Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

		nue Servic		► Information a	bout Form 990	and its instructions	is at www.irs.go	//form990.	TU.	lt lt	nspection	
A F	or th	e 2016	caler	ndar year, or tax year begir	ningOCTOBE	ER 1 , 2016	, and ending S	EPTEMBER	30	, 20	17	
	_	-	C Name	e of organization				D Employer	identifica	tion numb	er	
B c	neck if ap	plicable	TEEN	CHALLENGE OF ARKA	ANSAS, IN	IC		1				
	Addre		Doing business as 71-04203									
	7 T	change	Numb	per and street (or P O box if mail is	not delivered to st	treet address)	Room/suite	E Telephone	number			
	Initial	return	РО В	OX 8177				50	1-624	1-2446		
	Finali	eturn/	City or town, state or province, country, and ZIP or foreign postal code									
	Amen	ied	нот	SPRINGS, AR 71909	9			G Gross rec	eipts \$			
	Applic	ation [and address of principal officer				H(a) Is this a		rn for	Yes X No	
ـــ ــ	_) penda	ן פי	TIM C	ULBRETH - 155 WALNUT VA	LLDY RD: HO	T SPRINGS. AR 71	909	Subordir H(b) Are all si		nclurled?	Yes X No	
<u> </u>	Tax-ex	empt stat		X 501(c)(3) 501(c)() ◀ (insert			- d		t (see instruc		
				teenchallengear.or		(110) 4947(a)(1)	<u> </u>	H(c) Group e		•		
				والشنية والتنابي أنسي والمستحددات والم	Association	Other •	L Year of form			of legal do	micile.	
	ırt I		nmary		Association	Other P	I Lear or form	14(1011	W State	or regar do	- Indie	
				be the organization's mission of	most significa	nt actuation FNANC	ELTZE VND	WIN VOIN	C PEC	ים בותי	TESHS	
	•			LONG WITH THE RELI	-							
inc.	!			BENEFIT FROM THE S			n KEHADILI	IAIION O	1 100	ING I EC	<u> </u>	
ž.	•						ad of more than 20	EO/ of its pot as				
20 18 ctivities & Governance				x > if the organization di							6	
8	J	Numbe		ting members of the governing	bo sovernes b	ine ia) ,			. 4		6	
es				dependent voting members of t							26	
i,				of individuals employed in cale								
Act	7-	Total	umber	of volunteers (estimate if necess	sary)				. 70			
250				ed business revenue from Part V								
		Net uni	related	business taxable income from	Form 990-1, lin	ie 34	· · · · · · · · · · · · · · · · · · · 	Prior Yea		Curr	rent Year	
0		^4I	4	and conta (Dad VIII) loss 4h)			-	613,95			7,536.00	
A DD & Revenue	8	Contrib	outions	and grants (Part VIII, line 1h)			• • • • • • -					
70 20 20 20	9	Prograi	m serv	nce revenue (Part VIII, line 2g)			• • • • • • -	360,06		335	53.00	
~ 8	10	Investr	nent in	come (Part VIII, column (A), line	es 3, 4, and 7d)			4	0.00		52.00	
				e (Part VIII, column (A), lines 5,				074.05	0.00	0.5.5		
EXPENSES CANNED				- add lines 8 through 11 (must				974,05		95 /	7,539.00	
Ī	13			milar amounts paid (Part IX, colu					0.00			
				to or for members (Part IX, colu					0.00			
Co.	15			er compensation, employee bene				329,89	12.00	335	653.00	
en en				fundraising fees (Part IX, column			· · · · · -					
×				sing expenses (Part IX, column (I								
	17	Other 6	expens	es (Part IX, column (A), lines 11	a-11d, 11f-24e	<u>)</u>		636,72			3,397.00	
	18	Total e	xpense	es (Part IX, column (A), lines 11 es. Add lines 13-17 (must equal s expenses Subtract line 18 fron	Part IX, colum	n (A) thre-25 1/EF	<u>₹ · · ·</u>	966,61			,050.00	
F 60		Revenu	ue less	expenses Subtract line 18 from		· / C V L V L L			3.00		3,489.00	
Net Assets or Fund Balances					3023	EED 0 A 2010	(9)	ginning of Curr			of Year	
sset }ala	20			Part X, line 16)	<u>S</u>	FEB 2 0 2018		1,443,50			9,335.00	
Ϋ́В	21			s (Part X, line 26)]	·	<u> </u>	549,39			1,741.00	
				fund balances Subtract line 21	from line 20.	<u>.000: // /// /// </u>	<u>r </u>	894,10	5.00	897	7,594.00	
	rt II			e Block								
Und	der per	nalties of ect. and c	f perjury complete	f, I declare that I have examined the Declaration of preparer (other Mar	is return, includi nofficer) is basec	ng accompanying sched	ules and statement	s, and to the be	st of my	knowledge	and belief, it is	
		T		- 11111			ion proparor nas an	J. A.			. 62	
Sig	n		_/:	Mille				02	/	<u> </u>	10	
Hei			signatui	re of officer				Date				
116	e			CULBRETH, EXECUTIV	E DIRECT	OR		02	/01/1	. 8	 	
		Type or print name and title										
Paic		Print/T	ype pre	eparer's name	Preparer's sign	1 / A /	Date	Check	ıf	PTIN		
	ı parer	R.B	LAKE	RODGERS	11.1186	he Pladgum	02/01/1	8 self-em	ployed	P00	0047389	
	Only	Firm's	name	► TURNER, RODGERS,	MANNING	& PLYLER, P	LLC	Firm's EIN	▶ 71-	085245	59	
		Firm's	address	▶ P.O. BOX 768; A	RKADELPHI	A, AR 71923		Phone no	870	-246-4	4563	
May	the I	RS disc	cuss th	is return with the preparer show	n above? (see i	instructions)		<u> </u>	<u></u> .	. X Y	es No	
For	Pape	rwork F	Reduct	ion Act Notice, see the separat	te instructions.				1	For	m 990 (2016)	



