.			1,861.	1,861.		0.
155	ECOLAB SYSTEM	101509	SL	7.00	16	939.			939.	871.		68.
156	DISHWASHER	051309	SL	7.00	16	1,777.			1,777.	1,777.		0.
157	COMPUTERS	081110	SL	5.00	17	13,779.			13,779.	13,779.		0.
159	15 DELL COMPUTERS	081510	SL	5.00	17	13,779.			13,779.	13,779.		0.
160	DELL COMPUTER	111810	SL	5.00	17	1,095.			1,095.	1,095.		0.
166	RANGE, WASHER & REFRIGERATOR	021011	SL	7.00	16	1,368.			1,368.	959.		195.

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167	MERIT SOFTWARE	061711		36M	43	4,874.			4,874.	4,874.		0.
192	444 CLINTON GREASE TRAP	060112	SL	7.00	16	1,900.			1,900.	971.		271.
195	416 CLINTON BOILER	042313	SL	15.00	16	12,500.			12,500.	2,222.		833.
202	(D)KONICA COPIER	090113	SL	5.00	16	19,652.			19,652.	9,170.		3,930.
208	444 CLINTON SHREDDER	061314	SL	5.00	16	1,230.			1,230.	390.		246.
209	444 CLINTON NEW STOVE	121514	SL	5.00	16	2,931.			2,931.	635.		586.
212	COMPUTER LAPTOP	121514	SL	5.00	16	1,199.			1,199.	260.		240.
218	COMPUTER	040815	SL	5.00	16	1,794.			1,794.	269.		359.
219	WASHER	051115	SL	7.00	16	1,079.			1,079.	103.		154.
220	FLOOR BUFFER	051815	SL	7.00	16	736.			736.	61.		105.
221	COMPUTERS AND SERVER	060815	SL	5.00	16	19,680.			19,680.	2,296.		3,936.
223	NEW KONICA COPIER	110116	SL	5.00	16	26,102.			26,102.			870.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					500,280.		0.	500,280.	425,716.		12,401.
	TRANSPORTATION EQUIPMENT											
42	2003 FORD VAN	022802	SL	5.00	16	19,226.			19,226.	19,226.		0.
8	TOYOTA SIENNA	021909	SL	5.00	16	25,472.			25,472.	25,472.		0.
9	FORD E350 VAN	032009	SL	5.00	16	35,101.			35,101.	35,101.		0.
10	TRAILER	091010	SL	5.00	17	3,500.			3,500.	3,500.		0.

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210	2012 MINI VAN	012814	SL	5.00	16	25,000.			25,000.	9,583.		5,000.
211	FORD 2013 E350 VAN	051414	SL	5.00	16	23,467.			23,467.	7,822.		4,693.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					131,766.		0.	131,766.	100,704.		9,693.
	LAND											
106	LAND	010160		.000	16	20,000.			20,000.			0.
107	LAND	010164		.000	16	25,000.			25,000.			0.
108	LAND	010166		.000	16	35,569.			35,569.			0.
	* 990 PAGE 10 TOTAL LAND					80,569.		0.	80,569.	0.		0.
	IMPROVEMENTS											
	OTHER											
25	SHOWER ROOM	063003	SL	20.00	16	3,811.			3,811.	2,403.		191.
26	NEW GATE	063003	SL	15.00	16	2,100.			2,100.	1,762.		140.
33	WINDOWS	063087	SL	25.00	16	3,000.			3,000.	3,000.		0.
34	IMPROVEMENTS	100491	SL	25.00	16	3,000.			3,000.	2,910.		90.
35	GATES	021894	SL	15.00	16	800.			800.	800.		0.
36	POINTING	070196	SL	15.00	16	7,450.			7,450.	7,450.		0.
37	ROOF	072298	SL	15.00	16	1,298.			1,298.	1,298.		0.
38	IMPROVEMENTS	070102	SL	17.00	16	2,601.			2,601.	2,065.		153.

