

The Teen Project & Freehab 990s

Please see the following 990 forms for both The Teen Project Inc. and Freehab Inc. herein.

Freehab was dissolved and the assets merged under The Teen Project Inc. (the surviving organization) due to the long history, similar mission and supportive recurring donor base as is described herein.

The Teen Project has five components:

- PAD Venice Drop in Center
- College Housing
- FREEHAB Life Transformation Center
- National Shelter Cell Service
- National Shelter Database



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning , 2013, and ending Check if applicable: D Employer Identification Number Address change FREEHAB INC 46-1498077 22431 B160 ANTONIO PKY #527 Telephone number Name change RANCHO SANTA MARGARITA, CA 92688 Initial return Terminated **G** Gross receipts \$ Amended return 1,448,938. F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or (insert no.) Website: ► H(c) Group exemption number X Corporation 2013 M State of legal domicile: CA Form of organization: Trust Association Other > L Year of formation: Summary Briefly describe the organization's mission or most significant activities: ORGANIZATION THAT PROVIDES "STREET EMPLOYMENT" SERVICES FOR THE HOMELESS, THE DISPOSED AND SOCIALLY IGNORED. FREEHAB IS A FREE, RESIDENTIAL, 12 STEP DRUG AND ALCOHOL REHABILITATION CENTER Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)..... 0 0 Total number of volunteers (estimate if necessary)..... 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, line 34..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 1,448,938. Program service revenue (Part VIII, line 2g)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,448,938 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 60,890 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 96,689. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 157,579. Revenue less expenses. Subtract line 18 from line 12..... 1,291,359. End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16)..... 1,309,310. 0. 21 Total liabilities (Part X. line 26) 0. 17,951. Net assets or fund balances. Subtract line 21 from line 20..... 22 1,291,359. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here LAURI BURNS PRESIDENT Type or print name and title. Print/Type preparer's name Preparer's signature RICHARD SOLTES RICHARD SOLTES P01227179 **Paid** self-employed ► SOLTES ACCOUNTACY CORPORATION Preparer Use Only Firm's address 4220 BRIARBEND RD Firm's EIN ► 74-3046740

DALLAS, TX 75287-3905 May the IRS discuss this return with the preparer shown above? (see instructions) (818) 231-9063

Yes

Par	t III	Statement of Program Service Accomplishments Chask if Schoolule O contains a general of motors and the profile Dept. III.	
	D : (1	Check if Schedule O contains a response or note to any line in this Part III	
1		/ describe the organization's mission:	
		ANIZATION THAT PROVIDES "STREET TO EMPLOYMENT" SERVICES FOR THE HOMELESS, T	
		POSED AND SOCIALLY IGNORED. FREEHAB IS A FREE, RESIDENTIAL, 12 STEP DRUG AN	<u>D</u>
	<u>ALC</u>	OHOL REHABILITATION CENTER.	
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	X No
	If 'Ye	s,' describe these new services on Schedule O.	
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
		s,' describe these changes on Schedule O.	
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by	eynenses
	Section	n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations	to
	others	s, the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code	:) (Expenses \$ including grants of \$) (Revenue \$)
	ORG.	ANIZATION PROVIDES "STREET TO EMPLYMENT" SERVICES FOR THE HOMELESS, THE DIS	POSED
		SOCIALLY IGNORED. FREEHAB IS A FREE, RESIDENTIAL, 12 STEP DRUG AND ALCOHO	
		ABILITATION CENTER.	
4 b	(Code	:) (Expenses \$ including grants of \$) (Revenue \$)
			_
4 c	(Code	::) (Expenses \$ including grants of \$) (Revenue \$)
/ 1 al	Othar	program convices (Describe in Schedule O.)	
40		program services. (Describe in Schedule O.)	`
1 -	(Expe	nses \$ including grants of \$) (Revenue \$)

TEEA0102L 07/02/13

Form 990 (2013) FREEHAB INC Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	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.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>	12a		Х
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		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	16		Х
	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)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	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.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
k	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
k	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		Х

BAA Form **990** (2013)

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....

	Check if Schedule O contains a response or note to any line in this Part V						
				Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0				
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reasonabling) winnings to prize winners?	eportable gaming	1.0				
2 -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		. 1 c				
26	ments, filed for the calendar year ending with or within the year covered by this return	2a	0				
k	lf at least one is reported on line 2a, did the organization file all required federal employmen		. 2 b	,			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year				Х		
	If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		. 3 b)			
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a nancial account)?	. 4a	1	Х		
b If 'Yes,' enter the name of the foreign country:							
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F		_		v		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•			X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt			-	Λ		
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. <u>5 c</u>	-			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6 a	ı	Х		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).						
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	. 7a		X		
Ł	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 v Form 8282?	vas required to file	. 7c	:	Х		
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	. 7 e	:	X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	. 7 f		Х		
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	. 7 g	 			
ŀ	ղ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h	1			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	. 8				
9	Sponsoring organizations maintaining donor advised funds.						
a	a Did the organization make any taxable distributions under section 4966?		. 9 a				
Ł	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9 b	,			
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a					
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b					
11	Section 501(c)(12) organizations. Enter:						
	a Gross income from members or shareholders	11 a					
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь					
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	. 12a	ı			
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	a Is the organization licensed to issue qualified health plans in more than one state?		. 13a	1			
	Note. See the instructions for additional information the organization must report on Schedul	e O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b					
	Enter the amount of reserves on hand	13 c					
	a Did the organization receive any payments for indoor tanning services during the tax year?				Х		
Ł	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	. 14b)			