Part	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3	i	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١. ا		.,
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1 _		
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		!	.,
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,] _		.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	,		v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	l	J.
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	77	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable	Čć.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	440	х	
h	complete Schedule D, Part VI	11a		<u> </u>
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		X
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		^
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116	-	_
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	^	
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-	<u> </u>	\vdash
120	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	<u> </u>	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170	-	 ^ -
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and N	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	· · · ·	 	†
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and V	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	··•	 	\ \frac{\lambda}{\lambda}
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		 	<u> </u>
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ''-		 ^
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.0	+^	
	If "Yes," complete Schedule G, Part III	19		X
				<u> </u>

Part	Checklist of Required Schedules (continued)		Yes	No
20 а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	The time of garing attention of the or	20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
		24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			T
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		Ì	
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part V	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	, [Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
33	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		1
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
	and the second s			

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	للل
		2 2	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**	, 4	1 4 7
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	5% 6	, #	(-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	> ^		
	reportable gaming (gambling) winnings to prize winners?	1c		N/A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4 9	<i>30</i> ~	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 26	æi	\$\$ F	77 ** **
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ž Že	in the
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		N/A
b	If "Yes," enter the name of the foreign country. ▶ N/A	***	2 Vg	% <u>3</u> ,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	-1	į l	. ***
	(FBAR)	450	3 .	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		N/A
7	Organizations that may receive deductible contributions under section 170(c).	.a. 2	5	a
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ÍÌ		Ìį,
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ĺ		1
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1 3	1 8.0-	I
	sponsoring organization have excess business holdings at any time during the year?	8		N/A
9	Sponsoring organizations maintaining donor advised funds.	all i	(See)	(6) A
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		N/A
10	Section 501(c)(7) organizations. Enter	Ι,		1 : 1
а			1 1 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			33
11	Section 501(c)(12) organizations. Enter			, ,
а	Gross income from members or shareholders		# J	,# X ;
b	Gross income from other sources (Do not net amounts due or paid to other sources		9 %	4 4
	against amounts due or received from them)	- ×	* * .	× 1 ×
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4 `	, ** **	2 3
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	** *		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		N/A
	Note. See the instructions for additional information the organization must report on Schedule O	* 2	* *	
b	Enter the amount of reserves the organization is required to maintain by the states in which	4.7	1	. * §
	the organization is licensed to issue qualified health plans		, ķ	1
С	Enter the amount of reserves on hand		Å.	333
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u></u> b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		N/A
JSA	10 1 000	Form	990	(2016)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 6	[* ·		
	If there are material differences in voting rights among members of the governing body, or if the governing		,	ı
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	* 26 s	4-	7.683
ь	Enter the number of voting members included in line 1a, above, who are independent	\$ 0	e e	3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 1	Allon Villa	enter
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l
	one or more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	47	·*/	
·	the year by the following:	3 20	* 5	â
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	}	Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ	į
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. Ž	».	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	×	′ `
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
U	rise to conflicts?	12b	X	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule Ohow this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			Ž,
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	1	X
a b		15b		X
U	Other officers or key employees of the organization	13	, 3	.585.
460	·) 🔅 '	***
IDA	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	1 *	X
1	with a taxable entity during the year?		1	**
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1 3		
	organization's exempt status with respect to such arrangements?	16h	1	N/A
Sect	ion C. Disclosure	16b	<u> </u>	1.1/1
17	List the states with which a copy of this Form 990 is required to be filed N/A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	ı 501(c)(3)s	; only)
	available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. 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 in	erest	polic	y, 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 record TIM CULBRETH - 155 WALNUT VALLEY RD; HOT SPRINGS, AR 71909	is:►		

-			
orm.	990	(2016)	

) and	

0 000 (20	<u> </u>										raye
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