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41	IMPROVEMENTS	010171	SL	25.00	16	50,823.			50,823.	50,823.		0.
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.	4,228.		2.
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.	662.		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.	4,018.		0.
55	IMPROVEMENTS	053092	SL	25.00	16	6,873.			6,873.	6,484.		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.
60	ROOFING	120197	SL	15.00	16	251.			251.	251.		0.
61	PROGRAM DISPLAY UNIT	071700	SL	5.00	16	4,316.			4,316.	4,316.		0.

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62	RANGE HOOD	110600	SL	5.00	16	12,000.			12,000.	11,217.		0.
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.	2,476.		78.
65	IMPROVEMENTS	053092	SL	25.00	16	325.			325.	307.		13.
66	IMPROVEMENTS	053092	SL	25.00	16	2,811.			2,811.	2,647.		112.
67	IMPROVEMENTS	083192	SL	25.00	16	1,557.			1,557.	1,450.		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.	12,285.		910.

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80	SHOWER	070104	SL	39.00	16	9,106.			9,106.	2,670.		233.
81	ROOF REPAIR	123104	SL	39.00	16	2,322.			2,322.	662.		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.	5,899.		564.
84	IMPROVEMENTS	070106	SL	39.00	16	26,517.			26,517.	6,432.		680.
85	IMPROVEMENTS	070107	SL	39.00	16	3,000.			3,000.	655.		77.
86	BUILDING IMPROVEMENTS	070107	SL	39.00	16	22,643.			22,643.	4,915.		581.
87	IMPROVEMENTS	042308	SL	15.00	16	33,363.			33,363.	16,680.		2,224.
88	IMPROVEMENTS	051408	SL	39.00	16	10,176.			10,176.	1,990.		261.
89	IMPROVEMENTS	062508	SL	15.00	16	1,140.			1,140.	570.		76.
90	IMPROVEMENTS	082608	SL	39.00	16	11,908.			11,908.	2,250.		305.
92	IMPROVEMENTS	120508	SL	15.00	16	11,257.			11,257.	5,626.		750.
94	CARPETING - 416	021509	SL	10.00	16	3,090.			3,090.	2,009.		309.
95	ROOF REPAIR - 416	080709	SL	39.00	16	35,975.			35,975.	5,878.		922.
96	FLOORING - 436	072709	SL	10.00	16	5,800.			5,800.	3,770.		580.
97	CONCRETE PLATFORM - 436	081309	SL	15.00	16	5,500.			5,500.	2,385.		367.
98	PAVING - 444	080709	SL	15.00	16	1,300.			1,300.	565.		87.
100	FLOORING - 416	110509	SL	10.00	16	1,600.			1,600.	1,040.		160.

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101	BLDG IMPROVEMENTS - 435 V	081110	SL	7.00	17	6,450.			6,450.	5,066.		921.
102	FLOORING - 444	092010	SL	10.00	17	11,974.			11,974.	6,584.		1,197.
103	BLDG IMPROVEMENTS - 444	120910	SL	7.00	17	450.			450.	352.		64.
104	BOILER - 444	122910	SL	7.00	17	12,249.			12,249.	9,625.		1,750.
165	BOILER	020311	SL	15.00	16	875.			875.	285.		58.
168	POINTING - 416 CLINTON	060711	SL	15.00	16	2,400.			2,400.	733.		160.
169	WINDOWS - 416 CLINTON	082211	SL	39.00	16	4,975.			4,975.	555.		128.
170	IMPROVEMENTS - 435 VANDERBILT	101711	SL	39.00	16	4,500.			4,500.	479.		115.
171	GATES	072211	SL	15.00	16	3,600.			3,600.	1,060.		240.
172	FLOORING	080911	SL	10.00	16	3,600.			3,600.	1,590.		360.
173	CARPETING - 435 VANDERBILT	060211	SL	5.00	16	1,701.			1,701.	1,558.		143.
174	RENOVATION - 435 VANDERBILT	091311	SL	39.00	16	7,002.			7,002.	780.		180.
175	WINDOWS - 436 CLINTON	041411	SL	39.00	16	24,500.			24,500.	2,983.		628.
176	BOILER - 444 CLINTON	012711	SL	15.00	16	8,047.			8,047.	2,636.		536.
177	RENOVATION - 444 CLINTON (CIP)	101111	SL	39.00	16	256,499.			256,499.	26,308.		6,577.
178	ROOFING - 444 CLINTON (CIP)	112811	SL	39.00	16	65,637.			65,637.	6,732.		1,683.
179	WINDOWS - 436 CLINTON	060111	SL	39.00	16	5,000.			5,000.	587.		128.
180	WINDOWS - 435 VANDERBILT	060111	SL	39.00	16	1,500.			1,500.	174.		38.