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers of key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

130 CALLE CUERVO SAN CLEMENTE CA 92672 (949) 481-1110

orm 990 (2	2013) FREEHAB	INC					46-149	8077	Page
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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (E) (F) Name and Title Estimated Reportable Reportable Average hours per week (list any hours for related compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Individual to or director Officer Former employee nstitutional trustee (ey employee tighest compensated organiza-tions and related organizations below l trustee dotted (1) PAUL BLAVIN 0 0 OFFICER 0 0 0. (2) NANCY SOBEL 0 0 OFFICER 0. 0 0. (3) MORGAN LAMOTHE 1 OFFICER 0 0. 0 0. (4) DENNIS WOOTAN 0 OFFICER 0 0. 0 0. (5) LAURI BURNS 30 PRESIDENT Χ 0 Χ 60,890. 0 0. (6) (7) (8) (9) (10) (11) (12) (13) (14)

Part VII Section A. Officers, Directors, Trus	(B)	Key	Em	ipid ()		es, a	and	d Highest Com	pensated Empl	oyees	5 (conti	inued)
	(6)			•	•			(5)	(E)		(E)	
(A) Name and title	Average hours	box	, unle	ss pe	erson	than	h an	(D) Reportable	(E) Reportable	F	(F) stimated	1
Name and the	per week					or/trus		compensation from	compensation from related organizations	amo	unt of ot	ther
	(list any hours	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	f	rom the	
	for related	recto	utior	Œ́	emp	est c oyee	₫			an	d relate anizatio	d
	organiza - tions below	¥ =	iàl tr		loye	ompo						
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(23)												
		•										
(24)												
(25)												
1 b Sub-total								60,890.	0.			0.
c Total from continuation sheets to Part VII, Section							•	00,890.	0.			0.
d Total (add lines 1b and 1c)							>	60,890.	0.			0.
2 Total number of individuals (including but not limited to							ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	r, or tru	stee,	key	em/	ploy	/ee,	or h	nighest compensat	ted employee	3		Х
·										3		Λ
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportab than \$1	1e co 50,00	mpe 00?	ensa If '}	ition <i>'es'</i>	and comp	oth <i>plet</i>	er compensation fee Schedule J for	from			
such individual										4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper	isatio	n fro	om	any I fo	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors	00,0.0		,,,,,				p				1	21
Complete this table for your five highest compensation from the organization. Report compensation.	ated ind	epen	dent	COI	ntrac	ctors	tha	it received more the	nan \$100,000 of			
		the C	aleni	uai į	year	enun	ng v	(B)			C)	
(A) Name and business addre	SS							Description of	of services	Compe	ensatio	on
2 Total number of independent contractors (including bu	t not lim	itod t	n tha	100 I	ictor	laho	VO)	who received mare	than			
\$100,000 of compensation from the organization		neu l	o tiit	13C	וטוטנ	auu'	ve)	with received indre	uiall			
7.00,000 0. componedion nom the organization	U											

Pai	(VI	Check if Schedule O contains a res	ponse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ည္ ည	1 a	Federated campaigns 1 a	1				
RAN UNI	b	Membership dues)				
S, G Amc		Fundraising events	1,931.				
GIFT -ar		Related organizations 1 c	I				
NS, (е	Government grants (contributions) 1 e	;				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	1,447,007.				
TRIE		Noncash contributions included in lines 1a-1f:	1,111,001.				
SON	-	Total. Add lines 1a-1f		1,448,938.			
UE			Business Code	1,110,300.			
PROGRAM SERVICE REVENUE	2 a						
RE	b						
VICE	С	:					
SER	d						
AM (е						
GR.	f	All other program service revenue					
PRC	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen	ds, interest and				
		other similar amounts)					
	4	Income from investment of tax-exemp	•				
	5	Royalties	(ii) Personal				
	6 3	Gross rents	(II) Fersonal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	<u> </u>				
		Gross amount from sales of (i) Securities	(ii) Other				
	/ a	assets other than inventory					
	h	Less: cost or other basis					
	-	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u>				
E	8 a	Gross income from fundraising events	S				
ENU		(not including\$	-				
REV		of contributions reported on line 1c).					
OTHER REVENUE		See Part IV, line 18					
ОŢ		Less: direct expenses					
		• • •					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses					
	С	Net income or (loss) from gaming act	ivities▶				
		Gross sales of inventory, less returns					
		and allowances	а				
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code				
	11 a						
	b	'	-				
	C	All other revenue	-				
		All other revenue					
		Total revenue. See instructions		1 //0 020	^	0	^
	14	TOTAL TEVELINGS OFF HISHUGHOUS		1,448,938.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must o	complete all columns.	. All other org	janizations must d	complete column (A).	
Check if S	chedule O contains	a response or note	to any line in	n this Part IX		Ξ

