

Jeremy R. Wyler, CPA, PLLC
109 Arnette Street
Aberdeen, NC 28315
910-295-4143

May 10, 2024

CONFIDENTIAL

Adult & Teen Challenge of Sandhills
North Carolina
PO Box 1701
Southern Pines, NC 28388

Dear Board of Directors:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Jeremy R. Wyler, CPA, PLLC

Accepted By: _____

Date: _____

Critical Messages

None

Electronic Filing

None

Informational Messages

- Force field entered with data "2,450.00" on Screen Letter
- Mark to calculate Form 990-T as a single activity is marked; Schedule A will display combined income and expenses; Review worksheets for cumulative amounts, in certain instances only activities coded to the first activity will display. Perform any data entry changes prior to filing.
- Historical Report (990 Return) does not display 2024 column if Tax Projection has not been selected.
- Historical Report (990-T Return) does not display 2024 column if Tax Projection has not been selected.
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Form 4562, Section B may be required; review return for completeness
- One or more contributor name and address are suppressed on Schedule B
- Organization contact email is blank in the electronic record for firm contact information; Organization email is updated on screen Contact
- Exclude Schedule B from income option marked in Contributor Information window (View > Contributor/Officer > Contributor Information)
- 990, Part III total program service revenue does not match 990, Part VIII, line 2g total program service revenue
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Jeremy R. Wyler, CPA', Staff 'Barbara Goodwin'

Missing Data

| | Prior Year Data |
|---|-----------------|
| Functional Expenses | |
| <input checked="" type="checkbox"/> Tot / PS, occupancy | 3,750 |
| <input checked="" type="checkbox"/> Tot / PS, interest expense | 13,333 |
| <input checked="" type="checkbox"/> F/R other fees | 11,243 |
| <input checked="" type="checkbox"/> Tot / PS, advertising | 875 |
| <input checked="" type="checkbox"/> Tot / PS, info technolgy | 9,394 |
| Unrelated Business Income Payments and Estimates | |
| <input checked="" type="checkbox"/> 990-T, 2nd payment amount | 1,790 |
| <input checked="" type="checkbox"/> 990-T, 3rd payment amount | 900 |
| <input checked="" type="checkbox"/> 990-T, 4th payment amount | 900 |
| <input checked="" type="checkbox"/> 990T, treat amounts as paid | X |
| Extensions | |
| <input checked="" type="checkbox"/> Date extension due - 990 | 11/15/23 |
| <input checked="" type="checkbox"/> Date extension due - 990T | 11/15/23 |
| <input checked="" type="checkbox"/> 8868 date for 990 / 990-EZ | 11/15/23 |
| <input checked="" type="checkbox"/> 8868 date for 990-T | 11/15/23 |
| Unrelated Business Income Penalties | |
| <input type="checkbox"/> Prior year tax 990-T | 81 |
| Electronic Filing | |
| <input type="checkbox"/> File ELF extension | X |
| Rent and Royalty Property (Bounce for Recovery) | |
| <input type="checkbox"/> Pt VI, unrelated taxable inc | -544 |
| Balance Sheet - Liabilities and Equity | |
| <input type="checkbox"/> Other liabilities - BOY | 276 |

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

**Adult & Teen Challenge of Sandhills 83-1832406
North Carolina**

| | | |
|--|------------------|--------------------------------|
| Net Asset / Fund Balance at Beginning of Year | | <u>868,957</u> |
| Revenue | | |
| Contributions | <u>1,031,262</u> | |
| Program service revenue | <u>48,002</u> | |
| Investment income | <u>3,427</u> | |
| Capital gain / loss | <u>7,760</u> | |
| Fundraising / Gaming: | | |
| Gross revenue | <u>210,440</u> | |
| Direct expenses | <u>59,439</u> | |
| Net income | <u>151,001</u> | |
| Other income | <u>138,791</u> | |
| Total revenue | | <u>1,380,243</u> |
| Expenses | | |
| Program services | <u>840,475</u> | |
| Management and general | <u>245,062</u> | |
| Fundraising | <u>3,126</u> | |
| Total expenses | | <u>1,088,663</u> |
| Excess / (deficit) | | <u>291,580</u> |
| Changes | | <u>3,590</u> |
| Net Asset / Fund Balance at End of Year | | <u><u>1,164,127</u></u> |

Reconciliation of Revenue

| | |
|--|--------------------------------|
| Total revenue per financial statements | _____ |
| Less: | |
| Unrealized gains | _____ |
| Donated services | _____ |
| Recoveries | _____ |
| Other | _____ |
| Plus: | |
| Investment expenses | _____ |
| Other | _____ |
| Total revenue per return | <u><u>1,380,243</u></u> |

Reconciliation of Expenses

| | |
|---|--------------------------------|
| Total expenses per financial statements | _____ |
| Less: | |
| Donated services | _____ |
| Prior year adjustments | _____ |
| Losses | _____ |
| Other | _____ |
| Plus: | |
| Investment expenses | _____ |
| Other | _____ |
| Total expenses per return | <u><u>1,088,663</u></u> |

| | Beginning | Ending | Differences |
|-------------|-----------------------|-------------------------|-----------------------|
| Assets | <u>1,113,762</u> | <u>1,407,036</u> | |
| Liabilities | <u>244,805</u> | <u>242,909</u> | |
| Net assets | <u><u>868,957</u></u> | <u><u>1,164,127</u></u> | <u><u>295,170</u></u> |

Miscellaneous Information

Amended return _____

Return / extended due date 05/15/24

Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

**Adult & Teen Challenge of Sandhills 83-1832406
North Carolina**

| | | | |
|--|----------------|--------------|----------------|
| Income & Losses (Form 990-T, Sch A) | # of Schedules | <u>1</u> | |
| Income from all activities | | <u>975</u> | |
| Losses from all activities | | | |
| Unrelated business taxable income from all trades | | | <u>975</u> |
| Income Adjustments (Form 990-T, Part I) | | | |
| Disallowed fringe benefits | | | |
| Charitable contributions | | | |
| Net operating loss (prior to 2018) | | | |
| Specific deduction | | <u>1,000</u> | |
| Section 199A Deduction (Trusts Only) | | | |
| Total adjustments | | | <u>(1,000)</u> |
| Unrelated business taxable income | | | <u>975</u> |
| Taxes & Credits (Form 990-T, Part II and III) | | | |
| Regular tax | | | |
| Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities | | | |
| Tax Due | | | |
| Foreign tax credit and other credits | | | |
| General business credits | | | |
| Prior year minimum tax credit | | | |
| Total nonrefundable credits | | | |
| Other taxes | | | |
| Total tax | | | <u>975</u> |
| Payments & Penalties | | | |
| Estimated tax payments and Tax withheld | | | |
| Paid with extension | | | |
| Refundable credits and other payments | | | |
| Payments | | | |
| Net tax due | | | <u>975</u> |
| Estimated tax penalty | | | |
| Interest on late payments | | | |
| Failure to file penalty | | | |
| Failure to pay penalty | | | |
| Penalties | | | |
| Balance due | | | <u>975</u> |
| Total overpayment | | | |
| Overpayment applied to next year's tax | | | |
| Refund | | | <u>975</u> |

Next Year's Estimates

| | |
|--------------|-------|
| 1st quarter | _____ |
| 2nd quarter | _____ |
| 3rd quarter | _____ |
| 4th quarter | _____ |
| Total | _____ |

Miscellaneous Information

Amended return _____
Return / extended due date 05/15/24

Jeremy R. Wyler, CPA, PLLC
109 Arnette Street
Aberdeen, NC 28315
910-295-4143

May 10, 2024

CONFIDENTIAL

Adult & Teen Challenge of Sandhills
North Carolina
PO Box 1701
Southern Pines, NC 28388

Dear Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/23 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Jeremy R. Wyler, CPA, PLLC
109 Arnette Street
Aberdeen, NC 28315

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Your Form 990-T for the tax year ended 12/31/23 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization.

Your Form 990-T is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return.

Your electronically filed 990-T is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized

officer of the organization and returned as soon as possible to:

Jeremy R. Wyler, CPA, PLLC
109 Arnette Street
Aberdeen, NC 28315

Important: Your return will not be filed with the IRS until the signed Form 8879-TE for Form 990-T has been received by this office.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jeremy R. Wyler, CPA, PLLC

Jeremy R. Wyler, CPA, PLLC
109 Arnette Street
Aberdeen, NC 28315
910-295-4143

May 10, 2024

CONFIDENTIAL

Adult & Teen Challenge of Sandhills
North Carolina
PO Box 1701
Southern Pines, NC 28388

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/23.

| | |
|------------|--------------------|
| Amount due | \$ <u>2,450.00</u> |
|------------|--------------------|

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2023, or fiscal year beginning ... 2023, and ending ... 20

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Adult & Teen Challenge of Sandhills North Carolina

EIN or SSN

83-1832406

Name and title of officer or person subject to tax Russ Cambria CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

Table with 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount (1b-10b). Line 1a is checked with amount 1,380,243.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize Jeremy R. Wyler, CPA, PLLC to enter my PIN 35353 as my signature

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return.

Signature of officer or person subject to tax Date 05/07/24

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.

69806710279

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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 Jeremy R. Wyler, CPA Date 05/07/24

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 2023, and ending 20

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

Name of filer

**Adult & Teen Challenge of Sandhills
North Carolina**

EIN or SSN

83-1832406

Name and title of officer or person subject to tax **Russ Cambria
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

| | | | |
|-----------------------------|-------------------------------------|--|-----|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here | <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Jeremy R. Wyler, CPA, PLLC to enter my PIN 35353 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax _____ Date 05/07/24

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.

69806710279

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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 Jeremy R. Wyler, CPA Date 05/07/24

**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

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning , and ending

| | | | |
|--|--|--|---|
| 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 | C Name of organization Adult & Teen Challenge of Sandhills North Carolina | | D Employer identification number 83-1832406 |
| | Doing business as | | E Telephone number 910-947-2944 |
| | Number and street (or P.O. box if mail is not delivered to street address) PO Box 1701 | | Room/suite |
| | City or town, state or province, country, and ZIP or foreign postal code Southern Pines NC 28388 | | G Gross receipts \$ 1,459,156 |
| F Name and address of principal officer: Russ Cambria 8615 Bodkin Ct Charlotte NC 28215 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| I Tax-exempt status: <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 | | | |
| J Website: www.sandhillstc.org | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: |
| | | | M State of legal domicile: |

Part I Summary

| | | |
|---|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: See Schedule O | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 8 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 8 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 14 |
| | 6 Total number of volunteers (estimate if necessary) | 17 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 1,520 |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year: 1,153,628 Current Year: 1,031,262 |
| | 9 Program service revenue (Part VIII, line 2g) | Prior Year: 38,405 Current Year: 48,002 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | Prior Year: 66,169 Current Year: 11,187 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | Prior Year: 289,792 Current Year: 66,169 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | Prior Year: 1,258,202 Current Year: 1,380,243 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | Prior Year: 0 Current Year: 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | Prior Year: 0 Current Year: 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | Prior Year: 461,300 Current Year: 467,079 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | Prior Year: 0 Current Year: 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 3,126 | Prior Year: 475,527 Current Year: 621,584 |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | Prior Year: 936,827 Current Year: 1,088,663 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | Prior Year: 936,827 Current Year: 1,088,663 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | Prior Year: 321,375 Current Year: 291,580 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: 1,113,762 End of Year: 1,407,036 |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year: 244,805 End of Year: 242,909 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | Beginning of Current Year: 868,957 End of Year: 1,164,127 |

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.

| | | | | |
|-----------------------------------|---|-----------------------------|---------------------|--|
| Sign Here | Signature of officer | | Date | |
| | Russ Cambria Type or print name and title | | CEO | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| | Jeremy R. Wyler, CPA | Jeremy R. Wyler, CPA | 05/07/24 | <input checked="" type="checkbox"/> P01904635 |
| | Firm's name | Firm's EIN | Phone no. | |
| Jeremy R. Wyler, CPA, PLLC | | 81-1050152 | 910-295-4143 | |
| Firm's address | | | | |
| 109 Arnette Street | | | | |
| Aberdeen, NC 28315 | | | | |

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:

See Schedule O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ **840,475** including grants of \$) (Revenue \$ **1,079,264**)

We provide a faith-based recovery program where lives are changed. We are committed to rekindling hope, renewing life, and restoring families by reaching out to men and women with life-controlling problems. Funds were spent performing this exempt purpose.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **840,475**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | 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 | | 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | | 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. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | 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 IV | | X |
| 16 | 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? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | | 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 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | 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 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | 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 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | 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 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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> | | |
| 36 | Section 501(c)(3) organizations. 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 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: 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