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181	10 TON ROOF AC UNIT	060111	SL	15.00	16	32,500.			32,500.	9,932.		2,167.
	POINTING - 436											
182	CLINTON	090611	SL	39.00	16	4,000.			4,000.	446.		103.
	IMPROVEMENTS -											
184	PLUMBING - 436 CLIN	010111	SL	15.00	16	4,400.			4,400.	1,465.		293.
	444 CLINTON CAPITAL											
188	IMPROVEMENTS (TRAN	010112	SL	39.00	16	35,795.			35,795.	3,672.		918.
	416 CLINTON											
194	RENOVATION PROJECT	081413	SL	39.00	16	4,439.			4,439.	275.		114.
	435 VANDERBILT											
197	RENOVATION PROJECT	101013	SL	39.00	16	6,361.			6,361.	367.		163.
	435 VANDERBILT											
198	ELECTRICAL WORK	051613	SL	39.00	16	7,100.			7,100.	470.		182.
	435 VANDERBILT											
199	STAIRWAY	051613	SL	39.00	16	7,500.			7,500.	496.		192.
	435 VANDERBILT											
200	RENOVATION PROJECT	040113	SL	39.00	16	10,494.			10,494.	740.		269.
	436 CLINTON											
201	RENOVATION PROJECT-	022213	SL	39.00	16	2,994.			2,994.	218.		77.
203	435 VANDERBILT	071714	SL	39.00	16	1,136.			1,136.	41.		29.
	444 CLINTON; REMOVE											
204	& INSTALL NEW CELL	101514	SL	39.00	16	1,300.			1,300.	41.		33.
	416 CLINTON; WATER											
205	HEATER AND ACCESSOR	101514	SL	39.00	16	2,124.			2,124.	68.		54.
213	COUNTERTOPS	011315	SL	7.00	16	1,412.			1,412.	202.		202.
214	WINDOWS	012015	SL	39.00	16	1,600.			1,600.	38.		41.
215	ELECTRICAL WORK	123115	SL	39.00	16	28,000.			28,000.			718.
222	ELECTRICAL WORK 416	060116	SL	39.00	16	12,000.			12,000.			179.
224	BOILER	111716	SL	15.00	16	2,575.			2,575.			14.

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	* 990 PAGE 10 TOTAL OTHER					1158619.		0.	1158619.	508,358.		30,965.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS					1158619.		0.	1158619.	508,358.		30,965.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					2419581.		0.	2419581.	1536276.		60,654.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2378904.		0.	2378904.	1536276.		
	ACQUISITIONS					40,677.		0.	40,677.	0.		
	DISPOSITIONS					19,652.		0.	19,652.	9,170.		
	ENDING BALANCE					2399929.		0.	2399929.	1527106.		