	$\overline{}$
Check if Schedule O contains a response or note to any line in this Part VII	J
Check it Schedule O contains a response of note to any line in this Part VII	
and the second desired a coopenies of flote to any line in the fact that it is in the second desired and the second desired and the second desired des	

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	orga	nıza	tion	cor	npens	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	unles	s pe	ition more rson	o o the state of t	an	(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
(1) TIM CULBRETH										
EXECUTIVE DIRECTOR	40	1			Х			38,100.00	0.00	3,853.00
(2) DALE BURROUGHS	1 10	 - -	\vdash		1			30,100.00	0.00	3,033.00
PRESIDENT	2	х		x				0.00	0.00	0.00
(3) STEVE SPAKES	1	 	 	1	_		 			
V-PRESIDENT	2	X		Х				0.00	0.00	0.00
(4) STEVE TRUSTY	 		<u> </u>							
V-PRESIDENT	2	x		X			ļ	0.00	0.00	0.00
(5) BARBARA FERGUSON			\top							
TREASURER/SECRETARY	2	1 x		X	ļ			0.00	0.00	0.00
(6) JAMES BOYD										
DIRECTOR	1	1 x			ļ			0.00	0.00	0.00
(7) BRAD TILLERY										
DIRECTOR	1	x					1	0.00	0.00	0.00
(8)										
(9)		<u> </u>					-			
(10)		-	-		_	_				
(11)			_	<u> </u>	-		_			
(12)	 									
(13)							\vdash			
(14)										

Part VII Section A. Officers, Directors, T	rustees, Key	Em	ploy	ee: (C		nd H	igh	est Compensate	d Employe	es (cor	itinued)		_
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck s pe	ition more	than or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatio related organizati (W-2/1099-N	on from	Estim amou oth comper from organia and re organia	ated int of er isation the zation elated	
(15)													
(16)													
(17)		 					-						
(18)		<u> </u>	<u> </u>										
(19)											-		
(19)		-	<u> </u>				ļ						_
(20)		1											
(21)													
(22)					 								
(23)			-										
(24)		-		-	+-	1	ļ						
		-			<u> </u>								
(25)		-											
1b Sub-total	II, Section A		· ·	· ·	 		▶	38,100.00				853.0 853.0	
2 Total number of individuals (including bureportable compensation from the organization)		o tho	se li	ste	d at	oove)	who	o received more th	nan \$100,0	UU OT			
 3 Did the organization list any former employee on line 1a? If "Yes," complete So 4 For any individual listed on line 1a, is organization and related organizations individual 5 Did any person listed on line 1a receive for services rendered to the organization? 	the sum of rost the sum of rost greater that the contraction of the co	eporta eporta in \$1 compe	able 150, ensa	cor 000 	mpe)? 	ensati If "Y 	on es,"	and other compe complete Sched	nsation from dule J for tion or indi	the such	3	* 23	X
Section B. Independent Contractors 1 Complete this table for your five highest	compensated	linde	pend	den	t cc	ntrac	tors	that received mo	re than \$10	00.00	 of		_
compensation from the organization Rep													
(A) Name and business	s address							(B) Description of s	ervices	c	(C) Compensa	ation	
NONE							1						_
							_						_
Total number of independent contractive received more than \$100,000 of compensions.							to	those listed ab	ove) who			,	
JSA 6E1050 1 000										<u> </u>	Form	90 (2	316

Par	t VIII	-						, ago o
;		• Check if Schedule O co	ntains a respon	ise or note to ai	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included Noncash contributions included I Total. Add lines 1a-1f	1b 1c 1d 1d ttions) . 1e grants, l above . 1f	61,367.00 556,169.00	617,536.00			
Program Service Revenue	2a b c d e f	CONTRACT SERVICES INDUCTION FEES THRIFT SHOP SALES All other program service rev	S S enue	811000 623990 453310	107,052.00 41,865.00 191,034.00 339,951.00	41,865.00 191,034.00		
	3	Total. Add lines 2a-2f Investment income (income)	cluding dividen		339,951.00			<u> </u>
	4 5	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds . ►	52.00	\$0.75g \$ 2g on a "\$350.50c		
	6a b c	Gross rents						
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Secunties	(II) Other				
evenue	c d 8a	Gain or (loss)	ising					
Other Revenue	b c	See Part IV, line 18 Less: direct expenses Net income or (loss) from fu	a b Indraising events					
	9a b c	Gross income from gaming See Part IV, line 19 Less direct expenses Net income or (loss) from g	a					
	10a	Gross sales of inventoreturns and allowances	ory, less					
,	C	Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenu	les of inventory.					, , , , , , , , , , , , , , , , , , ,
	11a b c							
	d e 12	All other revenue Total. Add lines 11a-11d . Total revenue. See instruction			957,539.00	339,951.00		- p & i

