

# Return of Organization Exempt From Income Tax

**2018**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning **OCTOBER 1**, 2018, and ending **SEPTEMBER 30**, 2019

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **ADULT AND TEEN CHALLENGE OF ARKANSAS, INC**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): \_\_\_\_\_ Room/suite: \_\_\_\_\_  
**PO BOX 8177**  
 City or town, state or province, country, and ZIP or foreign postal code: **HOT SPRINGS, AR 71909**

**D** Employer identification number: **71-0420376**

**E** Telephone number: **501-624-2446**

**G** Gross receipts \$  
 H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: **www.teenchallengear.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: \_\_\_\_\_

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>EVANGELIZE AND WIN YOUNG PEOPLE TO JESUS CHRIST ALONG WITH THE RELIGIOUS AND EDUCATIONAL REHABILITATION OF YOUNG PEOPLE WHO MAY BENEFIT FROM THE SPECIALIZED MINISTRY.</b>		
	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)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 38	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	594,402	623,703
	9 Program service revenue (Part VIII, line 2g)	311,760	360,038
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74	311
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	906,236	984,052
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		325,276	362,185
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		604,640	634,729
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	929,916	996,914	
19 Revenue less expenses. Subtract line 18 from line 12	-23,680	-12,862	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,350,568	End of Year 1,308,989
	21 Total liabilities (Part X, line 26)	476,654	447,937
	22 Net assets or fund balances. Subtract line 21 from line 20	873,914	861,052

**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: *[Signature]* **TAXPAYER COPY**  
 Date: **1/20/2020**  
**TIM CULBRETH, EXECUTIVE DIRECTOR, Turner, Rodgers, Manning & Plyler, PLLC**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **R. BLAKE RODGERS** Preparer's signature: *[Signature]* Date: **1/20/2020**  
 Check  if self-employed PTIN: **P00047389**  
 Firm's name: **TURNER, RODGERS, MANNING & PLYLER, PLLC** Firm's EIN: **71-0852459**  
 Firm's address: **P.O. BOX 768; ARKADELPHIA, AR 71923** Phone no.: **870-246-4563**

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