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | | |
|---|--|------------|-----------|----------|--|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 14 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | X | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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 | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | | |

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 dotted 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) Larry Caddell Chairman | 5.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) Aaron Cooper Board Member | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) Greg Davenport Secretary | 5.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (4) Sal DiBianca Board Member | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) Randall Rogers Vice Chairman | 5.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (6) Tommy Scarboro Board Member | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) Robbie Smith Board Member | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) Doug Withrope Treasurer | 5.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |

| | | | |
|--|--|--|--|
| 1b Subtotal | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | | | |

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**

| | Yes | No |
|--|-----|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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) 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 | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 233,965 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 797,297 | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f | | | 1,031,262 | | | |
| | Program Service Revenue | | | Business Code | | | |
| 2a | | Admission Fees | | 30,500 | 30,500 | | |
| b | | Student Counseling | | 15,852 | 15,852 | | |
| c | | Lab Fees | | 1,650 | 1,650 | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | | 48,002 | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | 3,427 | | 3,427 | |
| | 4 | | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | | Royalties | | | | |
| | 6a | Gross rents | (i) Real | 8,550 | 12,444 | | |
| | | | (ii) Personal | | | | |
| | | | 6a | | | | |
| | b | Less: rental expenses | 6b | | 19,474 | | |
| | c | Rental inc. or (loss) | 6c | 8,550 | -7,030 | | |
| | d Net rental income or (loss) | | | 1,520 | | 1,520 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | 7,760 | | |
| | | | (ii) Other | | | | |
| | | | 7a | | | | |
| | b | Less: cost or other basis and sales exps. | 7b | | | | |
| | c | Gain or (loss) | 7c | | 7,760 | | |
| | d Net gain or (loss) | | | 7,760 | 7,760 | | |
| 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | 210,440 | | | | |
| | | b | Less: direct expenses | 8b | 59,439 | | |
| | | c Net income or (loss) from fundraising events | | | 151,001 | | 151,001 |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | b | Less: direct expenses | 9b | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | | b | Less: cost of goods sold | 10b | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | Food Stamps | 900099 | 91,684 | | 91,684 | |
| | b | ERC Refund | 900099 | 35,716 | | 35,716 | |
| | c | Insurance Claims Funds | 900099 | 9,371 | | 9,371 | |
| | d | All other revenue | 900099 | 500 | | 500 | |
| e Total. Add lines 11a-11d | | | 137,271 | | | | |
| 12 Total revenue. See instructions | | | 1,380,243 | 55,762 | 1,520 | 291,699 | |

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

| 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 | | | | |
| 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 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | 366,047 | 366,047 | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 69,429 | 69,429 | | |
| 10 Payroll taxes | 31,603 | 31,603 | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 646 | | 646 | |
| c Accounting | 10,200 | | 10,200 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 88 | | 88 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 800 | | 800 | |
| 12 Advertising and promotion | 7,140 | | 7,140 | |
| 13 Office expenses | 26,120 | | 22,994 | 3,126 |
| 14 Information technology | 10,769 | | 10,769 | |
| 15 Royalties | | | | |
| 16 Occupancy | 101,657 | | 101,657 | |
| 17 Travel | 47,319 | 47,319 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 5,030 | | 5,030 | |
| 20 Interest | 11,271 | | 11,271 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 140,232 | 140,232 | | |
| 23 Insurance | 44,913 | | 44,913 | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Student Direct Costs | 140,770 | 140,770 | | |
| b Graduate Program Stipend | 33,866 | 33,866 | | |
| c Donations and Contributions | 8,335 | 8,335 | | |
| d Vehicle Expenses | 7,646 | | 7,646 | |
| e All other expenses | 24,782 | 2,874 | 21,908 | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,088,663 | 840,475 | 245,062 | 3,126 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 | |
|------------------------------------|--|---|---------------|--------------------|-----------|
| Assets | 1 | Cash—non-interest-bearing | 369,336 | 1 | 477,140 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 377 | 4 | 19,542 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 9,615 | 9 | 10,534 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,126,142 | | |
| | b | Less: accumulated depreciation | 10b 226,964 | 10c | 899,178 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | 642 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,113,762 | 16 | 1,407,036 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 2,714 | 17 | 5,469 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 242,091 | 24 | 237,127 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | 313 |
| | 26 | Total liabilities. Add lines 17 through 25 | 244,805 | 26 | 242,909 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 868,957 | 27 | 1,164,127 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances | 868,957 | 32 | 1,164,127 | |
| 33 | Total liabilities and net assets/fund balances | 1,113,762 | 33 | 1,407,036 | |

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 | 1,380,243 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,088,663 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 291,580 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 868,957 |
| 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 on Schedule O) | 9 | 3,590 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,164,127 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----------|
| 1 | 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 on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? 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 | | X |
| 2c | 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

| Property Type | Date | Business % | Cost | Depr Basis | Period | Method | Deduction | Section 179 |
|-----------------------|----------|------------|-------------------|------------------|--------|---------|---------------|-------------|
| Vehicle | 1/24/23 | 100.00 | \$ 3,000 | \$ 600 | 5.0 | 200DBMQ | \$ 210 | \$ |
| 2023 12 Passenger Van | 11/16/23 | 100.00 | 56,602 | 36,402 | 5.0 | 200DBMQ | | |
| 2023 Ford Transit 350 | 12/22/23 | 100.00 | 53,868 | 33,668 | 5.0 | 200DBMQ | | |
| Total | | | <u>\$ 113,470</u> | <u>\$ 70,670</u> | | | <u>\$ 210</u> | <u>\$ 0</u> |

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

| | |
|---|---|
| Name of the organization Adult & Teen Challenge of Sandhills North Carolina | Employer identification number 83-1832406 |
|---|---|

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).)
- 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 on 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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test — 2022. 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 stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2023. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2022. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | 849,207 | 1,153,628 | 1,031,262 | 3,034,097 |
| 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 | | | 23,250 | 38,405 | 48,002 | 109,657 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | 101,047 | 108,360 | 347,711 | 557,118 |
| 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 | | | 973,504 | 1,300,393 | 1,426,975 | 3,700,872 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 3,700,872 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|-----------|-----------|-----------|
| 9 Amounts from line 6 | | | 973,504 | 1,300,393 | 1,426,975 | 3,700,872 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | 3,427 | 3,427 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | 411 | 411 |
| c Add lines 10a and 10b | | | | | 3,838 | 3,838 |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | 4,386 | 413 | | 4,799 |
| 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.) | | | 977,890 | 1,300,806 | 1,430,813 | 3,709,509 |
| 14 First 5 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.77 % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 99.79 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | % |

- 19a 33 1/3% support tests — 2023.** 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 — 2022.** 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on 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> | | |
| c Did a disqualified person (as defined on 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> | | |
| 10a 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 line 10b below.</i> | | |
| 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 |
|-----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | | |
| b | A family member of a person described on line 11a above? | | |
| 11b | | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11c | | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |
| 2 | | | |

Section 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)? <i>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).</i> | | |
| 1 | | | |

Section D. All Type III Supporting Organizations

| | | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | | |
| 3 | By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|----|--|---|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> | The organization satisfied the Activities Test. Complete line 2 below. | |
| b | <input type="checkbox"/> | The organization is the parent of each of its supported organizations. Complete line 3 below. | |
| c | <input type="checkbox"/> | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | | Yes | No |
| a | 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? <i>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 how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| 2a | | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | |
| 2b | | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | 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>If "Yes" or "No," provide details in Part VI.</i> | | |
| 3a | | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | | |

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.

| Section A – Adjusted Net Income | | (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 | 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 (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 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 0.85 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 integrated Type III supporting organization (see instructions).

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

| Section D – Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 Amounts paid to acquire exempt-use assets | 4 |
| 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 Other distributions (describe in Part VI). See instructions. | 6 |
| 7 Total annual distributions. Add lines 1 through 6. | 7 |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

| | |
|---|---|
| Name of the organization Adult & Teen Challenge of Sandhills North Carolina | Employer identification number 83-1832406 |
|---|---|

Organization type (check one):

| | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

Adult & Teen Challenge of Sandhills

Employer identification number

83-1832406

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 | | \$ 8,301 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Adult & Teen Challenge USA PO Box 249 Ozark MO 65721 | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Allegiance Contracting Group 7413 Six Forks Road Raleigh NC 27615 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | Brownson Memorial Presbyterian Church 330 S May St Southern Pines NC 28387 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | Carolina Blueberry Group | \$ 41,548 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Adult & Teen Challenge of Sandhills

Employer identification number

83-1832406

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 | | \$ 6,650 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | Covenant Love Church 420 Dunn Road Fayetteville NC 28312 | \$ 22,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | Cross Assembly 2660 Yonkers Road Raleigh NC 27604 | \$ 6,600 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | First Assembly of God Asheboro 909 Meadowbrook Road Asheboro NC 27203 | \$ 20,590 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | Focus Church 7000 Destiny Drive Raleigh NC 27604 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Adult & Teen Challenge of Sandhills

Employer identification number

83-1832406

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 |
|------------|---|----------------------------|---|
| 13 | General Council of the Assemblies of 1445 N Booneville Ave Springfield MO 65802 | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 10,001 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | Grace Church 1519 Luther Way Southern Pines NC 28387 | \$ 21,200 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 11,600 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | James & Amy Chapman Family Fund 1903 Strathsire Hall Lane Powell OH 43065 | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | | \$ 11,120 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Adult & Teen Challenge of Sandhills

Employer identification number

83-1832406

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 |
|------------|--|----------------------------|---|
| 19 | | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | Life Springs Church, Inc 3215 Keller Andrews Road Sanford NC 27330 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | Lockman Foundation | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Adult & Teen Challenge of Sandhills

Employer identification number

83-1832406

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 |
|------------|--|----------------------------|---|
| 25 | | \$ 12,274 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | Multiply Church 150 Warren C Coleman Blvd Concord NC 28027 | \$ 18,027 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | North Carolina Asemblies of God 2660 Yonkers Road Suite 130 Raleigh NC 27604 | \$ 6,788 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | Proscapes PO Box 4780 Pinehurst NC 28374 | \$ 94,739 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | | \$ 8,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Adult & Teen Challenge of Sandhills

Employer identification number

83-1832406

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 |
|------------|---|----------------------------|---|
| 31 | Royal Oaks Baptist Church 904 Texas St Kannapolis NC 28083 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | Sandhills Center for MH/DD/SAS PO Box 9 West End NC 27376 | \$ 204,879 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | The Village Chapel, Inc. 10 Azalea Road Pinehurst NC 28374 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | | \$ 9,912 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | United Contracting & Roofing, LLC PO Box 1785 Clarkesville GA 30523 | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | Victory Church 2825 S Wilmington Street Raleigh NC 27603 | \$ 6,315 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Adult & Teen Challenge of Sandhills North Carolina

Employer identification number

83-1832406

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 values, and yes/no questions about donor advisement.

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, total number, acreage, and monitoring details.

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 reporting requirements for 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 make 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 program
- 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.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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** Term 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:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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 | | 165,997 | | 165,997 |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 960,145 | 226,964 | 733,181 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 899,178 |

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) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | | |

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) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

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) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

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) Sales Tax Payable | 313 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 313 |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

**Adult & Teen Challenge of Sandhills
North Carolina**

Employer identification number

83-1832406

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|--|---|---|---|--|
| | | <u>Fair Barn May E</u> <small>(event type)</small> | <u>Christmas Banqu</u> <small>(event type)</small> | <u>3</u> <small>(total number)</small> | <small>(add col. (a) through col. (c))</small> |
| Revenue | 1 Gross receipts | 38,600 | 86,278 | 85,062 | 209,940 |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 38,600 | 86,278 | 85,062 | 209,940 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 12,583 | 21,295 | 20,577 | 54,455 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 54,455 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 155,485 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|-------------------------------|---|---|---|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

| | | |
|--------------------------|---|---|
| Name of the organization | Adult & Teen Challenge of Sandhills North Carolina | Employer identification number 83-1832406 |
|--------------------------|---|---|

Form 990 - Organization's Mission or Most Significant Activities

Teen Challenge is the home of the faith-based recovery program where lives are changed. We are committed to rekindling hope, renewing life, and restoring families by reaching out to men and women with life-controlling problems.