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - 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
	BUILDINGS								
12	BUILDING	010160	SL	26.00	22,950.		22,950.	22,950.	0.
13	BUILDING	010164	SL	20.00	66,956.		66,956.	66,956.	0.
14	BUILDING	010166	SL	20.00	375,339.		375,339.	375,339.	0.
	444 CLINTON, A/C INSTALLATION AND								
185	DELIVERY	062012	SL	15.00	10,061.		10,061.	3,019.	671.
186	AC DONATION	070112	SL	15.00	20,000.		20,000.	5,999.	1,333.
187	436 CLINTON SPRINKLER SYSTEM	072012	SL	5.00	2,180.		2,180.	1,926.	254.
	* 990 PAGE 10 TOTAL BUILDINGS				497,486.		497,486.	476,189.	2,258.
	FURNITURE & FIXTURES								
15	CABINETS	092095	SL	5.00	1,305.		1,305.	1,305.	0.
16	CABINETS	102194	SL	15.00	2,174.		2,174.	2,127.	0.
18	CABINETS	022697	SL	10.00	2,000.		2,000.	2,000.	0.
20	FURNITURE	101608	SL	7.00	1,798.		1,798.	1,798.	0.
21	FURNITURE	123108	SL	7.00	3,200.		3,200.	3,200.	0.
22	BUNK BEDS (16)	060809	SL	7.00	2,400.		2,400.	2,400.	0.
23	FURNITURE	050410	SL	7.00	2,905.		2,905.	2,698.	207.
24	CARPETING - 444	072210	SL	5.00	500.		500.	500.	0.
162	CHAIRS - 444 CLINTON	022411	SL	7.00	1,400.		1,400.	1,167.	200.
163	CARPETING - 444 CLINTON	022511	SL	5.00	1,277.		1,277.	1,277.	0.
164	CARPETING - 435 VANDERBILT	040711	SL	5.00	1,352.		1,352.	1,352.	0.
189	435 VANDERBILT, TCM BUNK BEDS	011912	SL	7.00	1,434.		1,434.	1,008.	205.
190	416 CLINTON ROOM D RUG	082212	SL	5.00	1,587.		1,587.	1,374.	213.
191	BUNK BEDS FROM ARMY RESERVE (416)	070112	SL	7.00	10,000.		10,000.	6,430.	1,429.
196	416 CLINTON CABINETS	041013	SL	10.00	650.		650.	244.	65.
206	435 VANDERBILT BUNK BEDS	081814	SL	7.00	5,643.		5,643.	1,881.	806.
207	436 CLINTON NEW COUCH	123114	SL	7.00	900.		900.	258.	129.
216	COUCH	070615	SL	7.00	1,100.		1,100.	236.	157.
217	BUNK BEDS & MATTRESSES	100515	SL	7.00	9,236.		9,236.	1,649.	1,319.
	* 990 PAGE 10 TOTAL FURNITURE &								
	FIXTURES				50,861.		50,861.	32,904.	4,730.
	MACHINERY & EQUIPMENT								
110	FIRE ALARM	063003	SL	15.00	8,045.		8,045.	7,287.	536.
111	FREEZER	010103	SL	5.00	1,000.		1,000.	1,000.	0.