	rt IX Statement of Functional Expenses		Au		
Sec	tion 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp			(C)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			}	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign]			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	41,953.00	35,660.00	4,195.00	2,098.00
6	Compensation not included above, to disqualified	_			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	265,621.00	220,641.00	28,082.00	16,898.00
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,263.00	2,263.00	0.00	0.00
10	Payroll taxes	25,816.00	21,943.00	2,582.00	1,291.00
11					
	Management . , ,				
	Legal	14,892.00	11 014 00	2,978.00	0.00
	Accounting	14,092.00	11,914.00	2,378.00	0.00
	Lobbying				
	Professional fundraising services See Part IV, line 17. Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	49,842.00	32,417.00	14,679.00	2,746.00
14	Information technology				
15	Royalties				
16	Occupancy	108,657.00	104,388.00	4,269.00	F 020 00
17	Travel	50,549.00	42,092.00	3,419.00	5,038.00
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	15,642.00	13,879.00	1,175.00	588.00
20	Interest	21,049.00	21,049.00	1,1,0.00	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,211.00	64,211.00	0.00	0.00
23	Insurance	64,337.00	64,337.00	0.00	0.00
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	OUTREACH/MISSIONS	37,598.00	37,598.00	0.00	0.00
t	HOME SUPPLIES/EQUIPMENT COST OF STUDENT SERVICES	12,165.00	12,165.00	0.00	0.00
C	FUNDRAISING	81,649.00	81,649.00	0.00	0.00
C	All other expenses MISCELLANEOUS	46,566.00	21,588.00	0.00	24,978.00
	Total functional expenses. Add lines 1 through 24e	51,240.00 954,050.00	51,240.00 839,034.00	0.00	0.00
_	Joint costs. Complete this line only if the	934,030.00	039,034.00	01,379.00	53,637.00
-	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🦳 if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X Balance Sheet

Part	X	· Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X	• • •	<u> </u>
			(A) Beginning of year		(B) End of year
7	1	Cash - non-interest-bearing	98,063.00	1	128,683.00
	2	Savings and temporary cash investments	74,670.00	2	47,890.00
Ì	3	Pledges and grants receivable, net	8,975.00	3	12,148.00
	4	Accounts receivable, net		4	
-	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L 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 instructions). Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,762.00	9	7,268.00
1	10 a	Land, buildings, and equipment, cost or			
		other basis Complete Part VI of Schedule D 10a 2,245,148.00			
	b	Less accumulated deprecation	1,249,733.00	10c	1,203,046.00
1	11	Luciando anda contrata de desta de de accomban		11	
- 1	12	Investments - other securities. See Part V, line 11		12	
1	13	Investments - program-related See Part V, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	300.00	15	300.00
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,399,335.00
$\overline{}$	17	Accounts payable and accrued expenses	28,100.00		9,692.00
- 1	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
١.	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
<u>=</u>		disqualified persons. Complete Part II of Schedule L		22	
ر ات	23	Secured mortgages and notes payable to unrelated third parties	521,298.00		492,049.00
}	24	Unsecured notes and loans payable to unrelated third parties	321,230.00	24	1527015.00
1.	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X			
		· · · · · · · · · · · · · · · · · · ·		25	
,	26	of Schedule D	549,398.00		501,741.00
		Organizations that follow SFAS 117 (ASC 958), check here and	349,330.00		301,741.00
Ses		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	872,922.00	27	876,411.00
Bal:	28	Temporarily restricted net assets	21,183.00	28	21,183.00
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A S	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	894,105.00		897,594.00
	34	Total liabilities and net assets/fund balances	1,443,503.00		1,399,335.00
	 -			, ,,,	Form 990 (2016