Form 990 - Organization's Mission

Teen Challenge is the home of the faith-based recovery program where lives are changed. We are committed to rekindling hope, renewing life, and restoring families by reaching out to men and women with life-controlling problems.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

If a board member feels there is a conflict of interest, they are to inform the chairman of the board. The board monitors the compliance policy annually but will investigate any perceived conflicts during the year.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Tax Refund **\$ 3,590**

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____ and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| | | |
|--|---|---|
| A <input type="checkbox"/> Check box if address changed. | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Adult & Teen Challenge of Sandhills North Carolina | D Employer identification number 83-1832406 |
| B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 1701 | E Group exemption number (see instructions) |
| | City or town, state or province, country, and ZIP or foreign postal code Southern Pines NC 28388 | F <input type="checkbox"/> Check box if an amended return. |
| | C Book value of all assets at end of year 1,407,036 | |

| | |
|----------------------------------|---|
| G Check organization type | <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university |
| | <input type="checkbox"/> 6417(d)(1)(A) Applicable entity |

| | |
|--|---|
| H Check if filing only to claim | <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800 |
|--|---|

| | |
|---|--------------------------|
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation | <input type="checkbox"/> |
|---|--------------------------|

| | |
|--|----------|
| J Enter the number of attached Schedules A (Form 990-T) | 1 |
|--|----------|

| | |
|--|---|
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes," enter the name and identifying number of the parent corporation | |

| | |
|---|--------------------------------------|
| L The books are in care of Russ Cambria | Telephone number 910-947-2944 |
|---|--------------------------------------|

Part I Total Unrelated Business Taxable Income

| | | | |
|----|--|----|-------|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 975 |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | 975 |
| 4 | Charitable contributions (see instructions for limitation rules) | 4 | |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 975 |
| 6 | Deduction for net operating loss. See instructions | 6 | 0 |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 975 |
| 8 | Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000 |
| 9 | Trusts. Section 199A deduction. See instructions | 9 | |
| 10 | Total deductions. Add lines 8 and 9 | 10 | 1,000 |
| 11 | Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0 |

Part II Tax Computation

| | | | |
|---|--|---|---|
| 1 | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0 |
| 2 | Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | 0 |
| 3 | Proxy tax. See instructions | 3 | |
| 4 | Other tax amounts. See instructions | 4 | |
| 5 | Alternative minimum tax | 5 | |
| 6 | Tax on noncompliant facility income. See instructions | 6 | |
| 7 | Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0 |

Part III Tax and Payments

| | | | |
|----|--|----|---|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | |
| b | Other credits (see instructions) | 1b | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | |
| e | Total credits. Add lines 1a through 1d | 1e | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | |
| 3a | Amount due from Form 4255 | 3a | |
| b | Amount due from Form 8611 | 3b | |
| c | Amount due from Form 8697 | 3c | |
| d | Amount due from Form 8866 | 3d | |
| e | Other amounts due (see instructions) | 3e | |
| f | Total amounts due. Add lines 3a through 3e | 3f | |
| 4 | Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | 0 |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | |

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments (continued)

| | | |
|---|-----------|----------|
| 6a Payments: Preceding year's overpayment credited to the current year | 6a | |
| b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | |
| c Tax deposited with Form 8868 | 6c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e Backup withholding (see instructions) | 6e | |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g Elective payment election amount from Form 3800 | 6g | |
| h Payment from Form 2439 | 6h | |
| i Credit from Form 4136 | 6i | |
| j Other (see instructions) | 6j | |
| 7 Total payments. Add lines 6a through 6j | 7 | |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | 0 |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded | 11 | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | Yes | No |
|---|-----------------------------------|----------|
| 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | X |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| Business Activity Code | Available post-2017 NOL carryover | |
| 532000 | \$ | 545 |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| 6a Reserved for future use | | |
| b Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

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

Signature of officer Date Title
CEO

Paid Preparer Use Only

| | | | | |
|--|---|-------------------------|---|--------------------------|
| Print/Type preparer's name Jeremy R. Wyler, CPA | Preparer's signature Jeremy R. Wyler, CPA | Date 05/07/24 | Check <input type="checkbox"/> if self-employed | PTIN P01904635 |
| Firm's name Jeremy R. Wyler, CPA, PLLC | Firm's EIN 81-1050152 | | Phone no. 910-295-4143 | |
| Firm's address 109 Arnette Street Aberdeen, NC 28315 | | | | |

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| | |
|---|--|
| A Name of the organization Adult & Teen Challenge of Sandhills | B Employer identification number 83-1832406 |
| C Unrelated business activity code (see instructions) 532000 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **Bounce For Recovery**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|------------------|--------------|---------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) See Stmt 1 | 12 20,994 | | 20,994 |
| 13 Total. Combine lines 3 through 12 | 13 20,994 | | 20,994 |

| Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | 7 | 8a | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|----------|-----------|-----------|-----------|----|----|----|----|----|----|----|--------|
| 1 Compensation of officers, directors, and trustees (Part X) | | | 1 | | | | | | | | | |
| 2 Salaries and wages | | | 2 | | | | | | | | | |
| 3 Repairs and maintenance | | | 3 | | | | | | | | | |
| 4 Bad debts | | | 4 | | | | | | | | | |
| 5 Interest (attach statement). See instructions | | | 5 | | | | | | | | | |
| 6 Taxes and licenses | | | 6 | | | | | | | | | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | | | | | | | | | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | | 8a | | 8b | | | | | | | | 0 |
| 9 Depletion | | | 9 | | | | | | | | | |
| 10 Contributions to deferred compensation plans | | | 10 | | | | | | | | | |
| 11 Employee benefit programs | | | 11 | | | | | | | | | |
| 12 Excess exempt expenses (Part VIII) | | | 12 | | | | | | | | | |
| 13 Excess readership costs (Part IX) | | | 13 | | | | | | | | | |
| 14 Other deductions (attach statement) See Statement 2 | | | 14 | | | | | | | | | 19,474 |
| 15 Total deductions. Add lines 1 through 14 | | | 15 | | | | | | | | | 19,474 |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | 16 | | | | | | | | | 1,520 |
| 17 Deduction for net operating loss. See instructions | | | 17 | | | | | | | | | 545 |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | | 18 | | | | | | | | | 975 |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

| | | | | | |
|---|---|---|---|---|---|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Rent received or accrued | A | B | C | D |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | | | | |
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |
| 5 | Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | | | | |

Part V Unrelated Debt-Financed Income (see instructions)

| | | | | | |
|----|---|---|---|---|---|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Gross income from or allocable to debt-financed property | A | B | C | D |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | |
| 11 | Total dividends — received deductions included in line 10 | | | | |

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organization | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|--|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|--|----------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

| <u>Activity Description</u> | <u>UBIT Num</u> | <u>Available Carryover</u> |
|---------------------------------|-----------------|--------------------------------|
| Bounce For Recovery | 532000 | \$ <u>545</u> |
| Total | | \$ <u><u>545</u></u> |

Bounce For Recovery**Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income**

| Description | Amount |
|---------------------|------------------|
| Bounce for Recovery | \$ 12,444 |
| Verizon Tower | 8,550 |
| Total | \$ <u>20,994</u> |

Bounce For Recovery**Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions**

| Deduction Description | Deduction Amount |
|--------------------------|---------------------|
| Bank Charges | \$ 5 |
| Charitable Deductions | 6,000 |
| Credit Card Fees | 547 |
| Meals | 154 |
| Office Supplies | 175 |
| Other Fees | 13 |
| Taxes and Licenses | 1,600 |
| Travel | 900 |
| Insurance | 8,524 |
| Supplies | 681 |
| Legal Fees | 875 |
| Total | \$ <u>19,474</u> |

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return **Adult & Teen Challenge of Sandhills
North Carolina**

Identifying number
83-1832406

Business or activity to which this form relates

Indirect Depreciation

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) | 1 | 1,160,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,890,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2022 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 | 13 | |

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. See instructions.)

| | | | |
|----|--|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 73,285 |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

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 2023 | 17 | 17,713 |
| 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 2023 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 | 17,800 | 5.0 | MQ | 200DB | 4,450 |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | 521 | 15.0 | MQ | S/L | 22 |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | |
| h | Residential rental property | 05/09/23 75,000 | 27.5 yrs. | MM | S/L | 1,705 |
| | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | 08/17/23 4,900 | 39 yrs. | MM | S/L | 47 |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | | 30 yrs. | MM | S/L | |
| d | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|----------------|
| 21 | Listed property. Enter amount from line 28 | 21 | 43,010 |
| 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 instructions | 22 | 140,232 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

Adult & Teen Challenge of Sandhills 83-1832406

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? 24b If "Yes," is the evidence written? 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. See instructions 26 Property used more than 50% in a qualified business use: See Statement 1 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 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. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 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 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

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

42 Amortization of costs that begins during your 2023 tax year (see instructions): 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | Per Conv Meth | Prior | Current |
|---------------------------------------|--|--------------------|------------------|----------|------------------|-------------------|---------------|----------------|----------------|
| 5-year GDS Property: | | | | | | | | | |
| 17 | 5 Commercial Trailers | 5/19/23 | 89,000 | | X | 17,800 | 5 MQ200DB | 0 | 75,650 |
| | | | <u>89,000</u> | | | <u>17,800</u> | | <u>0</u> | <u>75,650</u> |
| 15-year GDS Property: | | | | | | | | | |
| 16 | Renovations | 5/22/23 | 2,606 | | X | 521 | 15 MQ S/L | 0 | 2,107 |
| | | | <u>2,606</u> | | | <u>521</u> | | <u>0</u> | <u>2,107</u> |
| Residential Real Property: | | | | | | | | | |
| 18 | House | 5/09/23 | 75,000 | | | 75,000 | 27 MMS/L | 0 | 1,705 |
| | | | <u>75,000</u> | | | <u>75,000</u> | | <u>0</u> | <u>1,705</u> |
| Non-Residential Real Property: | | | | | | | | | |
| 20 | Septic System | 8/17/23 | 4,900 | | | 4,900 | 39 MMS/L | 0 | 47 |
| | | | <u>4,900</u> | | | <u>4,900</u> | | <u>0</u> | <u>47</u> |
| Prior MACRS: | | | | | | | | | |
| 1 | Sandhills Campus - Building | 3/12/19 | 292,198 | | | 292,198 | 39 MMS/L | 28,408 | 7,492 |
| 3 | Kannapolis Campus - Building | 3/12/19 | 125,228 | | | 125,228 | 39 MMS/L | 12,175 | 3,211 |
| 5 | Macbook Pro 15" | 11/05/19 | 2,579 | | X | 529 | 5 HY 200DB | 2,050 | 353 |
| 6 | True Star Refrigerator | 11/20/20 | 8,608 | | | 8,608 | 5 MQ200DB | 5,664 | 1,178 |
| 7 | Elizabethtown Campus | 10/22/21 | 213,680 | | | 213,680 | 39 MMS/L | 5,559 | 5,479 |
| 8 | Roof Repair | 4/16/21 | 6,697 | | X | 0 | 15 HY S/L | 6,697 | 0 |
| 9 | Software | 12/02/21 | 5,479 | | X | 0 | 5 HY 200DB | 5,479 | 0 |
| 10 | Inflatables and Generator | 6/01/21 | 20,366 | | X | 0 | 5 HY 200DB | 20,366 | 0 |
| | Sold/Scrapped: 2/22/23 | | | | | | | | |
| 13 | Flooring | 7/01/22 | 10,800 | | X | 0 | 15 HY S/L | 10,800 | 0 |
| 14 | Refrigerator | 2/08/22 | 4,100 | | X | 0 | 5 HY 200DB | 4,100 | 0 |
| 15 | Furniture | 6/30/22 | 5,800 | | X | 0 | 7 HY 200DB | 5,800 | 0 |
| | | | <u>695,535</u> | | | <u>640,243</u> | | <u>107,098</u> | <u>17,713</u> |
| Other Depreciation: | | | | | | | | | |
| 2 | Sandhills Campus - Land | 3/12/19 | 73,050 | | | 73,050 | 0 -- Land | 0 | 0 |
| 4 | Kannapolis Campus - Land | 3/12/19 | 31,307 | | | 31,307 | 0 -- Land | 0 | 0 |
| 12 | Land | 2/23/22 | 41,640 | | | 41,640 | 0 -- Land | 0 | 0 |
| 19 | Land under Home | 5/09/23 | 20,000 | | | 20,000 | 0 -- Land | 0 | 0 |
| | Total Other Depreciation | | <u>165,997</u> | | | <u>165,997</u> | | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>165,997</u> | | | <u>165,997</u> | | <u>0</u> | <u>0</u> |
| Listed Property: | | | | | | | | | |
| 21 | Vehicle | 1/24/23 | 3,000 | | X | 600 | 5 MQ200DB | 0 | 2,610 |
| 22 | 2023 12 Passenger Van | 11/16/23 | 56,602 | | X | 36,402 | 5 MQ200DB | 0 | 20,200 |
| 23 | 2023 Ford Transit 350 | 12/22/23 | 53,868 | | X | 33,668 | 5 MQ200DB | 0 | 20,200 |
| | | | <u>113,470</u> | | | <u>70,670</u> | | <u>0</u> | <u>43,010</u> |
| | Grand Totals | | <u>1,146,508</u> | | | <u>975,131</u> | | <u>107,098</u> | <u>140,232</u> |
| | Less: Dispositions and Transfers | | <u>20,366</u> | | | <u>0</u> | | <u>20,366</u> | <u>0</u> |
| | Less: Start-up/Org Expense | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| | Net Grand Totals | | <u>1,126,142</u> | | | <u>975,131</u> | | <u>86,732</u> | <u>140,232</u> |