(D) - Asset disposed

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

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - 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
112	REFRIGERATOR	060303	SL	5.00	2,000.		2,000.	2,000.	0.
113	AIR CONDITIONER	063003	SL	5.00	3,000.		3,000.	3,000.	0.
114	REFRIGERATOR	063003	SL	7.00	2,000.		2,000.	2,000.	0.
115	EXERCISE EQUIPMENT	063003	SL	7.00	1,000.		1,000.	1,000.	0.
116	REFRIGERATOR	063003	SL	5.00	2,000.		2,000.	2,000.	0.
117	COMPUTER EQUIPMENT	063003	SL	5.00	5,177.		5,177.	5,064.	0.
118	COMPUTER EQUIPMENT	063003	SL	5.00	4,462.		4,462.	4,462.	0.
119	COMPUTER EQUIPMENT	063003	SL	5.00	10,316.		10,316.	10,316.	0.
120	COMPUTER LAB	063003	SL	5.00	2,966.		2,966.	2,966.	0.
121	SECURITY ALARM	063003	SL	15.00	1,075.		1,075.	978.	72.
123	BOILER	082897	SL	15.00	8,250.		8,250.	8,250.	0.
124	FREEZER	021904	SL	7.00	2,100.		2,100.	2,100.	0.
125	PRIOR ASSETS	010196	SL	5.00	223,898.		223,898.	223,898.	0.
126	AC UNITS	072999	SL	5.00	1,000.		1,000.	1,000.	0.
135	AC UNIT	011793	SL	15.00	6,930.		6,930.	6,930.	0.
136	BOILER	050593	SL	15.00	1,920.		1,920.	1,920.	0.
137	BOILER	103193	SL	15.00	2,000.		2,000.	1,955.	0.
138	FREEZER	022096	SL	15.00	1,800.		1,800.	1,800.	0.
139	COMPUTER	090104	SL	5.00	159.		159.	159.	0.
140	SOUND SYSTEM	111504	SL	7.00	6,767.		6,767.	6,727.	0.
141	COMPUTER	123104	SL	5.00	28,931.		28,931.	28,931.	0.
142	COMPUTER EQUIPMENT	092205	SL	5.00	1,468.		1,468.	1,468.	0.
143	WASHER & DRYER	091406	SL	5.00	1,500.		1,500.	1,500.	0.
144	KITCHEN HOOD	070107	SL	5.00	583.		583.	583.	0.
145	COMPUTER EQUIPMENT	020708	SL	5.00	925.		925.	925.	0.
146	COMPUTER EQUIPMENT	022808	SL	5.00	2,170.		2,170.	2,170.	0.
147	COMPUTER EQUIPMENT	100108	SL	5.00	1,010.		1,010.	1,010.	0.
148	COMPUTER EQUIPMENT	020708	SL	5.00	2,750.		2,750.	2,750.	0.
149	COMPUTER EQUIPMENT	061008	SL	5.00	1,503.		1,503.	1,503.	0.
150	SERVER & VIDEO CAMERA	081109	SL	5.00	4,226.		4,226.	4,226.	0.
151	AVAYA PHONE SYSTEM	100109	SL	5.00	25,316.		25,316.	25,316.	0.
152	FITNESS EQUIPMENT	121509	SL	5.00	2,848.		2,848.	2,848.	0.
153	COPIER/FAX	123109	SL	5.00	910.		910.	910.	0.
154	COMPUTERS	011209	SL	5.00	1,861.		1,861.	1,861.	0.

(D) - Asset disposed

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

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - 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
155	ECOLAB SYSTEM	101509	SL	7.00	939.		939.	939.	0.
156	DISHWASHER	051309	SL	7.00	1,777.		1,777.	1,777.	0.
157	COMPUTERS	081110	SL	5.00	13,779.		13,779.	13,779.	0.
159	15 DELL COMPUTERS	081510	SL	5.00	13,779.		13,779.	13,779.	0.
160	DELL COMPUTER	111810	SL	5.00	1,095.		1,095.	1,095.	0.
166	RANGE, WASHER & REFRIGERATOR	021011	SL	7.00	1,368.		1,368.	1,154.	195.
167	MERIT SOFTWARE	061711		36M	4,874.		4,874.	4,874.	0.
192	444 CLINTON GREASE TRAP	060112	SL	7.00	1,900.		1,900.	1,242.	271.
195	416 CLINTON BOILER	042313	SL	15.00	12,500.		12,500.	3,055.	833.
208	444 CLINTON SHREDDER	061314	SL	5.00	1,230.		1,230.	636.	246.
209	444 CLINTON NEW STOVE	121514	SL	5.00	2,931.		2,931.	1,221.	586.
212	COMPUTER LAPTOP	121514	SL	5.00	1,199.		1,199.	500.	240.
218	COMPUTER	040815	SL	5.00	1,794.		1,794.	628.	359.
219	WASHER	051115	SL	7.00	1,079.		1,079.	257.	154.
220	FLOOR BUFFER	051815	SL	7.00	736.		736.	166.	105.
221	COMPUTERS AND SERVER	060815	SL	5.00	19,680.		19,680.	6,232.	3,936.
223	NEW KONICA COPIER	110116	SL	5.00	26,102.		26,102.	870.	5,220.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				480,628.		480,628.	425,017.	12,753.
	TRANSPORTATION EQUIPMENT								
4	2003 FORD VAN	022802	SL	5.00	19,226.		19,226.	19,226.	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	SL	5.00	3,500.		3,500.	3,500.	0.
210	2012 MINI VAN	012814	SL	5.00	25,000.		25,000.	14,583.	5,000.
211	FORD 2013 E350 VAN	051414	SL	5.00	23,467.		23,467.	12,515.	4,693.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				131,766.		131,766.	110,397.	9,693.
	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 IMPROVEMENTS				80,569.		80,569.	0.	0.