Do i 6b,	not include amounts reported on lines 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 governments and organizations in the United States. See Part IV. line 21		an particular to the second	3	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	60,890.	0.	60,890.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11					
a	Management				
	Legal	150.		150.	
	: Accounting	5,166.		5,166.	
	Lobbying	3,100.		3,100.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	F 000			F 000
	Office expenses	5,000.		202	5,000.
13	-	292.		292.	
14	Information technology				
15	-	42 276		42 276	
16	Occupancy	43,376.		43,376.	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,351.		8,351.	
23	Insurance	4,184.		4,184.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUPPLIES	8,346.		8,346.	
	ORGANIZATIONAL FEES	7,662.		7,662.	
	SIGNAGE	4,080.		.,	4,080.
	PRINTING AND PUBLICATIONS	2,927.			2,927.
	All other expenses	7,155.		3,995.	3,160.
	Total functional expenses. Add lines 1 through 24e	157,579.	0.	142,412.	15,167.
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 ► ☐ 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
	1	Cash – non-interest-bearing				1	683,486.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	84,671.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	nplovees	. Complete		5	
A	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	s defined under		6	
A S	7	Notes and loans receivable, net				7	
A S E T S	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1				
		Less: accumulated depreciation.		8,351.		10 c	516,191.
	11	Investments – publicly traded securities				11	310,131.
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.	<u></u>		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	24,962.		
	16	Total assets. Add lines 1 through 15 (must equal line			0.	16	1,309,310.
	17	Accounts payable and accrued expenses		•	17	17,951.	
	18	Grants payable		18	2.,,502.		
	19	Deferred revenue		19			
L	20	Tax-exempt bond liabilities				20	
A	21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		21	
L I A B I L I T I	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ilannaih h	fied nersons		22	
۱ <u>۱</u>	23	Secured mortgages and notes payable to unrelated th				23	
E S	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	_		25	
	26	Total liabilities. Add lines 17 through 25		L	0.	26	17,951.
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	and complete			·
ASSETS	27	Unrestricted net assets				27	1,291,359.
Ĕ	28	Temporarily restricted net assets				28	, ,
	29	Permanently restricted net assets				29	
Q R		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here	▶ □ [
F.		and complete lines 30 through 34.		_			
F U N D	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment	ent fund.			31	
Ľ	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
BALANCES	33	Total net assets or fund balances			0.	33	1,291,359.
S	34	Total liabilities and net assets/fund balances	0.	34	1,309,310.		

BAA Form **990** (2013)

Par	t 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	1,4	48,9	938.	
2	Total	expenses (must equal Part IX, column (A), line 25)	2	1	57,5	79.	
3	Rever	nue less expenses. Subtract line 2 from line 1	3	1,2	91,3	359.	
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.	
5	Net u	nrealized gains (losses) on investments	5				
6	Donat	ed services and use of facilities	6				
7	Invest	ment expenses	7				
8	Prior	period adjustments	8				
9	Other	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Par		Financial Statements and Reporting	1		91,3		
		Check if Schedule O contains a response or note to any line in this Part XII				П	
					Yes	No	
1	Accou	Inting method used to prepare the Form 990: Cash X Accrual Other			100		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
		s,' check a box below to indicate whether the financial statements for the year were compiled or reviewe ate basis, consolidated basis, or both:	d on a				
		Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	y Were	the organization's financial statements audited by an independent accountant?		2b		X	
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:	te				
		Separate basis Consolidated basis Both consolidated and separate basis					
(If 'Yes reviev	' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, v, or compilation of its financial statements and selection of an independent accountant?		2 c			
	in Sch	organization changed either its oversight process or selection process during the tax year, explain nedule O.					
3 a	As a r Audit	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3 a		Х	
ŀ		,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud dits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b			
BAA				Form	990 ((2013)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

FREEHAB INC 46-1498077 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 q June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III — Non-functionally integrated Type II С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Yes No Yes No 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.)