Form 99	00 (2016)			Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,539	.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	954	,050	.00
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,489	.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	894	,105	.00
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6_			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	897	,594	.00
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		لل
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ın	İ		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ipiled or			
	reviewed on a separate basis, consolidated basis, or both			1	
	Separate bass Consolidated bass Both consolidated and separate bass				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on a			
	separate basis, consolidated basis, or both		İ		
	Separate bass X Consolidated bass Both consolidated and separate bass				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	_			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s	ountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in	1		
	Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a	 -	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				NT / 70
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits	3b		N/A
			Form	330	(2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Nam	of th	ne organization	-				Employer identific	cation number
TE	EN	CHALLENGE OF ARKANS	SAS, INC				71-0420)376
Pa	τŧΙ	Reason for Public Cha	rity Status (All o	rganizations must o	omplete	e this pa	rt.) See instructions	
The	orga	anization is not a private four			•	•	-	<u> </u>
1	Ш	A church, convention of chu	rches, or associat	ion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	M 9
2		A school described in section	, ,, ,, ,, ,	•	•		, ,	
3		A hospital or a cooperative	·	-				•
4	ل_ا	A medical research organiz	ation operated in o	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated for		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	•					
6	<u> </u>	A federal, state, or local go	_			•		
7		An organization that norma	=		pport fro	om a go	vernmental unit or fro	om the general public
_	_	described in section 170(b)		•				
8		A community trust describe	·		-			
9	Щ.	An agricultural research org		, , ,			•	
		or university or a non-land-g	grant college of ag	riculture (see instruct	ions) Er	nter the r	name, city, and state of	rtne college or
40	[V	university	h	Ab 22 0/ 6 A-		6		
10	X	An organization that normal receipts from activities related	ed to its exempt fi	unctions - subject to	support certain e	xception	ntributions, membersi s, and (2) no more tha	n 331/3 % of its
		support from gross investm	ent income and ur	related business tax	able inco	me (less	s section 511 tax) from	businesses
44		acquired by the organization						
11 12	-	An organization organized a An organization organized a	•	· ·	•			earny out the nurneses
12	<u> </u>	of one or more publicly sup		•				-
		Check the box in lines 12a ti					, , , ,	
а	Г	Type I. A supporting orga	=	= :		-		
а	L_	the supported organizatio	·	•	-		= ' ' '	
		supporting organization				ajority of	the directors of truste	es of the
b	Г	Type II A supporting organization	•			with its	supported organization	on(s) by having
_	L	control or management o	· · · · · · · · · · · · · · · · · · ·				• • •	
		_ organization(s). You must	· · · · -	_	mo sam	C P0.00.	b that control of man	ago trio capportoa
С	[Type III functionally integ	•		ated in co	onnectio	n with land functional	ly integrated with
_	_	its supported organization		- •				iy intogratod tittii,
d		Type III non-functionally		•				ted organization(s)
	-	that is not functionally inte	-		-		• •	
		requirement (see instructi	_	•	-			
е	Γ	Check this box if the orga	•	•				ł, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion	
f	En	iter the number of supported	organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				,
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			·		Yes	No		
(A)						ļ		
(B)			 				i	
								
(C)			,				1	
						ļ		
(D)			į		}			
_					 	 		
(E)								
					+ -	 		
Tot	al							

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on I	ine 5, 7, or 8	of Part I or if the	ne organizatio	n failed to qual	
Sect	ion A. Public Support		ider the tests	noted below, p	nease comple	to r art iii.)	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 /	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(1) 00 10	(0, 20	(0, 20.0		(,)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		1		/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		\				-
Sec	tion B. Total Support			\ /			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	X (c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			1			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						· · · · · · · · · · · · · · · · · · ·
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				\		
11	Total support. Add lines 7 through 10				1		
12	Gross receipts from related activities, etc. (see instructions)			1	12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<i>[.</i>		nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2016 (li	-		• • • •	. 4		<u> </u>
15	Public support percentage from 2015						<u>%</u>
16a	331/3% support test - 2016. If the o	-					re, cneck
ь	this box and stop here. The organizati 331/3% support test - 2015. If the			=	ν,		or more
U	check this box and stop here. The org	-			W		or more,
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part VI how the organization meets						
					-		▶
b	10%-facts-and-circumstances test -					5a, 16b, or 17a,	and line
	15 is 10% or more, and if the org		_			•	
	Explain in Part VI how the organizat	on meets the '	"facts-and-circui	mstances" test.	The organizati	,	•
	supported organization						▶ □
18	Private foundation. If the organization					`	
	instructions					<u></u>	<u></u> ▶ <u></u>
						Schedule A (Fòrm 9	90 or 990-EZ) 2016

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 lf the organization fails to qualify under the tests listed below, please complete Part II.)

Sec:	tion A. Public Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees					l	
	received (Do not include any "unusual grants ")	686,551.00	649,207.00	599,659.00	613,951.00	617,536.00	3,166,904.00
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	260,047.00	191,849.00	321,155.00	360,064.00	339,951.00	1,473,066.00
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the				" "		
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	946,598.00	841,056.00	920,814.00	974,015.00	957,487.00	4,639,970.00
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	154,210.00	154,165.00	79,435.00	80,500.00	185,891.00	654,201.00
þ	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	154,210.00	154,165.00	79,435.00	80,500.00	185,891.00	654,201.00
8	Public support. (Subtract line 7c from						
	line 6.)						3,985,769.00
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	946,598.00	841,056.00	920,814.00	974,015.00	957,487.00	4,639,970.00
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	73.00	52.00	582.00	40.00	52.00	799.00
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						:
	acquired after June 30, 1975						
c	Add lines 10a and 10b	73.00	52.00	582.00	40.00	52.00	799.00
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	946,671.00	841,108.00	921,396.00	974,055.00	957,539.00	4,640,769.00
14	First five years. If the Form 990 is f	or the organization	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop here			<i>.</i>			▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colui	mn (f))		15	85.8860%
16	Public support percentage from 2015 Sche	edule A, Part III, lin	ie 15			16	85.6566%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2016 (li	ne 10c, column (f) divided by line	13, column (f))		17	0.0172 %
18	Investment income percentage from 2015					18	0.0254 %
19 a	331/3% support tests - 2016. If the or					e than 331/3 %,	
	17 is not more than 331/3 %, check th						
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization						
JSA	21 1 000		·				990 or 990-EZ) 2016