(D) - Asset disposed

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

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - 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
	OTHER								
25	SHOWER ROOM	063003	SL	20.00	3,811.		3,811.	2,594.	191.
26	NEW GATE	063003	SL	15.00	2,100.		2,100.	1,902.	140.
33	WINDOWS	063087	SL	25.00	3,000.		3,000.	3,000.	0.
34	IMPROVEMENTS	100491	SL	25.00	3,000.		3,000.	3,000.	0.
35	GATES	021894	SL	15.00	800.		800.	800.	0.
36	POINTING	070196	SL	15.00	7,450.		7,450.	7,450.	0.
37	ROOF	072298	SL	15.00	1,298.		1,298.	1,298.	0.
38	IMPROVEMENTS	070102	SL	17.00	2,601.		2,601.	2,218.	153.
41	IMPROVEMENTS	010171	SL	25.00	50,823.		50,823.	50,823.	0.
42	IMPROVEMENTS	010180	SL	25.00	179.		179.	179.	0.
43	IMPROVEMENTS	010181	SL	25.00	5,422.		5,422.	5,422.	0.
44	IMPROVEMENTS	010186	SL	25.00	14,773.		14,773.	14,773.	0.
45	IMPROVEMENTS	010191	SL	25.00	4,230.		4,230.	4,230.	0.
48	IMPROVEMENTS	022293	SL	15.00	249.		249.	249.	0.
49	GATES	070694	SL	15.00	1,900.		1,900.	1,900.	0.
51	ROOFING	072298	SL	15.00	1,298.		1,298.	1,298.	0.
52	IMPROVEMENTS	070102	SL	17.00	841.		841.	711.	49.
53	PRIOR ASSETS	010175	SL	20.00	59,586.		59,586.	59,586.	0.
54	IMPROVEMENTS	011191	SL	25.00	4,018.		4,018.	4,018.	0.
55	IMPROVEMENTS	053092	SL	25.00	6,873.		6,873.	6,759.	114.
56	IMPROVEMENTS	030993	SL	15.00	2,374.		2,374.	2,374.	0.
57	IMPROVEMENTS	073193	SL	15.00	23,805.		23,805.	23,676.	0.
58	ROOFING	072097	SL	15.00	4,194.		4,194.	4,194.	0.
59	ROOFING	081997	SL	15.00	2,717.		2,717.	2,717.	0.
60	ROOFING	120197	SL	15.00	251.		251.	251.	0.
61	PROGRAM DISPLAY UNIT	071700	SL	5.00	4,316.		4,316.	4,316.	0.
62	RANGE HOOD	110600	SL	5.00	12,000.		12,000.	11,217.	0.
63	PRIOR ASSETS	010170	SL	15.00	53,565.		53,565.	53,565.	0.
64	IMPROVEMENTS	100191	SL	25.00	2,554.		2,554.	2,554.	0.
65	IMPROVEMENTS	053092	SL	25.00	325.		325.	320.	5.
66	IMPROVEMENTS	053092	SL	25.00	2,811.		2,811.	2,759.	52.
67	IMPROVEMENTS	083192	SL	25.00	1,557.		1,557.	1,512.	45.
68	GATES	011793	SL	15.00	3,032.		3,032.	3,032.	0.