| Asset | Description | Date In Service | Cost | Basis for Depr | NC Prior | NC Current | Federal Current | Difference Fed - NC |
|---------------------------------------|--|--------------------|------------------|-------------------|----------------|----------------|--------------------|------------------------|
| 5-year GDS Property: | | | | | | | | |
| 17 | 5 Commercial Trailers | 5/19/23 | 89,000 | 17,800 | 0 | 75,650 | 75,650 | 0 |
| | | | <u>89,000</u> | <u>17,800</u> | <u>0</u> | <u>75,650</u> | <u>75,650</u> | <u>0</u> |
| 15-year GDS Property: | | | | | | | | |
| 16 | Renovations | 5/22/23 | 2,606 | 521 | 0 | 2,107 | 2,107 | 0 |
| | | | <u>2,606</u> | <u>521</u> | <u>0</u> | <u>2,107</u> | <u>2,107</u> | <u>0</u> |
| Residential Real Property: | | | | | | | | |
| 18 | House | 5/09/23 | 75,000 | 75,000 | 0 | 1,705 | 1,705 | 0 |
| | | | <u>75,000</u> | <u>75,000</u> | <u>0</u> | <u>1,705</u> | <u>1,705</u> | <u>0</u> |
| Non-Residential Real Property: | | | | | | | | |
| 20 | Septic System | 8/17/23 | 4,900 | 4,900 | 0 | 47 | 47 | 0 |
| | | | <u>4,900</u> | <u>4,900</u> | <u>0</u> | <u>47</u> | <u>47</u> | <u>0</u> |
| Prior MACRS: | | | | | | | | |
| 1 | Sandhills Campus - Building | 3/12/19 | 292,198 | 292,198 | 28,408 | 7,492 | 7,492 | 0 |
| 3 | Kannapolis Campus - Building | 3/12/19 | 125,228 | 125,228 | 12,175 | 3,211 | 3,211 | 0 |
| 5 | Macbook Pro 15" | 11/05/19 | 2,579 | 0 | 2,579 | 0 | 353 | 353 |
| 6 | True Star Refrigerator | 11/20/20 | 8,608 | 8,608 | 5,664 | 1,178 | 1,178 | 0 |
| 7 | Elizabethtown Campus | 10/22/21 | 213,680 | 213,680 | 5,559 | 5,479 | 5,479 | 0 |
| 8 | Roof Repair | 4/16/21 | 6,697 | 0 | 6,697 | 0 | 0 | 0 |
| 9 | Software | 12/02/21 | 5,479 | 0 | 5,479 | 0 | 0 | 0 |
| 10 | Inflatables and Generator | 6/01/21 | 20,366 | 0 | 20,366 | 0 | 0 | 0 |
| | Sold/Scrapped: 2/22/23 | | | | | | | |
| 13 | Flooring | 7/01/22 | 10,800 | 0 | 10,800 | 0 | 0 | 0 |
| 14 | Refrigerator | 2/08/22 | 4,100 | 0 | 4,100 | 0 | 0 | 0 |
| 15 | Furniture | 6/30/22 | 5,800 | 0 | 5,800 | 0 | 0 | 0 |
| | | | <u>695,535</u> | <u>639,714</u> | <u>107,627</u> | <u>17,360</u> | <u>17,713</u> | <u>353</u> |
| Other Depreciation: | | | | | | | | |
| 2 | Sandhills Campus - Land | 3/12/19 | 73,050 | 73,050 | 0 | 0 | 0 | 0 |
| 4 | Kannapolis Campus - Land | 3/12/19 | 31,307 | 31,307 | 0 | 0 | 0 | 0 |
| 12 | Land | 2/23/22 | 41,640 | 41,640 | 0 | 0 | 0 | 0 |
| 19 | Land under Home | 5/09/23 | 20,000 | 20,000 | 0 | 0 | 0 | 0 |
| | Total Other Depreciation | | <u>165,997</u> | <u>165,997</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>165,997</u> | <u>165,997</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Listed Property: | | | | | | | | |
| 21 | Vehicle | 1/24/23 | 3,000 | 600 | 0 | 2,610 | 2,610 | 0 |
| 22 | 2023 12 Passenger Van | 11/16/23 | 56,602 | 36,402 | 0 | 20,200 | 20,200 | 0 |
| 23 | 2023 Ford Transit 350 | 12/22/23 | 53,868 | 33,668 | 0 | 20,200 | 20,200 | 0 |
| | | | <u>113,470</u> | <u>70,670</u> | <u>0</u> | <u>43,010</u> | <u>43,010</u> | <u>0</u> |
| | Grand Totals | | <u>1,146,508</u> | <u>974,602</u> | <u>107,627</u> | <u>139,879</u> | <u>140,232</u> | <u>353</u> |
| | Less: Dispositions | | <u>20,366</u> | <u>0</u> | <u>20,366</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| | Less: Start-up/Org Expense | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| | Net Grand Totals | | <u>1,126,142</u> | <u>974,602</u> | <u>87,261</u> | <u>139,879</u> | <u>140,232</u> | <u>353</u> |

AMT Asset Report**Form 990, Page 1**

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | Per Conv Meth | Prior | Current |
|---------------------------------------|--|--------------------|----------------|----------|------------------|-------------------|---------------|----------------|----------------|
| 5-year GDS Property: | | | | | | | | | |
| 17 | 5 Commercial Trailers | 5/19/23 | 89,000 | | X | 17,800 | 5 MQ200DB | 0 | 75,650 |
| | | | <u>89,000</u> | | | <u>17,800</u> | | <u>0</u> | <u>75,650</u> |
| 15-year GDS Property: | | | | | | | | | |
| 16 | Renovations | 5/22/23 | 2,606 | | X | 521 | 15 MQ S/L | 0 | 2,107 |
| | | | <u>2,606</u> | | | <u>521</u> | | <u>0</u> | <u>2,107</u> |
| Residential Real Property: | | | | | | | | | |
| 18 | House | 5/09/23 | 75,000 | | | 75,000 | 27 MMS/L | 0 | 1,705 |
| | | | <u>75,000</u> | | | <u>75,000</u> | | <u>0</u> | <u>1,705</u> |
| Non-Residential Real Property: | | | | | | | | | |
| 20 | Septic System | 8/17/23 | 4,900 | | | 4,900 | 39 MMS/L | 0 | 47 |
| | | | <u>4,900</u> | | | <u>4,900</u> | | <u>0</u> | <u>47</u> |
| Prior MACRS: | | | | | | | | | |
| 1 | Sandhills Campus - Building | 3/12/19 | 292,198 | | | 292,198 | 39 MMS/L | 28,408 | 7,492 |
| 3 | Kannapolis Campus - Building | 3/12/19 | 125,228 | | | 125,228 | 39 MMS/L | 12,175 | 3,211 |
| 5 | Macbook Pro 15" | 11/05/19 | 2,579 | | X | 529 | 5 HY 200DB | 2,050 | 353 |
| 6 | True Star Refrigerator | 11/20/20 | 8,608 | | | 8,608 | 5 MQ200DB | 5,664 | 1,178 |
| 7 | Elizabethtown Campus | 10/22/21 | 213,680 | | | 213,680 | 39 MMS/L | 5,559 | 5,479 |
| 8 | Roof Repair | 4/16/21 | 6,697 | | X | 0 | 15 HY S/L | 6,697 | 0 |
| 9 | Software | 12/02/21 | 5,479 | | X | 0 | 5 HY 200DB | 5,479 | 0 |
| 10 | Inflatables and Generator | 6/01/21 | 20,366 | | X | 0 | 5 HY 200DB | 20,366 | 0 |
| | Sold/Scrapped: 2/22/23 | | | | | | | | |
| 13 | Flooring | 7/01/22 | 10,800 | | X | 0 | 15 HY S/L | 10,800 | 0 |
| 14 | Refrigerator | 2/08/22 | 4,100 | | X | 0 | 5 HY 200DB | 4,100 | 0 |
| 15 | Furniture | 6/30/22 | 5,800 | | X | 0 | 7 HY 200DB | 5,800 | 0 |
| | | | <u>695,535</u> | | | <u>640,243</u> | | <u>107,098</u> | <u>17,713</u> |
| Other Depreciation: | | | | | | | | | |
| 2 | Sandhills Campus - Land | 3/12/19 | 0 | | | 0 | 0 HY | 0 | 0 |
| 4 | Kannapolis Campus - Land | 3/12/19 | 0 | | | 0 | 0 HY | 0 | 0 |
| 12 | Land | 2/23/22 | 4,164 | | | 4,164 | 0 -- Land | 0 | 0 |
| 19 | Land under Home | 5/09/23 | 0 | | | 0 | 0 HY | 0 | 0 |
| | Total Other Depreciation | | <u>4,164</u> | | | <u>4,164</u> | | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>4,164</u> | | | <u>4,164</u> | | <u>0</u> | <u>0</u> |
| Listed Property: | | | | | | | | | |
| 21 | Vehicle | 1/24/23 | 3,000 | | X | 600 | 5 MQ200DB | 0 | 2,610 |
| 22 | 2023 12 Passenger Van | 11/16/23 | 56,602 | | X | 36,402 | 5 MQ200DB | 0 | 20,200 |
| 23 | 2023 Ford Transit 350 | 12/22/23 | 53,868 | | X | 33,668 | 5 MQ200DB | 0 | 20,200 |
| | | | <u>113,470</u> | | | <u>70,670</u> | | <u>0</u> | <u>43,010</u> |
| | Grand Totals | | <u>984,675</u> | | | <u>813,298</u> | | <u>107,098</u> | <u>140,232</u> |
| | Less: Dispositions and Transfers | | <u>20,366</u> | | | <u>0</u> | | <u>20,366</u> | <u>0</u> |
| | Net Grand Totals | | <u>964,309</u> | | | <u>813,298</u> | | <u>86,732</u> | <u>140,232</u> |

Bonus Depreciation Report**Form 990, Page 1**

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|-------|---|-----------------|-----------------------|---------|-----------------|-----------------------|----------------------|-----------------------|
| 5 | Macbook Pro 15" | 11/05/19 | 2,579 | | 0 | 0 | 2,050 | 529 |
| 8 | Roof Repair | 4/16/21 | 6,697 | | 0 | 0 | 6,697 | 0 |
| 9 | Software | 12/02/21 | 5,479 | | 0 | 0 | 5,479 | 0 |
| 10 | Inflatables and Generator | 6/01/21 | 20,366 | | 0 | 0 | 20,366 | 0 |
| 12 | Land | 2/23/22 | 41,640 | | 0 | 0 | 0 | 41,640 |
| 13 | Flooring | 7/01/22 | 10,800 | | 0 | 0 | 10,800 | 0 |
| 14 | Refrigerator | 2/08/22 | 4,100 | | 0 | 0 | 4,100 | 0 |
| 15 | Furniture | 6/30/22 | 5,800 | | 0 | 0 | 5,800 | 0 |
| 16 | Renovations | 5/22/23 | 2,606 | | 0 | 2,085 | 0 | 521 |
| 17 | 5 Commercial Trailers | 5/19/23 | 89,000 | | 0 | 71,200 | 0 | 17,800 |
| 21 | Vehicle | 1/24/23 | 3,000 | 100 | 0 | 2,400 | 0 | 600 |
| 22 | 2023 12 Passenger Van | 11/16/23 | 56,602 | 100 | 0 | 20,200 | 0 | 36,402 |
| 23 | 2023 Ford Transit 350 | 12/22/23 | 53,868 | 100 | 0 | 20,200 | 0 | 33,668 |
| | Grand Total | | <u>302,537</u> | | <u>0</u> | <u>116,085</u> | <u>55,292</u> | <u>131,160</u> |
| | Less: Dispositions and Transfers | | <u>20,366</u> | | <u>0</u> | <u>0</u> | <u>20,366</u> | <u>0</u> |
| | Net Grand Total | | <u><u>282,171</u></u> | | <u><u>0</u></u> | <u><u>116,085</u></u> | <u><u>34,926</u></u> | <u><u>131,160</u></u> |