Sec	tion A. Public Support			T	1			
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support			1	1			
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
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, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	113 (line 6, columi	n (f) divided by lii	ne 11, column (f)))	14	%	
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	%	
16 a	a 33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	ind the line 14 is 3	33-1/3% or more, c	heck this box	
k	33-1/3% support test — 2012. If the and stop here. The organization							
17 a	17a 10%-facts-and-circumstances test − 2013. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
k	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how the	
18	Private foundation. If the organia	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					687,070.	687,070.
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.					30.70.00	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	687,070.	687,070.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	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	0		0			
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						687,070.
	tion B. Total Support	(-) 0000	(h) 0010	(-) 0011	(d) 0010	(-) 0012	40 T-1-1
	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6	0.	0.	0.	0.	687,070.	687,070.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
13	Total Support. (Add Ins 9,10c, 11 and 12.)	0.	0.	0.	0.	687,070.	687,070.
14	First five years. If the Form 990 organization, check this box and		ation's first, second				
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for			-			%
	Investment income percentage fi						%
	33-1/3% support tests – 2013. If is not more than 33-1/3%, check	this box and sto	here. The organize	zation qualifies a	is a publicly suppo	orted organization.	
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. The	organization qua	alifies as a publicl	y supported organi	zation
∠U	rivate ioungation. If the organiz	Lation did not che	ch a bux on mile 14	+, 13a, UL 13D, C	HECK THIS DOX 9110	see msuuchons	

Schedule A	(Form 990 or 990-EZ) 2013	FREEHAB I	NC		46-1498077	Page 4
Part IV	Supplemental Informat or 17b; and Part III, line (See instructions).	ion. Provide e 12. Also con	the explanations	s required by Part for any additional	II, line 10; Part II, line 17 information.	⁷ a
	. – – – – – – – – – – – – – – – – – – –					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

OMB No. 1545-0047

FRI	EEHAB INC			46-14	98077	
Pai	t Organizations Maintaining Done	or Advised Funds or Other	Similar Fur	nds or Accounts.		
	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line	6.		
		(a) Donor advised fun	ds	(b) Funds and	l other accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assorganization's exclusive legal cor	sets held in dontrol?	onor advised funds	Yes	No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefi impermissible private benefit?	t of the donor or donor advisor, or	r for any other	purpose conferring .	Yes	No
Pai	t II Conservation Easements.					
- 0	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line	7.		
1	Purpose(s) of conservation easements held b	y the organization (check all that	apply).			
	Preservation of land for public use (e.g.,	recreation or education)	Preservation o	of an historically impor	rtant land are	ea
	Protection of natural habitat		Preservation o	of a certified historic s	tructure	
	Preservation of open space	<u> </u>				
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contrib	ution in the for			
					e End of the	Tax Year
	Total number of conservation easements					
	Total acreage restricted by conservation ease					
	: Number of conservation easements on a cert		` '			
	Number of conservation easements included structure listed in the National Register Number of conservation easements modified, tra			2d	·he	
3	tax year ►	nsierreu, reieuseu, extinguistieu, or i	terrimated by t	ne organization damig t		
4	Number of states where property subject to conse	ervation easement is located ►				
5	Does the organization have a written policy re	egarding the periodic monitoring, i	nspection, ha	ndling of violations,		_
	and enforcement of the conservation easeme	nts it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, and enforcing conservati	on easements	during the year		
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conservation e	asements durir	ng the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of se	ction 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	s conservation easements in its reve to the organization's financial stat	enue and expentements that o	se statement, and bala lescribes the organiza	nce sheet, and tion's accour	d nting for
Da:	conservation easements. t III Organizations Maintaining Colle	ections of Art Historical Tra	PACIITAS OF	Other Similar Ac	sets	
	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line	8.		
1 8	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its fina	eld for public exhibition, education, of	or research in fo	nue statement and ba urtherance of public ser	llance sheet vice, provide,	works of
ı	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	or public exhibition, education, or re-	search in furthe	erance of public service	, provide the	s of art,
	(i) Revenues included in Form 990, Part VIII					
	(ii) Assets included in Form 990, Part $X \dots$				·	
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to these in	tems:			
	Revenues included in Form 990, Part VIII, line	9 1			'	
	Accets included in Form 990 Part Y			•		