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.	AII	Supporting	Organizations
	•	~,,,	oupporting	Organizations

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by α in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	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? If "Yes," provide detail in Part VI.	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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? If "Yes," provide detail in Part VI .	9b		
С	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? If "Yes," provide detail in Part VI .	9c		
10 a	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)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			age C
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
<u>C</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	<u>No</u>
1	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 Part VI 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	1	,	
2	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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the assessment of a section of the section of t		Yes	No
1	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?			
•		1		
2	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	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 Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insection The organization satisfied the Activities Test. Complete line 2 below.	tructi	ons).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		NIc
2	Activities Test. Answer (a) and (b) below.		Yes	140
а	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and howhe organization determined that these activities constituted substantially all of its activities.	2a		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>			
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 Part VI the role played by the organization in this regard	3a 3b		

1 . Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	trust o	n Nov 20, 1970 (explain	n in Part VI) See
Section A - Adjusted Net Income	ations	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(0)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	· · · · · · · · · · · · · · · · · · ·	-
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	-	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	,	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6	= -	·
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	v integr	ated Type III supporting	organization (see
instructions).	, ,-9.	»	J - 3

	le A (Form 990 or 990-EZ) 2016 V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	Page 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets		*	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	· — ·		
$\dot{}$	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
•	Section D, line 7 \$			
	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
<u>b</u>	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if		 -	
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016 Subtract lines 3h			
O	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			ļ
7	Excess distributions carryover to 2017 Add lines 3j			
	and 4c.			
8	Breakdown of line 7	<u> </u>		
a		<u> </u>		
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015,			
e	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
•	
_	

SCHEDULE D (Form 990)

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. Employer identification number

OMB No 1545-0047

Open to Public Inspection

71-0420376

Department of the Treasury Internal Revenue Service Name of the organization TEEN CHALLENGE OF ARKANSAS, INC

Pa			or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	ind donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	 	Yes No
Pa	t I Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec	· []	ion of a historically important land area
	Protection of natural habitat	Preservat	ion of a certified historic structure
2	Preservation of open space	old a gualified conservation contributes	up in the form of a consequence
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	aid a quaimed conservation contribution	Held at the End of the Tax Year
_	Total number of conservation easements		
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in (c		
u	historic structure listed in the National Register.		
3	Number of conservation easements modified, tran		
	tax year ▶		The state of the s
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy reg		pection, handling of
	violations, and enforcement of the conservation ea		- 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspec		
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforci	ng conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	-	ancial statements that describes the
	organization's accounting for conservation easeme	·	41 0: 11
Pa	rt III Organizations Maintaining Collections Complete if the organization answered		
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in ar assets held for public exhibition	its revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the for	ootnote to its financial statements that	describes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition,	education, or research in furtherance of
	public service, provide the following amounts relat	•	> c
	(i) Revenue included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
а	following amounts required to be reported under S Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990. Part X		
Fort	Assets included in Form 990, Part X	- E 000	