Depreciation Adjustment Report**All Business Activities**

| Form | Unit | Asset | Description | Tax | AMT | AMT Adjustments/ Preferences |
|---------------------------|------|-------|------------------------------|----------------|----------------|------------------------------------|
| MACRS Adjustments: | | | | | | |
| Page 1 | 1 | 1 | Sandhills Campus - Building | 7,492 | 7,492 | 0 |
| Page 1 | 1 | 3 | Kannapolis Campus - Building | 3,211 | 3,211 | 0 |
| Page 1 | 1 | 5 | Macbook Pro 15" | 353 | 353 | 0 |
| Page 1 | 1 | 6 | True Star Refrigerator | 1,178 | 1,178 | 0 |
| Page 1 | 1 | 7 | Elizabethtown Campus | 5,479 | 5,479 | 0 |
| Page 1 | 1 | 8 | Roof Repair | 0 | 0 | 0 |
| Page 1 | 1 | 9 | Software | 0 | 0 | 0 |
| Page 1 | 1 | 10 | Inflatables and Generator | 0 | 0 | 0 |
| Page 1 | 1 | 13 | Flooring | 0 | 0 | 0 |
| Page 1 | 1 | 14 | Refrigerator | 0 | 0 | 0 |
| Page 1 | 1 | 15 | Furniture | 0 | 0 | 0 |
| Page 1 | 1 | 16 | Renovations | 2,107 | 2,107 | 0 |
| Page 1 | 1 | 17 | 5 Commercial Trailers | 75,650 | 75,650 | 0 |
| Page 1 | 1 | 18 | House | 1,705 | 1,705 | 0 |
| Page 1 | 1 | 20 | Septic System | 47 | 47 | 0 |
| Page 1 | 1 | 21 | Vehicle | 2,610 | 2,610 | 0 |
| Page 1 | 1 | 22 | 2023 12 Passenger Van | 20,200 | 20,200 | 0 |
| Page 1 | 1 | 23 | 2023 Ford Transit 350 | 20,200 | 20,200 | 0 |
| | | | | <u>140,232</u> | <u>140,232</u> | <u>0</u> |

| Asset | Description | Date In Service | Cost | Tax | AMT |
|----------------------------|--|-----------------|------------------|---------------|---------------|
| Prior MACRS: | | | | | |
| 1 | Sandhills Campus - Building | 3/12/19 | 292,198 | 7,493 | 7,493 |
| 3 | Kannapolis Campus - Building | 3/12/19 | 125,228 | 3,211 | 3,211 |
| 5 | Macbook Pro 15" | 11/05/19 | 2,579 | 176 | 176 |
| 6 | True Star Refrigerator | 11/20/20 | 8,608 | 942 | 942 |
| 7 | Elizabethtown Campus | 10/22/21 | 213,680 | 5,479 | 5,479 |
| 8 | Roof Repair | 4/16/21 | 6,697 | 0 | 0 |
| 9 | Software | 12/02/21 | 5,479 | 0 | 0 |
| 13 | Flooring | 7/01/22 | 10,800 | 0 | 0 |
| 14 | Refrigerator | 2/08/22 | 4,100 | 0 | 0 |
| 15 | Furniture | 6/30/22 | 5,800 | 0 | 0 |
| 16 | Renovations | 5/22/23 | 2,606 | 34 | 34 |
| 17 | 5 Commercial Trailers | 5/19/23 | 89,000 | 5,340 | 5,340 |
| 18 | House | 5/09/23 | 75,000 | 2,727 | 2,727 |
| 20 | Septic System | 8/17/23 | 4,900 | 126 | 126 |
| | | | <u>846,675</u> | <u>25,528</u> | <u>25,528</u> |
| Other Depreciation: | | | | | |
| 2 | Sandhills Campus - Land | 3/12/19 | 73,050 | 0 | 0 |
| 4 | Kannapolis Campus - Land | 3/12/19 | 31,307 | 0 | 0 |
| 12 | Land | 2/23/22 | 41,640 | 0 | 0 |
| 19 | Land under Home | 5/09/23 | 20,000 | 0 | 0 |
| | Total Other Depreciation | | <u>165,997</u> | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>165,997</u> | <u>0</u> | <u>0</u> |
| Listed Property: | | | | | |
| 21 | Vehicle | 1/24/23 | 3,000 | 156 | 156 |
| 22 | 2023 12 Passenger Van | 11/16/23 | 56,602 | 14,561 | 14,561 |
| 23 | 2023 Ford Transit 350 | 12/22/23 | 53,868 | 13,467 | 13,467 |
| | | | <u>113,470</u> | <u>28,184</u> | <u>28,184</u> |
| | Grand Totals | | <u>1,126,142</u> | <u>53,712</u> | <u>53,712</u> |

| Asset | Description | Date In Service | Cost | NC |
|----------------------------|--|-----------------|------------------|---------------|
| Prior MACRS: | | | | |
| 1 | Sandhills Campus - Building | 3/12/19 | 292,198 | 7,493 |
| 3 | Kannapolis Campus - Building | 3/12/19 | 125,228 | 3,211 |
| 5 | Macbook Pro 15" | 11/05/19 | 2,579 | 0 |
| 6 | True Star Refrigerator | 11/20/20 | 8,608 | 942 |
| 7 | Elizabethtown Campus | 10/22/21 | 213,680 | 5,479 |
| 8 | Roof Repair | 4/16/21 | 6,697 | 0 |
| 9 | Software | 12/02/21 | 5,479 | 0 |
| 13 | Flooring | 7/01/22 | 10,800 | 0 |
| 14 | Refrigerator | 2/08/22 | 4,100 | 0 |
| 15 | Furniture | 6/30/22 | 5,800 | 0 |
| 16 | Renovations | 5/22/23 | 2,606 | 34 |
| 17 | 5 Commercial Trailers | 5/19/23 | 89,000 | 5,340 |
| 18 | House | 5/09/23 | 75,000 | 2,727 |
| 20 | Septic System | 8/17/23 | 4,900 | 126 |
| | | | <u>846,675</u> | <u>25,352</u> |
| Other Depreciation: | | | | |
| 2 | Sandhills Campus - Land | 3/12/19 | 73,050 | 0 |
| 4 | Kannapolis Campus - Land | 3/12/19 | 31,307 | 0 |
| 12 | Land | 2/23/22 | 41,640 | 0 |
| 19 | Land under Home | 5/09/23 | 20,000 | 0 |
| | Total Other Depreciation | | <u>165,997</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>165,997</u> | <u>0</u> |
| Listed Property: | | | | |
| 21 | Vehicle | 1/24/23 | 3,000 | 156 |
| 22 | 2023 12 Passenger Van | 11/16/23 | 56,602 | 14,561 |
| 23 | 2023 Ford Transit 350 | 12/22/23 | 53,868 | 13,467 |
| | | | <u>113,470</u> | <u>28,184</u> |
| | Grand Totals | | <u>1,126,142</u> | <u>53,536</u> |

| | | |
|------------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2023 |
| Description Golf Tournament | | |

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|--|---|

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

| | | |
|---|------------|---------------|
| 1. Gross receipts or sales | 1. | 85,062 |
| 2. Advertising income | 2. | |
| 3. Circulation income | 3. | |
| 4. Other income | 4. | |
| 5. Returns and allowances | 5. | |
| 6. Contributions received | 6. | |
| 7. Total revenue. Add lines 1 through 6 | 7. | 85,062 |
| 8. Cost of Goods Sold | 8. | |
| 9. Employment Expense | 9. | |
| 10. Fees for services | 10. | |
| 11. Indirect Expense | 11. | |
| 12. Depreciation Expense | 12. | |
| 13. Exempt Activity Expense | 13. | |
| 14. Fundraising Expense | 14. | 20,577 |
| 15. Total expenses. Add lines 8 through 14 | 15. | 20,577 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | 64,485 |

Expense Details - Indirect Expense:

| | |
|----------------------------------|--|
| Advertising and promotion | |
| Office | |
| Printing/publication/postage | |
| Info technology/Maintenance | |
| Royalties & License Fees | |
| Occupancy/Real Estate Taxes | |
| Travel & Repairs | |
| Travel/entertainment (officials) | |
| Conferences/meetings | |
| Interest | |
| Insurance | |
| Total Indirect Expense | |

Expense Details - Depreciation Expense:

| | |
|-----------------------------------|--|
| On investment property | |
| On non-investment property | |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | |

Expense Details - Cost of Goods Sold:

| | |
|---------------------------------|--|
| Beginning inventory | |
| Purchases | |
| Labor | |
| Section 263A costs | |
| Other costs | |
| Ending inventory | |
| Total Cost of Goods Sold | |

Expense Details - Exempt Activity Expense:

| | |
|--------------------------------------|--|
| Repairs and Maintenance | |
| Bad debts | |
| Taxes/licenses | |
| Charitable contributions | |
| Dividend recd deductions | |
| Readership costs | |
| Other expenses | |
| Total Exempt Activity Expense | |

Expense Details - Employment Expense:

| | |
|---------------------------------|--|
| Compensation of officers | |
| Other salaries and wages | |
| Pension plan contributions | |
| Other employee benefits | |
| Payroll taxes | |
| Total Employment Expense | |

Expense Details - Fundraising Expense:

| | |
|----------------------------------|---------------|
| Cash prizes | |
| Non-cash prizes | |
| Rent and facility costs | |
| Food & beverages (Part II only) | |
| Entertainment (Part II only) | |
| Other direct expenses | 20,577 |
| Total Fundraising Expense | 20,577 |

Expense Details - Fees for Services:

| | |
|--------------------------------|--|
| Management | |
| Legal | |
| Accounting | |
| Lobbying | |
| Professional fundraising | |
| Investment management | |
| Other | |
| Total Fees for Services | |

Information is indicated for use on Form 990-T, Schedule A:

| | | |
|--------------------------------|-------|---------------------------------------|
| Schedule A, UBIT Activity Code | Seq # | |
| <input type="checkbox"/> | | Part V, Debt Financing |
| <input type="checkbox"/> | | Part VI, Controlled Org Income |
| <input type="checkbox"/> | | Part VII, Investments for C(7)(9)(17) |
| <input type="checkbox"/> | | Part VIII, Exploited Activities |
| <input type="checkbox"/> | | Part IX, Advertising Income |

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|--|
| First | |
| Second | |
| Third | |
| All other | |

| | | |
|--------------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2023 |
| Description Christmas Banquet | | |

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|--|---|

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

| | | | |
|---|------------|--|---------------|
| 1. Gross receipts or sales | 1. | | <u>86,278</u> |
| 2. Advertising income | 2. | | |
| 3. Circulation income | 3. | | |
| 4. Other income | 4. | | |
| 5. Returns and allowances | 5. | | |
| 6. Contributions received | 6. | | |
| 7. Total revenue. Add lines 1 through 6 | 7. | | <u>86,278</u> |
| 8. Cost of Goods Sold | 8. | | |
| 9. Employment Expense | 9. | | |
| 10. Fees for services | 10. | | |
| 11. Indirect Expense | 11. | | |
| 12. Depreciation Expense | 12. | | |
| 13. Exempt Activity Expense | 13. | | |
| 14. Fundraising Expense | 14. | | <u>21,295</u> |
| 15. Total expenses. Add lines 8 through 14 | 15. | | <u>21,295</u> |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | | <u>64,983</u> |

Expense Details - Indirect Expense:

| | |
|----------------------------------|--|
| Advertising and promotion | |
| Office | |
| Printing/publication/postage | |
| Info technology/Maintenance | |
| Royalties & License Fees | |
| Occupancy/Real Estate Taxes | |
| Travel & Repairs | |
| Travel/entertainment (officials) | |
| Conferences/meetings | |
| Interest | |
| Insurance | |
| Total Indirect Expense | |

Expense Details - Depreciation Expense:

| | |
|-----------------------------------|--|
| On investment property | |
| On non-investment property | |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | |

Expense Details - Cost of Goods Sold:

| | |
|---------------------------------|--|
| Beginning inventory | |
| Purchases | |
| Labor | |
| Section 263A costs | |
| Other costs | |
| Ending inventory | |
| Total Cost of Goods Sold | |

Expense Details - Exempt Activity Expense:

| | |
|--------------------------------------|--|
| Repairs and Maintenance | |
| Bad debts | |
| Taxes/licenses | |
| Charitable contributions | |
| Dividend recd deductions | |
| Readership costs | |
| Other expenses | |
| Total Exempt Activity Expense | |