Schedule D (Form 990) 2013 FREEF							46-1498			Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, a	and other	records, check a	any of th	ne following that ar	e a signif	icant use of its o	collectio	n	
a Public exhibition			d Loan	or exch	nange programs					
b Scholarly research			e Other							
c Preservation for future gener	ations									
4 Provide a description of the organiz Part XIII.	ation's collect	ions and	explain how the	y further	r the organization's	exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or	receive intained	donations of ar	rt, histo organiza	rical treasures, o	r other s	imilar assets	Yes		No
Part IV Escrow and Custodia). Part	
line 9, or reported an									,	,
1 a Is the organization an agent, trus	stee, custodia	an, or oth	er intermediar	y for co	ntributions or oth	er assets	not included _			_
on Form 990, Part X?								Yes		No
b If 'Yes,' explain the arrangement	in Part XIII a	and comp	lete the follow	ing tabl	e:		T			
D							,	Amoun	t	
c Beginning balance										
d Additions during the year										
e Distributions during the year										
f Ending balance										т
2a Did the organization include an a								Yes	L	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check he	ere if the explai	ntion ha	as been provided	in Part 2	XIII		· · · · · L	
Dort V Fredorina and Fredo C		Han ava			- d IV- al ta Fa	000	David IV/ Line	- 10		
Part V Endowment Funds. C										
1 - Paginning of year balance	(a) Current	t year	(b) Prior yea	ır	(c) Two years back	(a)	Three years back	(e)	our year	s back
1 a Beginning of year balance								1		
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	e of the curre	ent year e	end balance (lir	ne 1g, d	column (a)) held	as:				
a Board designated or quasi-endowm	ent ►		<u> </u> %							
b Permanent endowment ►		5								
c Temporarily restricted endowmer	nt ►		%							
The percentages in lines 2a, 2b,	and 2c shoul	ld equal 1	00%.							
3a Are there endowment funds not in t	he possession	n of the or	ganization that	are held	I and administered	for the		-		1
organization by:									Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ii), are the related of	-							3b		
4 Describe in Part XIII the intended		-	tion's endowm	ent fun	ds.					
Part VI Land, Buildings, and										
Complete if the organi	zation ans	wered	Yes' to Forr	n 990,	, Part IV, line	11a. Se	ee Form 990), Part	X, lin	ne 10.
Description of property		(a) Cost (inv	or other basis vestment)	(b)	Cost or other asis (other)	(c) Ac dep	cumulated reciation	(d) [Book va	alue
1 a Land										
b Buildings										
c Leasehold improvements					500,000.		8,333.		491	,667.
d Equipment					.,		,			
e Other					24,542.		18.		24	,524.
Total. Add lines 1a through 1e. (Column	ın (d) must e	qual Forr	n 990, Part X,	column						,191.
BAA					- · · · · ·		Schedu	ıle D (Fo		

Schedule **D** (Form 990) 2013

Investments - Other Secur Complete if the organization		N/A 90, Part IV, line 11b. See Form 990, Part X, line
(a) Description of security or category (including name		(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)		
<u>· · </u>		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B	?) line 12.) ►	
Part VIII Investments – Program Re		N/A
Complete if the organization	າ answered 'Yes' to Form 99	90, Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B	3) line 13.) ►	
Part IX Other Assets.	N/	/A
Complete if the organization	(a) Description	90, Part IV, line 11d. See Form 990, Part X, line (b) Book valu
(1)	(a) Description	(b) Dook valu
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part	X, column (B), line 15.)	
Part X Other Liabilities.		11 116 O F 000 D V. L 05
		11e or 11f. See Form 990, Part X, line 25
(a) Description of liability (1) Federal income taxes	(b) Book valu	ue
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B		s financial statements that reports the organization's liability for uncertain

BAA

Schedule **D** (Form 990) 2013

Part XI			eturn. N	/A
	Complete if the organization answered 'Yes' to Form 990, P	art IV, line 12a.		
1 Tota	al revenue, gains, and other support per audited financial statements		1	
2 Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net	unrealized gains on investments	2 a		
b Don	nated services and use of facilities	2 b		
c Rec	overies of prior year grants	2 c		
d Oth	er (Describe in Part XIII.)	2 d		
e Add	I lines 2a through 2d		2 e	
3 Sub	stract line 2e from line 1		3	
4 Amo	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Oth	er (Describe in Part XIII.)	4 b		
c Add	l lines 4a and 4b		4 c	
5 Tota	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	
Part XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.	N/A
	Complete if the organization answered 'Yes' to Form 990, P	art IV, line 12a.		
1 Tota	al expenses and losses per audited financial statements		1	
	ounts included on line 1 but not on Form 990, Part IX, line 25:			
	nated services and use of facilities	2 a		
b Pric	or year adjustments			
c Oth	er losses	2 c		
d Oth	er (Describe in Part XIII.)	2 d		
e Add	l lines 2a through 2d		2 e	
	stract line 2e from line 1		3	
4 Amo	ounts included on Form 990, Part IX, line 25, but not on line 1:			
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Oth	er (Describe in Part XIII.)	4 b		
	I lines 4a and 4b		4 c	
	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	
Part XII	Supplemental Information.			
Provide the line 4; Pa	ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con	Part IV, lines 1b and 2b; Par aplete this part to provide any	t V, additional	information.
	. 			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FREEHAB INC 46-1498077 FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No. 1545-1709