(D) - Asset disposed

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

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- NEXT YEAR FEDERAL - 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
69	GATES	011993	SL	15.00	3,032.		3,032.	3,032.	0.
70	IMPROVEMENTS	043093	SL	15.00	160.		160.	160.	0.
71	IMPROVEMENTS	053193	SL	15.00	6,812.		6,812.	6,812.	0.
72	IMPROVEMENTS	050594	SL	15.00	1,047.		1,047.	1,047.	0.
73	AMP	100794	SL	15.00	1,724.		1,724.	1,695.	0.
74	COND	060995	SL	15.00	2,775.		2,775.	2,775.	0.
75	ROOFING	070297	SL	15.00	4,194.		4,194.	4,194.	0.
76	ROOFING	081997	SL	15.00	1,359.		1,359.	1,359.	0.
77	SIDEWALK	090198	SL	15.00	7,756.		7,756.	7,756.	0.
78	FLOORING	030700	SL	10.00	4,216.		4,216.	4,216.	0.
79	IMPROVEMENTS	070102	SL	17.00	15,473.		15,473.	13,195.	910.
80	SHOWER	070104	SL	39.00	9,106.		9,106.	2,903.	233.
81	ROOF REPAIR	123104	SL	39.00	2,322.		2,322.	722.	60.
82	PRIOR IMPROVEMENTS	010196	SL	39.00	28,941.		28,941.	28,941.	0.
83	IMPROVEMENTS	070105	SL	39.00	21,991.		21,991.	6,463.	564.
84	IMPROVEMENTS	070106	SL	39.00	26,517.		26,517.	7,112.	680.
85	IMPROVEMENTS	070107	SL	39.00	3,000.		3,000.	732.	77.
86	BUILDING IMPROVEMENTS	070107	SL	39.00	22,643.		22,643.	5,496.	581.
87	IMPROVEMENTS	042308	SL	15.00	33,363.		33,363.	18,904.	2,224.
88	IMPROVEMENTS	051408	SL	39.00	10,176.		10,176.	2,251.	261.
89	IMPROVEMENTS	062508	SL	15.00	1,140.		1,140.	646.	76.
90	IMPROVEMENTS	082608	SL	39.00	11,908.		11,908.	2,555.	305.
92	IMPROVEMENTS	120508	SL	15.00	11,257.		11,257.	6,376.	750.
94	CARPETING - 416	021509	SL	10.00	3,090.		3,090.	2,318.	309.
95	ROOF REPAIR - 416	080709	SL	39.00	35,975.		35,975.	6,800.	922.
96	FLOORING - 436	072709	SL	10.00	5,800.		5,800.	4,350.	580.
97	CONCRETE PLATFORM - 436	081309	SL	15.00	5,500.		5,500.	2,752.	367.
98	PAVING - 444	080709	SL	15.00	1,300.		1,300.	652.	87.
100	FLOORING - 416	110509	SL	10.00	1,600.		1,600.	1,200.	160.
101	BLDG IMPROVEMENTS - 435 V	081110	SL	7.00	6,450.		6,450.	5,987.	463.
102	FLOORING - 444	092010	SL	10.00	11,974.		11,974.	7,781.	1,197.
103	BLDG IMPROVEMENTS - 444	120910	SL	7.00	450.		450.	416.	34.
104	BOILER - 444	122910	SL	7.00	12,249.		12,249.	11,375.	874.
165	BOILER	020311	SL	15.00	875.		875.	343.	58.