Expense Details - Employment Expense:

| | |
|---------------------------------|--|
| Compensation of officers | |
| Other salaries and wages | |
| Pension plan contributions | |
| Other employee benefits | |
| Payroll taxes | |
| Total Employment Expense | |

Expense Details - Fundraising Expense:

| | |
|----------------------------------|---------------|
| Cash prizes | |
| Non-cash prizes | |
| Rent and facility costs | |
| Food & beverages (Part II only) | |
| Entertainment (Part II only) | |
| Other direct expenses | <u>21,295</u> |
| Total Fundraising Expense | <u>21,295</u> |

Expense Details - Fees for Services:

| | |
|--------------------------------|--|
| Management | |
| Legal | |
| Accounting | |
| Lobbying | |
| Professional fundraising | |
| Investment management | |
| Other | |
| Total Fees for Services | |

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|--|
| First | |
| Second | |
| Third | |
| All other | |

Information is indicated for use on Form 990-T, Schedule A:

| | | |
|--------------------------------|---------------------------------------|-------|
| Schedule A, UBIT Activity Code | | Seq # |
| <input type="checkbox"/> | Part V, Debt Financing | |
| <input type="checkbox"/> | Part VI, Controlled Org Income | |
| <input type="checkbox"/> | Part VII, Investments for C(7)(9)(17) | |
| <input type="checkbox"/> | Part VIII, Exploited Activities | |
| <input type="checkbox"/> | Part IX, Advertising Income | |

| | | |
|--|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2023 |
| Description Fair Barn May Event | | |

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|--|---|

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

| | | | |
|---|------------|--|---------------|
| 1. Gross receipts or sales | 1. | | 38,600 |
| 2. Advertising income | 2. | | |
| 3. Circulation income | 3. | | |
| 4. Other income | 4. | | |
| 5. Returns and allowances | 5. | | |
| 6. Contributions received | 6. | | |
| 7. Total revenue. Add lines 1 through 6 | 7. | | 38,600 |
| 8. Cost of Goods Sold | 8. | | |
| 9. Employment Expense | 9. | | |
| 10. Fees for services | 10. | | |
| 11. Indirect Expense | 11. | | |
| 12. Depreciation Expense | 12. | | |
| 13. Exempt Activity Expense | 13. | | |
| 14. Fundraising Expense | 14. | | 12,583 |
| 15. Total expenses. Add lines 8 through 14 | 15. | | 12,583 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | | 26,017 |

Expense Details - Indirect Expense:

| | |
|----------------------------------|--|
| Advertising and promotion | |
| Office | |
| Printing/publication/postage | |
| Info technology/Maintenance | |
| Royalties & License Fees | |
| Occupancy/Real Estate Taxes | |
| Travel & Repairs | |
| Travel/entertainment (officials) | |
| Conferences/meetings | |
| Interest | |
| Insurance | |
| Total Indirect Expense | |

Expense Details - Depreciation Expense:

| | |
|-----------------------------------|--|
| On investment property | |
| On non-investment property | |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | |

Expense Details - Cost of Goods Sold:

| | |
|---------------------------------|--|
| Beginning inventory | |
| Purchases | |
| Labor | |
| Section 263A costs | |
| Other costs | |
| Ending inventory | |
| Total Cost of Goods Sold | |

Expense Details - Exempt Activity Expense:

| | |
|--------------------------------------|--|
| Repairs and Maintenance | |
| Bad debts | |
| Taxes/licenses | |
| Charitable contributions | |
| Dividend recd deductions | |
| Readership costs | |
| Other expenses | |
| Total Exempt Activity Expense | |

Expense Details - Employment Expense:

| | |
|---------------------------------|--|
| Compensation of officers | |
| Other salaries and wages | |
| Pension plan contributions | |
| Other employee benefits | |
| Payroll taxes | |
| Total Employment Expense | |

Expense Details - Fundraising Expense:

| | |
|----------------------------------|---------------|
| Cash prizes | |
| Non-cash prizes | |
| Rent and facility costs | |
| Food & beverages (Part II only) | |
| Entertainment (Part II only) | |
| Other direct expenses | 12,583 |
| Total Fundraising Expense | 12,583 |

Expense Details - Fees for Services:

| | |
|--------------------------------|--|
| Management | |
| Legal | |
| Accounting | |
| Lobbying | |
| Professional fundraising | |
| Investment management | |
| Other | |
| Total Fees for Services | |

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|--|
| First | |
| Second | |
| Third | |
| All other | |

Information is indicated for use on Form 990-T, Schedule A:

| | | |
|--------------------------|---------------------------------------|-------|
| | Schedule A, UBIT Activity Code | Seq # |
| <input type="checkbox"/> | Part V, Debt Financing | |
| <input type="checkbox"/> | Part VI, Controlled Org Income | |
| <input type="checkbox"/> | Part VII, Investments for C(7)(9)(17) | |
| <input type="checkbox"/> | Part VIII, Exploited Activities | |
| <input type="checkbox"/> | Part IX, Advertising Income | |

| | | |
|------------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2023 |
| Description A Night of Hope | | |

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|--|---|

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

| | | |
|---|------------|---------------|
| 1. Gross receipts or sales | 1. | 500 |
| 2. Advertising income | 2. | |
| 3. Circulation income | 3. | |
| 4. Other income | 4. | |
| 5. Returns and allowances | 5. | |
| 6. Contributions received | 6. | |
| 7. Total revenue. Add lines 1 through 6 | 7. | 500 |
| 8. Cost of Goods Sold | 8. | |
| 9. Employment Expense | 9. | |
| 10. Fees for services | 10. | |
| 11. Indirect Expense | 11. | |
| 12. Depreciation Expense | 12. | |
| 13. Exempt Activity Expense | 13. | |
| 14. Fundraising Expense | 14. | 4,984 |
| 15. Total expenses. Add lines 8 through 14 | 15. | 4,984 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | -4,484 |

Expense Details - Indirect Expense:

| | |
|----------------------------------|--|
| Advertising and promotion | |
| Office | |
| Printing/publication/postage | |
| Info technology/Maintenance | |
| Royalties & License Fees | |
| Occupancy/Real Estate Taxes | |
| Travel & Repairs | |
| Travel/entertainment (officials) | |
| Conferences/meetings | |
| Interest | |
| Insurance | |
| Total Indirect Expense | |

Expense Details - Depreciation Expense:

| | |
|-----------------------------------|--|
| On investment property | |
| On non-investment property | |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | |

Expense Details - Cost of Goods Sold:

| | |
|---------------------------------|--|
| Beginning inventory | |
| Purchases | |
| Labor | |
| Section 263A costs | |
| Other costs | |
| Ending inventory | |
| Total Cost of Goods Sold | |

Expense Details - Exempt Activity Expense:

| | |
|--------------------------------------|--|
| Repairs and Maintenance | |
| Bad debts | |
| Taxes/licenses | |
| Charitable contributions | |
| Dividend recd deductions | |
| Readership costs | |
| Other expenses | |
| Total Exempt Activity Expense | |

Expense Details - Employment Expense:

| | |
|---------------------------------|--|
| Compensation of officers | |
| Other salaries and wages | |
| Pension plan contributions | |
| Other employee benefits | |
| Payroll taxes | |
| Total Employment Expense | |

Expense Details - Fundraising Expense:

| | |
|----------------------------------|--------------|
| Cash prizes | |
| Non-cash prizes | |
| Rent and facility costs | |
| Food & beverages (Part II only) | |
| Entertainment (Part II only) | |
| Other direct expenses | 4,984 |
| Total Fundraising Expense | 4,984 |

Expense Details - Fees for Services:

| | |
|--------------------------------|--|
| Management | |
| Legal | |
| Accounting | |
| Lobbying | |
| Professional fundraising | |
| Investment management | |
| Other | |
| Total Fees for Services | |

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|--|
| First | |
| Second | |
| Third | |
| All other | |

Information is indicated for use on Form 990-T, Schedule A:

| | | |
|--------------------------------|---------------------------------------|-------|
| Schedule A, UBIT Activity Code | | Seq # |
| <input type="checkbox"/> | Part V, Debt Financing | |
| <input type="checkbox"/> | Part VI, Controlled Org Income | |
| <input type="checkbox"/> | Part VII, Investments for C(7)(9)(17) | |
| <input type="checkbox"/> | Part VIII, Exploited Activities | |
| <input type="checkbox"/> | Part IX, Advertising Income | |

| | | |
|--|--|-------------|
| Form 990/990PF | Rent Income and Deduction Worksheet | 2023 |
| Description Bounce for Recovery | | |

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|--|---|

Use this summary worksheet to verify data entered for a specific activity for your rental information

| | | |
|--|----|---------------|
| 1. Gross rents | 1. | 12,444 |
| Expenses (see details on worksheets below): | | |
| 2. Fees for services | 2. | 875 |
| 3. Depreciation Expense | 3. | |
| 4. Direct Expense | 4. | 18,599 |
| 5. Total expenses. Add lines 8 through 12 | 5. | 19,474 |
| 6. Net Income/Loss. Line 7 minus Line 13 | 6. | -7,030 |

Expense Details - Fees for Services:

| | | |
|--------------------------------------|--|------------|
| Accounting | | |
| Legal | | 875 |
| Commissions | | |
| Management | | |
| Other Professional Fees | | |
| Total Fees for Services | | 875 |

Expense Details - Depreciation Expense:

| | | |
|---|--|--|
| On non-investment property | | |
| On investment property | | |
| Amortization | | |
| Depletion | | |
| Total Depreciation Expense | | |

Expense Details - Direct Expense:

| | | |
|-----------------------------------|--|---------------|
| Interest | | |
| Taxes/licenses | | |
| Occupancy Expenses | | |
| Repairs & Maintenance | | |
| Travel/conferences/meetings | | |
| Printing & Publication | | |
| Advertising | | |
| Insurance | | 8,524 |
| Utilities | | |
| Supplies | | 681 |
| Other expenses | | 9,394 |
| Total Direct Expense | | 18,599 |

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code 532000 Seq # 1

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

| | |
|-----------------|--|
| First | |
| Second | |
| Third | |
| All other | |

| | | |
|----------------------------------|--|-------------|
| Form 990/990PF | Rent Income and Deduction Worksheet | 2023 |
| Description Verizon Tower | | |

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|--|---|

Use this summary worksheet to verify data entered for a specific activity for your rental information

| | | |
|--|----|--------------|
| 1. Gross rents | 1. | <u>8,550</u> |
| Expenses (see details on worksheets below): | | |
| 2. Fees for services | 2. | |
| 3. Depreciation Expense | 3. | |
| 4. Direct Expense | 4. | |
| 5. Total expenses. Add lines 8 through 12 | 5. | |
| 6. Net Income/Loss. Line 7 minus Line 13 | 6. | <u>8,550</u> |

Expense Details - Fees for Services:

| | |
|--------------------------------------|--|
| Accounting | |
| Legal | |
| Commissions | |
| Management | |
| Other Professional Fees | |
| Total Fees for Services | |

Expense Details - Depreciation Expense:

| | |
|---|--|
| On non-investment property | |
| On investment property | |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | |

Expense Details - Direct Expense:

| | |
|-----------------------------------|--|
| Interest | |
| Taxes/licenses | |
| Occupancy Expenses | |
| Repairs & Maintenance | |
| Travel/conferences/meetings | |
| Printing & Publication | |
| Advertising | |
| Insurance | |
| Utilities | |
| Supplies | |
| Other expenses | |
| Total Direct Expense | |

Information is indicated for use on Form 990-T, Schedule A:
 Schedule A, UBIT Activity Code 531190 Seq # 2

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

| | |
|-----------------|--|
| First | |
| Second | |
| Third | |
| All other | |

| | | |
|-------------------|---|-------------|
| Form 990-T | Business Income Activity Summary | 2023 |
|-------------------|---|-------------|

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|--|---|

Business Activity Income (and allocation of Prior-2018 NOL)

- | | |
|--|-----|
| A. Total Pre-2018 Net Operating Losses Carried Forward | N/A |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | B. |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | C. |
| D. Pre-2018 Applied (Sum of B and C) | D. |
| E. Pre-2018 Remaining (Line A minus Line D) | E. |
| F. Pre-2018 Net Operating Losses Expiring this Year | F. |
| G. Pre-2018 Net Operating Losses Carried Forward | G. |

| | Code | Net Income | Allocated Pre2018 NOL |
|--------------------------------|---------------|----------------|-----------------------|
| 1. Bounce For Recovery | 532000 | 1. 975 | |
| 2. Verizon Tower | 531190 | 2. | |
| 3. | | 3. | |
| 4. | | 4. | |
| 5. | | 5. | |
| 6. | | 6. | |
| 7. | | 7. | |
| 8. | | 8. | |
| 9. | | 9. | |
| 10. | | 10. | |
| 11. | | 11. | |
| 12. | | 12. | |
| 13. | | 13. | |
| 14. | | 14. | |
| 15. All other revenue | | 15. | |
| 16. Total taxable income | | 16. 975 | |