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you a	are filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box		· · · · · · · · X
• If you a	are filing for an Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of th	is form).	
Do not cor	mplete Part II unless you have already been grant	ed an autom	natic 3-month extention on a previously f	filed Form 8868.	
Electronic corporation request an Associated	filing (e-file). You can electronically file Form 886 in required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which refiling of this form, visit www.irs.gov/efile and click	68 if you nee ot automatic) t I or Part II v nust be sent	d a 3-month automatic extension of time) 3-month extension of time. You can ele with the exception of Form 8870, Informatio to the IRS in paper format (see instruct	e to file (6 month ectronically file F n Return for Trans	form 8868 to sfers
Part I	Automatic 3-Month Extension of Time	e. Only sul	bmit original (no copies needed).		
A corporat	ion required to file Form 990-T and requesting an	automatic 6	-month extension – check this box and	complete Part I	only ▶ □
	orporations (including 1120-C filers), partnerships				ш
income tax		,	Enter filer's identi		
	Name of exempt organization or other filer, see instructions.			Employer identificat	tion number (EIN) or
Type or print	FREEHAB INC	46 140007	-		
	46-149807				
File by the due date for	Number, street, and room or suite number. If a P.O. box, see	mot dottono.		Coolar Cocarry Trains	56. (56.4)
filing your return. See	22431 B160 ANTONIO PKY #527 City, town or post office, state, and ZIP code. For a foreign ad	dress, see instru	actions.		
instructions.	RANCHO SANTA MARGARITA, CA 92	688			
	idinelle blivili fundintilli, en 32	.000			
Enter the F	Return code for the return that this application is f	or (file a sep	parate application for each return)		01
Application	<u> </u>	Poturn	Application		Return
Applicatio Is For	11	Return Code	Application Is For		Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-		02	Form 1041-A		08
Form 4720		03	Form 4720 (other than individual)		09
Form 990-		04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
Telepho If the c If this i check	one No. ► (949) 481-1110 organization does not have an office or place of but some for a Group Return, enter the organization's fout this box ► If it is for part of the group, tension is for.	r digit Group check this b	e United States, check this box	f this is for the w	hole group,
until The ∈ ► [2 If the	lest an automatic 3-month (6 months for a corporation $8/15$, 20 14 , to file the exempt orgextension is for the organization's return for: \overline{X} calendar year 20 $\underline{13}$ or \underline{X} tax year beginning , 20 \underline{X} etax year entered in line 1 is for less than 12 more	ganization re _, and endir	turn for the organization named above.	nal return	
3a If this	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, efundable credits. See instructions			3a \$	0.
b If this	s application is for Forms 990-PF, 990-T, 4720, or	6069, enter	any refundable credits and estimated	3b \$	0.
c Bala	nayments made. Include any prior year overpayments made. Subtract line 3b from line 3a. Include you	ur payment v	with this form, if required, by using		_
-	PS (Electronic Federal Tax Payment System). Šee			3 c \$	0.
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	153-EO and Form	1 8879-EO for

Form **990-T**

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

	For	calendar yea	r 2013 or other tax year beginn	ning	, 2013, and instructions.	l ending _			_	201	13
Denar	tment of the Treasury		on about Form 990-T and	its instruc	tions is availab				Oper	to Public lu	nspection for
Intern	al Revenue Service	► Do i	not enter SSN numbers on this				ion is a 501(c)(3)		501(0	c)(3) Organi:	zations Only
Α	Check box if address changed			ск вох іт пате	changed and see in:	structions.		D	(Employ instructi	/ees' trust, s	tion number ee
	Exempt under section	Print	FREEHAB INC 22431 B160 ANTO	NTO PKY	7 #527					149807	17
	X 501(C)(3)	T	RANCHO SANTA MA	RGARIT <i>I</i>	T T T T T T T T T T T T T T T T T T T	8		E		ted business	
	408(e) 220(e) 408A 530(a)				•			-	codes ((See instruct	tions.)
	529(a)										
	Book value of all assets at	F Group	exemption number (See in	nstructions.)	>			1			
	end of year 1,309,310.	G Checl	k organization type	X 501(c) corporation	501	(c) trust	401((a) trust	: Пс	Other trust
Ħ [y unrelated business activ		· · ·						
<u> </u>	During the tay year, wa	s the corno	oration a subsidiary in an	affiliated o	roup or a parer	nt-subsid	iary controlled	aroun	2 ▶	Yes	X No
			fying number of the parer			it sabsia	iary controlled	group	• • • • • • • • • • • • • • • • • • • •		X NO
	The books are in care of		NE MACLAINE	it corporat	1011	Т	elephone num	ıber►	(949)	481-	1110
Pai	t I Unrelated Ti		Susiness Income		(A) Inco		(B) Expe		1 7	(C) N	
1 a	Gross receipts or sale	S									
ı	Less returns and allowance:	s 2	c Balan	nce► 1 d	:						
			line 7)								
	'		ı line 1c								
		-	Form 8949 and Schedule	-							
			7) (attach Form 4797)								
	Income (loss) from pa	artnerships	and S corporations								
	(attach statement)			-							
_	•	•									
7			(Schedule E)						_		
8	, , ,	•	om controlled organizations (Sched	· ·					_		
10			, (9), or (17) organization (Sch G e (Schedule I)	-					_		
10 11									_		
			attach schedule.)								
			,	12							
13	Total. Combine lines	3 through 1	2	13		0.			0.		0.
Pai	t II Deductions	Not Take	en Elsewhere (See in	nstruction	ns for limitati	ions on	deductions	s.) (E:	xcept :	for	
			ions must be directly								
	•		ors, and trustees (Schedu	-					5		
15 16	9								6		
17	•							<u> </u>	7		
18								<u> </u>	8		
19	Taxes and licenses							1	9		
20	Charitable contribution	ns (See ins	structions for limitation rul	les.)				2	20		
21	Depreciation (attach F	Form 4562)			2	.1					,
22	·		hedule A and elsewhere		<u> </u>				22 b		
23	•							<u> </u>	23		
24			nsation plans						24		
25 26			dule I)						25 26		
26 27		•	ule I)						27		
28	'	•	le)						28		
29			hrough 28						29		
30			me before net operating lo						30		
31 32			nited to the amount on lin me before specific deduct						31 32		
33			,000, but see line 33 instr						33		0.
34			btract line 33 from line 32. If line					_	34		0.
BAA			otice, see instructions.			0205L 12/2		J.		Form 990	0-T (2013)