Par	t III Organizations Maintainir	g Colle	ctions of	Art, Histo	orical T	reasure	es, or	Other S	Similar Asse	ts (con		<u>d)</u>
3 .	Using the organization's acquisitio	n, access	sion, and o	ther record	ls, check	any of	the fo	ollowing t	hat are a sigi	nificant u	ise o	fits
	collection items (check all that appl	y)										
а	Public exhibition			d	1	r excha	nge pr	ograms				
b	Scholarly research			e	Other							
С	Preservation for future gener											. .
4	Provide a description of the organ	ization's	collections	and expla	in how t	hey furt	her the	e organiz	ation's exemp	t purpos	e in	Part
_	XIII											
5	During the year, did the organization assets to be sold to raise funds rath									Yes		No
Par	t IV Escrow and Custodial Ar			inieu as pai	t or the t	nganiza	tions c	- Chection:	<u></u>	163		
i di	Complete if the organizat 990, Part X, line 21.			s" on Form	990, Pa	art IV, lii	ne 9, d	or reporte	ed an amoun	t on For	m	
1a	Is the organization an agent, truste											
	included on Form 990, Part X?			<i>.</i>					[Yes		No
b	If "Yes," explain the arrangement in	Part XII	I and comp	lete the foll	owing tab	ole:	,					
									Amount			
C	Beginning balance											
d	Additions during the year											
e	Distributions during the year											
7-	Ending balance							adial acco	unt hability?	Yes		No
2a	If "Yes," explain the arrangement in								- 1		-	140
Par		T all All	I. CHECK III	SIG II LIIG GA	piariation	TIAS DEC	sii piov	ded on a	211 AIII			
ı aı	Complete if the organizat	on answ	ered "Yes	on Form	990. Pa	art IV. lii	ne 10.	-				
		·	rent year	(b) Prior		(c) Two			Three years back	(e) Four	years	back
1 a	Beginning of year balance				-							
b	Contributions											
c	Net investment earnings, gains,											
•	and losses									1		
d	Grants or scholarships			I .								
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses									ļ		
g	End of year balance									1		
2	Provide the estimated percentage				e (line 1g,	column	(a)) he	eld as:				
a	Board designated or quasi-endown	nent ▶_		_%								
b	Permanent endowment >	 %	0/									
С	Temporarily restricted endowment		%	1000/								
22	The percentages on lines 2a, 2b, a Are there endowment funds not in				tion that	ara hale	d and a	ndm inictor	ad for the			
Ja	organization by:	ine possi	5331011 01 (1	ie organiza	non mar	are neit	a a liu c	aummister	ed for the	Г	Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									1		
ь	if "Yes" on line 3a(ii), are the relati									3b		
4	Describe in Part XIII the intended in	_		-						<u> </u>		
Pa	rt VI Land, Buildings, and Equ Complete if the organiza						lina 1	10 Coo I	000 D	and V June	10	
	Description of property	lion ans	(a) Cost or	other basis	(b) Cost	or other ba		(c) Accumul	ated 990, Pa	(d) Book va		
			(inves	tment)	` (c	ther)		depreciation				
1 a	Land		6	,501.00		,047.				154,		
b	Buildings				1,649	,994.	00 6	558,141	.00	991,	853	.00
C	Leasehold improvements											
d	Equipment					<u>,335.</u>	_	214,312				.00
Tota	Other	(al)	t ogust 5-	m 000 D=1	199	<u>,271.</u>	00 1	169,649				.00
IOTE	il. Add lines 1a through 1e (Column	(a) musi	r equal ⊢ori	m 990, Part	x, colum	n (B), lin	e 10c.,	<u>/</u>	▶	1,203,	046	.00

Schedule D (Form 990) 2016

JSA 6E1270 1 000

(a) Description of security of cadegory (rest) on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security of cadegory (rest) of security	Part VII		"Yes" on Form 990	Part IV line 11b See Form 990 Part X line 12
(2) Closely-held equity interests (A) (B) (Cherrican (A) (B) (B) (Cherrican (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)		(a) Description of security or category		(c) Method of valuation
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(B) (C) (C) (D) (E) (E) (F) (F) (G) (H) Total (Column (b) must equal Form 990. Part X, col. (B) line 12) ▶ Part XIII (b) must equal Form 990. Part X, col. (B) line 15). Part XIII (b) Book value (c) Method of valuation. (d) Description of investment (b) Book value (c) Method of valuation. (d) Description of investment (e) Book value (c) Method of valuation. (d) Description of investment (e) Book value (c) Method of valuation. (d) Description of investment (e) Book value (c) Method of valuation. (d) Description of investment (e) Book value (c) Method of valuation. (Cost or end-of-year market value (e) Total (Column (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 N, line 11d. See Form 990. Part X, line 15. (a) Description (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 habitity (b) Book value (c) Form 990, Part X, line 15. (a) Description of habitity (b) Book value (c) Form 990, Part X, 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 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 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 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 15. 1. (a) Description of habitity (b) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) B				
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► 492,049.00			-	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 492,049.00				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 492,049.00			-	
		mn (b) must equal Form 000 Part V col (D) line 25 \	402 046	2 00

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

Schedu	le D (Form 990) 2016		Page 4
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	957,539.00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	957,539.00
3	1 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIII)	4.	
c	Add lines 4a and 4b	4c	957,539.00
5 Part	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		957,539.00
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	arn,	
1	Total expenses and losses per audited financial statements	1	954,050.00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1 1	
c	Other losses	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	954,050.00
3	Amounts included on Form 990, Part IX, line 25, but not on line 1		
4		1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b	Cities (Besonbe in the Am.)	4c	
С 5	Add lines 4a and 4b		954,050.00
	XIII Supplemental Information.	10	234,030.00
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V I	ine 4 ⁻ Part X line
2, Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation	

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
•		
<u>.</u>		
		
		