Business Activity Losses

| | Code | Current Year Loss |
|-------------------------------|------|-------------------|
| 1. | | 1. |
| 2. | | 2. |
| 3. | | 3. |
| 4. | | 4. |
| 5. All other activities | | 5. |
| 6. Totals | | 6. |

| | | |
|-------------------|--|-------------|
| Form 990-T | Schedule A Loss Carryover Calculation | 2023 |
| | Description Bounce For Recovery | |

| | |
|---|---|
| Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
| Unincorporated Business Income Tax Code: 532000 Activity: Rental and leasing services | |

Each activity may carryforward losses after 2018

| | | |
|---|---|--------|
| 1 Activity income | 1 | 20,994 |
| 2 Activity deductions | 2 | 19,474 |
| 3 Activities income or loss, after deductions | 3 | 1,520 |
| 4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts | 4 | 545 |
| 5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive. | 5 | 1,216 |
| 6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II | 6 | 545 |
| 7 Remaining losses to be carried forward to 2024 (Subtract Line 6 from line 4) | 7 | |
| 8 If line 3 is less than zero, enter that amount here as a positive number | 8 | 0 |
| 9 Total loss carried forward to 2024 (Add lines 7 and 8) | 9 | 0 |

Electronic Filing includes the report of additional amounts for this activity

| | | |
|---|----|-----|
| E1 Post-2017 loss amounts from 2022, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ... | E1 | 545 |
| E2 Prior year activity losses included on Schedule A, Line 17 | E2 | 545 |

| | | |
|--|---|-------------|
| SCHEDULE G (Form 990 or 990-EZ) | Fundraising Other Events | 2023 |
| | For calendar year 2023, or tax year beginning _____, and ending _____ | |

| | |
|---|---|
| Name Adult & Teen Challenge of Sandhills North Carolina | Employer Identification Number 83-1832406 |
|---|---|

| | | (a) Other event <u>Golf Tournament</u> <small>(event type)</small> | (b) Other event _____ <small>(event type)</small> | (c) Other event _____ <small>(event type)</small> | (d) Total other events <small>(add col. (a) through col. (c))</small> |
|-----------------|---|---|---|---|--|
| Revenue | 1 Gross receipts | 85,062 | | | 85,062 |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income <small>(line 1 minus line 2)</small> | 85,062 | | | 85,062 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food/beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other expenses | 20,577 | | | 20,577 |

| | | |
|---|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2022 & 2023 |
| For calendar year 2023, or tax year beginning _____, ending _____ | | |

Name **Adult & Teen Challenge of Sandhills North Carolina** Taxpayer Identification Number **83-1832406**

| | | 2022 | 2023 | Differences |
|--|--|----------------------|------------------|----------------|
| R e v e n u e | 1. Contributions, gifts, grants | 1. 909,628 | 797,297 | -112,331 |
| | 2. Membership dues and assessments | 2. | | |
| | 3. Government contributions and grants | 3. 244,000 | 233,965 | -10,035 |
| | 4. Program service revenue | 4. 38,405 | 48,002 | 9,597 |
| | 5. Investment income | 5. | 3,427 | 3,427 |
| | 6. Proceeds from tax exempt bonds | 6. | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | 7,760 | 7,760 |
| | 8. Net income or (loss) from fundraising events | 8. 63,756 | 151,001 | 87,245 |
| | 9. Net income or (loss) from gaming | 9. | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | |
| | 11. Other revenue | 11. 2,413 | 138,791 | 136,378 |
| | 12. Total revenue. Add lines 1 through 11 | 12. 1,258,202 | 1,380,243 | 122,041 |
| E x p e n s e s | 13. Grants and similar amounts paid | 13. | | |
| | 14. Benefits paid to or for members | 14. | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. | | |
| | 16. Salaries, other compensation, and employee benefits | 16. 461,300 | 467,079 | 5,779 |
| | 17. Professional fundraising fees | 17. | | |
| | 18. Other professional fees | 18. 22,295 | 11,734 | -10,561 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. 3,750 | 101,657 | 97,907 |
| | 20. Depreciation and Depletion | 20. 39,198 | 140,232 | 101,034 |
| | 21. Other expenses | 21. 410,284 | 367,961 | -42,323 |
| | 22. Total expenses. Add lines 13 through 21 | 22. 936,827 | 1,088,663 | 151,836 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. 321,375 | 291,580 | -29,795 |
| O t h e r I n f o r m a t i o n | 24. Total exempt revenue | 24. 1,258,202 | 1,380,243 | 122,041 |
| | 25. Total unrelated revenue | 25. -545 | 1,520 | 2,065 |
| | 26. Total excludable revenue | 26. 105,119 | 347,461 | 242,342 |
| | 27. Total assets | 27. 1,113,762 | 1,407,036 | 293,274 |
| | 28. Total liabilities | 28. 244,805 | 242,909 | -1,896 |
| | 29. Retained earnings | 29. 868,957 | 1,164,127 | 295,170 |
| | 30. Number of voting members of governing body | 30. 9 | 8 | |
| 31. Number of independent voting members of governing body | 31. 9 | 8 | | |
| 32. Number of employees | 32. 12 | 14 | | |
| 33. Number of volunteers | 33. 60 | 17 | | |

| | | |
|---|-----------------------------------|------------------------|
| Form 990T | Two Year Comparison Report | 2022 & 2023 |
| For calendar year 2023, or tax year beginning _____, ending _____ | | |

Name **Adult & Teen Challenge of Sandhills North Carolina** Taxpayer Identification Number **83-1832406**

| | | 2022 | 2023 | Differences |
|-------------------------------------|--|--------|-------|-------------|
| Business Taxable Income | 1. Number of unrelated business activities for this return | 1 | 1 | |
| | 2. Unrelated business taxable income from all trades | | 975 | 975 |
| | 3. Charitable contributions | | | |
| | 4. Section 199A deduction (trusts only) | | | |
| | 5. Taxable income before NOL loss | | 975 | 975 |
| | 6. Net operating loss (pre-2018) | | | |
| | 7. Specific deduction | 1,000 | 1,000 | |
| | 8. Unrelated business taxable income. | | | |
| Tax & Credits | 9. Income tax (corporate or trust) | | | |
| | 10. Proxy tax | | | |
| | 11. Other taxes | | | |
| | 12. Total taxes | | | |
| | 13. Other credits | | | |
| | 14. General business credit | | | |
| | 15. Credit for prior year minimum tax | | | |
| | 16. Total credits | | | |
| | 17. Net tax after credits | | | |
| | 18. Recapture taxes and 965 tax | | | |
| | 19. Total Taxes | | | |
| Due/Refund | 20. Prior year overpayment and estimated tax payments | 3,590 | | -3,590 |
| | 21. Payment made with extension | | | |
| | 22. Backup withholding and foreign withholding | | | |
| | 23. Other payments | | | |
| | 24. Total payments | 3,590 | | -3,590 |
| | 25. Balance due/(Overpayment) | -3,590 | | 3,590 |
| | 26. Overpayment applied to next year | | | |
| | 27. Penalties | | | |
| | 28. Total due/(Refund) | -3,590 | | 3,590 |
| 29. Activity Losses NOL (Post-2017) | -545 | | 545 | |

| | | |
|---|--|------------------------|
| Form SchA (990T) | Two Year Comparison for Unrelated Business Activity | 2022 & 2023 |
| For calendar year 2023, or tax year beginning _____, ending _____ | | |

| | |
|---|---|
| Organization Name Adult & Teen Challenge of Sandhills | Taxpayer Identification Number 83-1832406 |
|---|---|

| Activity: Bounce For Recovery | | Unincorporated Business Income Tax Code: 532000 | | | |
|--|--|--|---------------|---------------|--------------|
| | | 2022 | 2023 | Differences | |
| R e v e n u e | 1. Gross profit/loss on business activities | 1. | | | |
| | 2. Capital gains/losses | 2. | | | |
| | 3. Income/loss from partnerships and S corporations | 3. | | | |
| | 4. Rental income (net of expense) | 4. | | | |
| | 5. Unrelated debt-financed income (net of expense) | 5. | | | |
| | 6. Interest, and other income from controlled organizations (net of expense) | 6. | | | |
| | 7. Investment income of specific organizations (net of expense) | 7. | | | |
| | 8. Exploited exempt activity income (net of expense) | 8. | | | |
| | 9. Advertising income (net of expense) | 9. | | | |
| | 10. Other income | 10. | 18,090 | 20,994 | 2,904 |
| | 11. Total trade or business income. Combine lines 1 through 10 | 11. | 18,090 | 20,994 | 2,904 |
| E x p e n s e s | 12. Compensation of officers, directors, and trustees | 12. | | | |
| | 13. Other salaries and wages | 13. | | | |
| | 14. Repairs and maintenance | 14. | | | |
| | 15. Bad debts | 15. | | | |
| | 16. Interest | 16. | | | |
| | 17. Taxes and licenses | 17. | | | |
| | 18. Depreciation and Depletion | 18. | | | |
| | 19. Contributions to deferred compensation plans | 19. | | | |
| | 20. Employee benefit programs | 20. | | | |
| | 21. Other deductions | 21. | 18,635 | 19,474 | 839 |
| | 22. Total deductions. Add lines 12 through 22 | 22. | 18,635 | 19,474 | 839 |
| | 23. Taxable income before deductions. Subtract line 23 from 11 | 23. | -545 | 1,520 | 2,065 |
| | 24. Deductible losses | 24. | | 545 | 545 |
| | 25. Unrelated business taxable income (loss) | 25. | -545 | 975 | 1,520 |

| | | |
|--|---------------------------|---|
| Form 990 | Tax Return History | 2023 |
| Name Adult & Teen Challenge of Sandhills North Carolina | | Employer Identification Number 83-1832406 |