Part	·					
	Organizations Taxable as Corporations.					
	Controlled group members (sections 1561					
	Enter your share of the \$50,000, \$25,000,	and \$9,925,000 taxable inco	ome brackets (in that or	rder):		
(1) [\$ (2) [\$	(3)		_		
	nter organization's share of: (1) Addition					
	2) Additional 3% tax (not more than \$100					
	ncome tax on the amount on line 34				35 c	0.
	rusts Taxable at Trust Rates. See instru				20	
	on line 34 from: Tax rate schedule				36	
	Proxy tax. See instructions				37	
	Alternative minimum tax				38	
	otal. Add lines 37 and 38 to line 35c or	36, whichever applies			39	0.
Part						
	Foreign tax credit (corporations attach Fo					
	Other credits (see instructions)					
	General business credit. Attach Form 380					
	Credit for prior year minimum tax (attach				40 -	0
	Total credits. Add lines 40a through 40d. Subtract line 40e from line 39				40 e	0.
41 0	Other taxes. Check if from: Form 4255	□Form 8611 □Form 869	7 DForm 8866		41	0.
42	Other (attach schedule)				42	
⊿ 3 T	Total tax. Add lines 41 and 42				43	0.
	Payments: A 2012 overpayment credited				70	<u></u>
	2013 estimated tax payments					
	ax deposited with Form 8868					
	oreign organizations: Tax paid or withhe					
e E	Backup withholding (see instructions)		44 e			
	Credit for small employer health insurance					
g (Other credits and payments:	orm 2439				
	Form 4136	otherT	otal ▶ 44 g			
45 T	Total payments. Add lines 44a through 44	łg			45	0.
	Estimated tax penalty (see instructions).				46	
47 T	ax due. If line 45 is less than the total of	lines 43 and 46, enter amou	ınt owed		47	
	Overpayment. If line 45 is larger than the				48	
	Enter the amount of line 48 you want: Cre			Refunded ►	49	
Part				nstructions)		
	At any time during the 2013 calendar year, d				er a	Yes No
	inancial account (bank, securities, or other) in		~	-		
	Report of Foreign Bank and Financial Acc					X
	During the tax year, did the organization i	•	9 .			
	f YES, see instructions for other forms the			or transferor to, t	a for eigh	X X
	Enter the amount of tax-exempt interest rece	•		0		
	dule A — Cost of Goods Sold. En			0.		
	nventory at beginning of year	1	6 Inventory at end	of year	6	
		2	-i		0	
	Purchases		7 Cost of goods s line 6 from line !	5 Enter here		
	Cost of labor	3	and in Part I, lin		7	
4a A	additional section 263A costs (attach schedule)			,		Yes No
h c	Other costs	4a	8 Do the rules of s	section 263A (wit	h respec	ct to
(a	att. sch.)	4 b		ed or acquired fo		
<u>5</u> 1	Total. Add lines 1 through 4b	5		on?		
٥.	Under penalties of perjury, I declare that I have belief, it is true, correct, and complete. Declara	examined this return, including accomtion of preparer (other than taxpayer) i	panying schedules and statems s based on all information of w	ents, and to the best o	f my knowl knowledge	edge and
Sign			PRESIDENT		May the IR	RS discuss this return with er shown below (see
Uara	1000	8/30/14				el silowii below (see
Here	Signature of officer	8/30/14 Date	Title		instruction	
Here	Signature of officer	Date	Title		instruction	s)? X Yes No
Here Paid	Signature of officer Print/Type preparer's name	Date Preparer's signature		Check X if	PTIN	S)? X Yes No
Paid Pre-	Signature of officer Print/Type preparer's name RICHARD SOLTES	Preparer's signature RICHARD SOLTES	Title	Check X if self-employed	PTIN	S)? X Yes No 1227179
Paid Pre- parer	Signature of officer Print/Type preparer's name RICHARD SOLTES Firm's name SOLTES ACCOUNTY	Preparer's signature RICHARD SOLTES NTACY CORPORATION	Title	Check X if	PTIN	S)? X Yes No
Paid Pre- parer Use	Print/Type preparer's name RICHARD SOLTES Firm's name SOLTES ACCOUNTY Firm's address A220 BRIARBEN	Preparer's signature RICHARD SOLTES VTACY CORPORATION ND RD	Title	Check X if self-employed Firm's EIN ►	PTIN P01	X Yes No 1227179 146740
Paid Pre- parer	Signature of officer Print/Type preparer's name RICHARD SOLTES Firm's name SOLTES ACCOUNTY	Preparer's signature RICHARD SOLTES VTACY CORPORATION ND RD	Title Date	Check X if self-employed	PTIN P01	S)? X Yes No 1227179