SCHEDULE G (Form 990-or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization					Employer identification	n number
TEE	CHALLENGE OF ARKANSAS,					71-0420376	
Part	Fundraising Activities. Com Form 990-EZ filers are not				"Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization rais				activities Check a	all that apply	
а	X Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grants		
С	X Phone solicitations	g	1	-	ising events		
d	In-person solicitations	-			•		
	Did the organization have a written of or key employees listed in Form 990 If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes X No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
_2					}		
3							
4							
5							
_ _ 6			<u> </u>				
						<u> </u>	
7							
8			 				
9	·						
10		 	 	-	<u> </u>		
		<u> </u>	J	J			
Tota				<u>,, </u>			
3	List all states in which the organizategistration or licensing.	tion is registered o	or licensed	d to solicit	t contributions or	has been notified	it is exempt from
			·				

	gross receipts greater than \$	(a) Event #1 BANQUET/DINNER	(b) Event #2 RALLY/SPORTING	(c) Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
Revenue	1 Gross receipts	. 46,906.00	99,137.00		146,043.00
_	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)	46,906.00	99,137.00		146,043.00
	4 Cash prizes	•			
	5 Noncash prizes				
enses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	. 18,403.00	28,163.00		46,566.00
ō D	8 Entertainment				!
	9 Other direct expenses				
ļ					
	10 Direct expense summary. Add line 11 Net income summary Subtract line 11 Gaming. Complete if the complete than \$15,000 on Form 99	e 10 from line 3, column (d organization answered "Y)	<u> ▶</u>	99,477.00
Pa	11 Net income summary Subtract lir	e 10 from line 3, column (d organization answered "Y)	<u> ▶</u>	99, 477.00 orted more
	11 Net income summary Subtract lire Int III Gaming. Complete if the of than \$15,000 on Form 99	ne 10 from line 3, column (de organization answered "Y 0-EZ, line 6a. (a) Bingo)	t IV, line 19, or repo	99, 477.00 orted more
Revenue	11 Net income summary Subtract lir Int III Gaming. Complete if the c than \$15,000 on Form 99 1 Gross revenue	ne 10 from line 3, column (de) organization answered "YO-EZ, line 6a. (a) Bingo)	t IV, line 19, or repo	99, 477.00 orted more
Revenue	11 Net income summary Subtract lir Int III Gaming. Complete if the orthan \$15,000 on Form 99 1 Gross revenue	ne 10 from line 3, column (d organization answered "Y 0-EZ, line 6a. (a) Bingo)	t IV, line 19, or repo	99, 477.00 orted more
Expenses Revenue	11 Net income summary Subtract lir Int III Gaming. Complete if the orthan \$15,000 on Form 99 1 Gross revenue	ne 10 from line 3, column (d organization answered "Y 0-EZ, line 6a. (a) Bingo)	t IV, line 19, or repo	99, 477.00 orted more
Expenses Revenue	11 Net income summary Subtract line of the following Complete if the of than \$15,000 on Form 99 1 Gross revenue	ne 10 from line 3, column (disrganization answered "YD-EZ, line 6a. (a) Bingo)	t IV, line 19, or repo	99, 477.00 orted more
Expenses Revenue	11 Net income summary Subtract lir Int III Gaming. Complete if the orthan \$15,000 on Form 99 1 Gross revenue	e 10 from line 3, column (d organization answered "Y 0-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	99, 477.00 orted more
Expenses Revenue	11 Net income summary Subtract line of the following Complete if the of than \$15,000 on Form 99 1 Gross revenue	e 10 from line 3, column (d organization answered "Y 0-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	99, 477.00 orted more
Expenses Revenue	11 Net income summary Subtract lir It III Gaming. Complete if the orthan \$15,000 on Form 99 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	ee 10 from line 3, column (dorganization answered "YO-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	99, 477.00 orted more
xpenses Revenue	11 Net income summary Subtract lir Int III Gaming. Complete if the orthan \$15,000 on Form 99 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	re 10 from line 3, column (dorganization answered "Y 0-EZ, line 6a. (a) Bingo Yes% No es 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	t IV, line 19, or report (c) Other gaming Yes% No	46,566.00 99,477.00 orted more (d) Total gaming (add col (a) through col. (c)
Expenses Revenue	11 Net income summary Subtract lir Int III Gaming. Complete if the orthan \$15,000 on Form 99 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line	yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No	t IV, line 19, or report (c) Other gaming Yes% No	99, 477.00 orted more

b If "Yes," explain.

Schedi	ule G (Form 990 or 990-EZ) 2016 Page 3
11	Doe's the organization conduct gaming activities with nonmembers? Yes No
12 .	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
•-	formed to administer charitable gaming?
40	
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ►
	Address ►
	7.00.000
15 2	Does the organization have a contract with a third party from whom the organization receives gaming
154	revenue?
	Tes No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party
	Name ▶
	Address ▶
16	Gaming manager information.
	Name ▶
	Gaming manager compensation ▶ \$
	Canning manager compensation P
	Description of convece provided by
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions.
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?YesNo
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
	spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

TEEN CHALLENGE OF ARKANSAS, INC 71-0420376 FORM 990 PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING. FORM 990 PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS THAT MIGHT ARISE FROM BEING A RELATED PARTY AT THE START OF EACH YEAR. FORM 990 PART VI, SECTION B, LINE 15A: THE SALARY OF THE EXECUTIVE IS DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS.

Name of the Organization	Employer identification number
TEEN CHALLENGE OF ARKANSAS, INC	71-0420376
	-
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