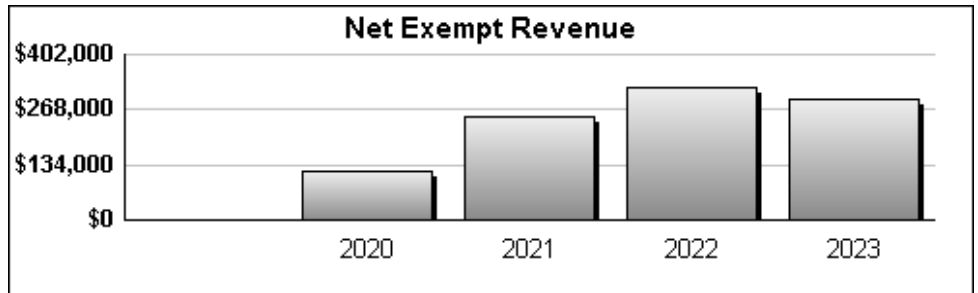
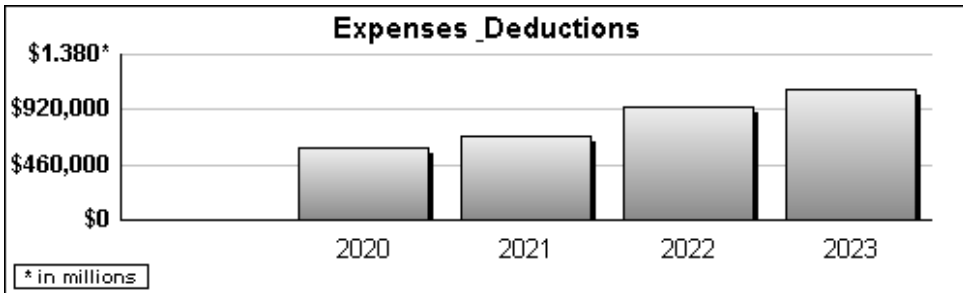
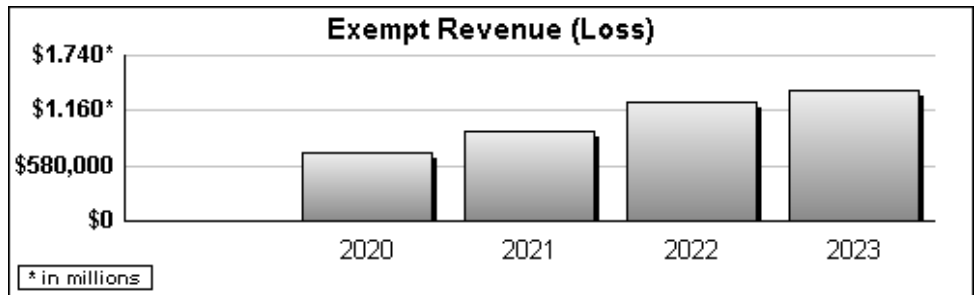
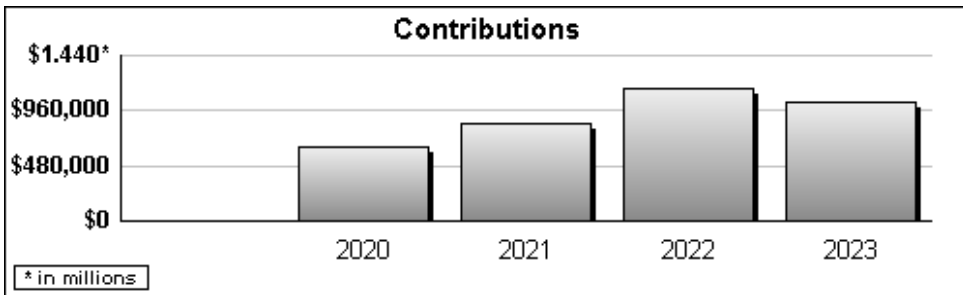
| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|------|----------------|----------------|------------------|------------------|------|
| Contributions, gifts, grants | | 638,734 | 849,207 | 1,153,628 | 1,031,262 | |
| Membership dues | | | | | | |
| Program service revenue | | 40,105 | 23,350 | 38,405 | 48,002 | |
| Capital gain or loss | | | | | 7,760 | |
| Investment income | | | | | 3,427 | |
| Fundraising revenue (income/loss) | | | 60,462 | 63,756 | 151,001 | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | 45,751 | 8,282 | 2,413 | 138,791 | |
| Total revenue | | 724,590 | 941,301 | 1,258,202 | 1,380,243 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | 51,663 | 59,937 | | | |
| Other compensation | | 224,734 | 238,496 | 461,300 | 467,079 | |
| Professional fees | | 56,077 | 13,810 | 22,295 | 11,734 | |
| Occupancy costs | | 4,760 | 5,240 | 3,750 | 101,657 | |
| Depreciation and depletion | | 12,114 | 47,184 | 39,198 | 140,232 | |
| Other expenses | | 257,212 | 325,769 | 410,284 | 367,961 | |
| Total expenses | | 606,560 | 690,436 | 936,827 | 1,088,663 | |
| Excess or (Deficit) | | 118,030 | 250,865 | 321,375 | 291,580 | |
| Total exempt revenue | | 724,590 | 941,301 | 1,258,202 | 1,380,243 | |
| Total unrelated revenue | | | 1,857 | -545 | 1,520 | |
| Total excludable revenue | | 85,856 | 90,237 | 105,119 | 347,461 | |
| Total Assets | | 813,645 | 763,052 | 1,113,762 | 1,407,036 | |
| Total Liabilities | | 518,874 | 217,972 | 244,805 | 242,909 | |
| Net Fund Balances | | 294,771 | 545,080 | 868,957 | 1,164,127 | |

| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2023 |
|------------------|---------------------------|-------------|

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills North Carolina | Employer Identification Number 83-1832406 |
|--|---|

* Income shown net of expenses

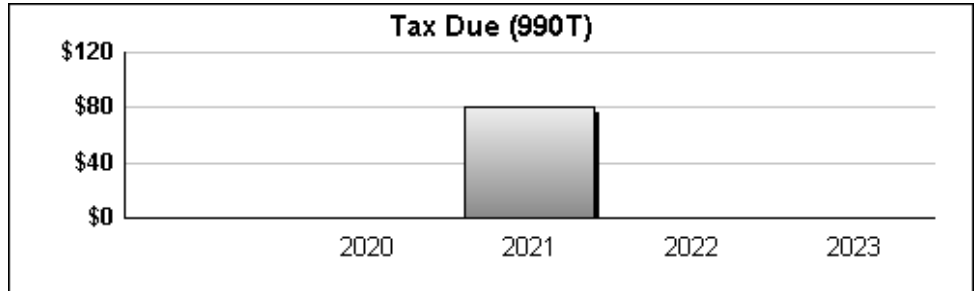
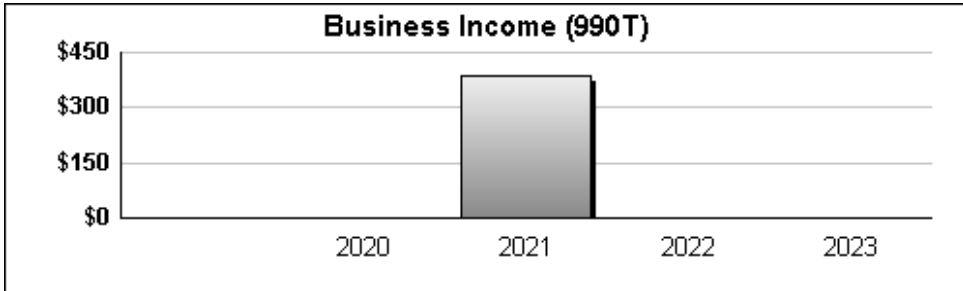
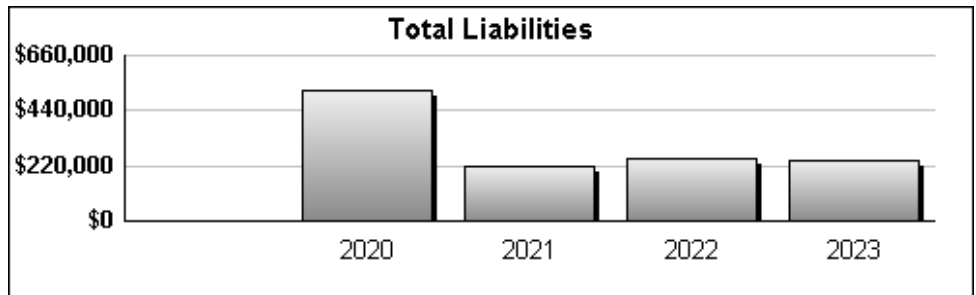
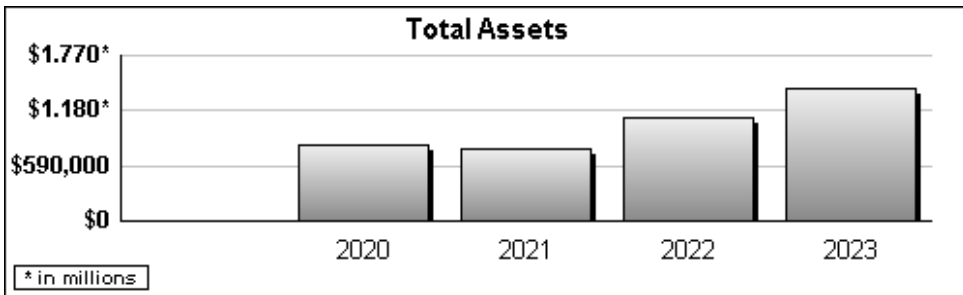
| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|--|------|------|--------------|------|------------|------|
| Business activity profit/loss | | | | | | |
| Capital gains/losses | | | | | | |
| Partner and S Corp gain/loss | | | | | | |
| Rental income* | | | | | | |
| Debt-financed income* | | | | | | |
| Controlled organizations income/interest* | | | | | | |
| Investment income, specific organizations* | | | | | | |
| Exploited exempt activity income* | | | | | | |
| Other income | | | | | | |
| Total trade or business income. | | | 1,386 | | 975 | |
| Compensation of officers, ect. | | | | | | |
| Other salaries and wages | | | | | | |
| Repairs and maintenance | | | | | | |
| Bad debts | | | | | | |
| Interest | | | | | | |
| Taxes and licenses | | | | | | |
| Depreciation and Depletion | | | | | | |
| Deferred compensation plans | | | | | | |
| Employee benefit programs | | | | | | |



| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2023 |
|------------------|---------------------------|-------------|

| | |
|--|---|
| Name Adult & Teen Challenge of Sandhills North Carolina | Employer Identification Number 83-1832406 |
|--|---|

| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|--|------|------|-------|--------|-------|------|
| Other deductions | | | | | | |
| Net income (first activity, year 2019 & prior) | | | 1,386 | | 975 | |
| UBTI from all trades | 0 | 0 | 1,386 | 0 | 975 | |
| Charitable contributions | | | | | | |
| Net operating loss deduction | | | | | | |
| Specific deduction | | | 1,000 | 1,000 | 1,000 | |
| Section 199A deduction (trusts) | | | | | | |
| Income after deductions | | | 386 | | | |
| Income tax (corporate or trust) | | | 81 | | | |
| Other taxes | | | | | | |
| Total taxes | | | 81 | | | |
| General business credit | | | | | | |
| Other credits | | | | | | |
| Net tax after credits | | | 81 | | | |
| Estimated tax payments | | | | 3,590 | | |
| Other payments | | | 81 | | | |
| Balance due /-Overpayment | | | | -3,590 | | |



Taxable Interest on Investments

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|--------------------|-----------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| | \$ 3,427 | | 14 | | | |
| Total | \$ <u>3,427</u> | | | | | |

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------|-------------------|--------------------|-------------------------|-----------------|
| | \$ 800 | \$ | \$ 800 | \$ |
| Total | \$ 800 | \$ 0 | \$ 800 | \$ 0 |

Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---------------------------|-------------------|--------------------|-------------------------|-----------------|
| Dues & Subscriptions | \$ 7,225 | \$ | \$ 7,225 | \$ |
| Repairs and Maint (Equip) | 5,277 | | 5,277 | |
| Bank Charges | 3,338 | | 3,338 | |
| Taxes and Licenses | 2,962 | | 2,962 | |
| Payroll Service Fees | 2,178 | | 2,178 | |
| Newsletter | 1,429 | 1,429 | | |
| QuickBooks Payment Fees | 1,195 | 1,195 | | |
| Equipment Rental | 381 | | 381 | |
| Permits | 338 | | 338 | |
| Guest Speakers | 250 | 250 | | |
| Repairs and Maint (Gen) | 209 | | 209 | |
| Total | \$ 24,782 | \$ 2,874 | \$ 21,908 | \$ 0 |

Federal Statements**Schedule A, Part III, Line 1(e)**

| Description | Amount |
|---------------|---------------------|
| Grants | \$ 233,965 |
| Contributions | 797,297 |
| Total | \$ <u>1,031,262</u> |

Schedule A, Part III, Line 2(e)

| Description | Amount |
|--------------------|------------------|
| Admission Fees | \$ 30,500 |
| Lab Fees | 1,650 |
| Student Counseling | 15,852 |
| Total | \$ <u>48,002</u> |

Schedule A, Part III, Line 3(e)

| Description | Amount |
|------------------------|-------------------|
| Rewards and Refunds | \$ 500 |
| Insurance Claims Funds | 9,371 |
| Food Stamps | 91,684 |
| ERC Refund | 35,716 |
| Golf Tournament | 85,062 |
| Christmas Banquet | 86,278 |
| Fair Barn May Event | 38,600 |
| A Night of Hope | 500 |
| Total | \$ <u>347,711</u> |

Federal Statements**Schedule A, Part III, Line 10a(e)**

| Description | Amount |
|-------------|----------|
| | \$ 3,427 |
| Total | \$ 3,427 |

Schedule A, Part III, Line 10b

| Description | Amount |
|---------------------|-----------|
| Bounce for Recovery | \$ -7,030 |
| Verizon Tower | 8,550 |
| Less: Deductions | -1,000 |
| Less: Taxes | -109 |
| Total | \$ 411 |

Federal Statements

Golf Tournament

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|-------------------------|
| Direct Expenses | \$ <u>20,577</u> |
| Total | \$ <u><u>20,577</u></u> |

Christmas Banquet**Other Direct Fundraising or Gaming Expenses**

| <u>Description</u> | <u>Amount</u> |
|-----------------------|-------------------------|
| Other Direct Expenses | \$ <u>21,295</u> |
| Total | \$ <u><u>21,295</u></u> |

Fair Barn May Event

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|-------------------------|
| Direct Expenses | \$ <u>12,583</u> |
| Total | \$ <u><u>12,583</u></u> |

A Night of Hope

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|------------------------|
| Direct Expenses | \$ <u>4,984</u> |
| Total | \$ <u><u>4,984</u></u> |