(D) - Asset disposed

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

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - 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
168	POINTING - 416 CLINTON	060711	SL	15.00	2,400.		2,400.	893.	160.
169	WINDOWS - 416 CLINTON	082211	SL	39.00	4,975.		4,975.	683.	128.
170	IMPROVEMENTS - 435 VANDERBILT	101711	SL	39.00	4,500.		4,500.	594.	115.
171	GATES	072211	SL	15.00	3,600.		3,600.	1,300.	240.
172	FLOORING	080911	SL	10.00	3,600.		3,600.	1,950.	360.
173	CARPETING - 435 VANDERBILT	060211	SL	5.00	1,701.		1,701.	1,701.	0.
174	RENOVATION - 435 VANDERBILT	091311	SL	39.00	7,002.		7,002.	960.	180.
175	WINDOWS - 436 CLINTON	041411	SL	39.00	24,500.		24,500.	3,611.	628.
176	BOILER - 444 CLINTON	012711	SL	15.00	8,047.		8,047.	3,172.	536.
177	RENOVATION - 444 CLINTON (CIP)	101111	SL	39.00	256,499.		256,499.	32,885.	6,577.
178	ROOFING - 444 CLINTON (CIP)	112811	SL	39.00	65,637.		65,637.	8,415.	1,683.
179	WINDOWS - 436 CLINTON	060111	SL	39.00	5,000.		5,000.	715.	128.
180	WINDOWS - 435 VANDERBILT	060111	SL	39.00	1,500.		1,500.	212.	38.
181	10 TON ROOF AC UNIT	060111	SL	15.00	32,500.		32,500.	12,099.	2,167.
182	POINTING - 436 CLINTON	090611	SL	39.00	4,000.		4,000.	549.	103.
184	IMPROVEMENTS - PLUMBING - 436 CLINTON	010111	SL	15.00	4,400.		4,400.	1,758.	293.
188	444 CLINTON CAPITAL IMPROVEMENTS (TRANSFER FROM CIP)	010112	SL	39.00	35,795.		35,795.	4,590.	918.
194	416 CLINTON RENOVATION PROJECT	081413	SL	39.00	4,439.		4,439.	389.	114.
197	435 VANDERBILT RENOVATION PROJECT	101013	SL	39.00	6,361.		6,361.	530.	163.
198	435 VANDERBILT ELECTRICAL WORK	051613	SL	39.00	7,100.		7,100.	652.	182.
199	435 VANDERBILT STAIRWAY	051613	SL	39.00	7,500.		7,500.	688.	192.
200	435 VANDERBILT RENOVATION PROJECT	040113	SL	39.00	10,494.		10,494.	1,009.	269.
201	436 CLINTON RENOVATION PROJECT-FLOORS	022213	SL	39.00	2,994.		2,994.	295.	77.
203	435 VANDERBILT	071714	SL	39.00	1,136.		1,136.	70.	29.
204	444 CLINTON; REMOVE & INSTALL NEW CELLAR DOOR	101514	SL	39.00	1,300.		1,300.	74.	33.
205	416 CLINTON; WATER HEATER AND ACCESSORIES	101514	SL	39.00	2,124.		2,124.	122.	54.
213	COUNTERTOPS	011315	SL	7.00	1,412.		1,412.	404.	202.
214	WINDOWS	012015	SL	39.00	1,600.		1,600.	79.	41.
215	ELECTRICAL WORK	123115	SL	39.00	28,000.		28,000.	718.	718.

(D) - Asset disposed

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- NEXT YEAR FEDERAL - 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
222	ELECTRICAL WORK 416	060116	SL	39.00	12,000.		12,000.	179.	308.
224	BOILER	111716	SL	15.00	2,575.		2,575.	14.	172.
	* 990 PAGE 10 TOTAL OTHER				1158619.		1158619.	539,323.	29,329.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS				1158619.		1158619.	539,323.	29,329.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				2399929.		2399929.	1583830.	58,763.

(D) - Asset disposed

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