Schedule C — Rent Incon	ne (From Real P	roperty and	d Persor	nal Property	Leas	ed With Rea	l Prope	erty) (see instructions)
1 Description of property								
(1)								
(2)								
(3)								
(4)								
(-) F	2 Rent received of					3(a) Deduc	tions dire	ectly connected with
(a) From personal pr (if the percentage of rent to property is more than 10 more than 50%	for personal 0% but not	(if the perce property ex	entage of ceeds 50%	ersonal property rent for person 6 or if the rent or income)	al	the incon	ne in colu	umns 2(a) and 2(b) schedule)
(1)								
(2)								
(3)								
(4)								
Total	Tota					(b) Total deduction	ons Enter	
(c) Total income. Add totals of there and on page 1, Part I, line	6, column (A)	·				here and on page I, line 6, column (E	l. Part	•
Schedule E — Unrelated I	Debt-Financed II	ncome (see	instruction I	ns)	3.5	1 12 12 11		
1 Description of de	ebt-financed property	1	or alloca	income from able to debt-		debt-	financed	cted with or allocable to property
(1)			IIIIaiice	ed property	depre	(a) Straight line eciation (attach	sch)	(b) Other deductions (attach schedule)
(1)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus or allocable to d property (attack	ebt-financed	div	column 4 vided by olumn 5		7 Gross income ortable (column column 6)	2 x	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%	<u>.</u>			
Totals					Part I	, line 7, columi	age I,Er n (A). Pa	nter here and on page 1, art I, line 7, column (B).
Schedule F — Interest, A								ictions)
Schedule F — Interest, Al	munics, Royani	Exempt Conf			u Orga	allizations (s	ee msuu	ictions)
1 Name of controlled organization	2 Employer identification number	3 Net unr income ((see instru	elated (loss)	4 Total of spi payments r		5 Part of co that is incl the contr organiza gross inc	uded in olling tion's	6 Deductions directly connected with income in column 5
(1)								
(2)								
(4)								
Nonexempt Controlled Organiza	ations							
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		f specified its made	included	d in the	nn 9 that is controlling ross income	11 con	Deductions directly inected with income in column 10
(1)								
(2)								
(3)								
(4)				here and or		nd 10. Enter 1, Part I, line 1 (A).		olumns 6 and 11. Enter nd on page 1, Part I, line 8, column (B).
Totals								

Schedule G - Investment Inc	ome of a Section	n 501 (c)(7), (9), or (17) Orga	nizati	on (see in	structio	ons)	
1 Description of income	2 Amount of inc	ome	dire	Deductions ctly connected ach schedule)		4 Set-aside ttach sched		set-as	I deductions and sides (column 3 us column 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and on part I, line 9, colum	page 1, mn (A).						Enter he Part I, li	re and on page 1, ne 9, column (B).
Totals	•								
Schedule I — Exploited Exem	pt Activity Incon	ոе, Otł	ner Tha	n Advertising	Incon	ne (see ins	tructio	ns)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne prod of u	ses directly ected with duction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	activi unrela	s income from ty that is not ited business income	attrib	xpenses outable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, column (A).	on p Part I	here and page 1, , line 10, mn (B).						Enter here and on page 1, Part II, line 26.
Totals									
Schedule J — Advertising Inc									
Part I Income From Periodic	•								
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.		rculation ncome		eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)				3					
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	•								
Part II Income From Periodic 7 on a line-by-line basis.)	cals Reported or	ı a Se _l	parate I	Basis (For each p	periodi	cal listed in	Part I	I, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation ncome		eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on p Part I	here and page 1, , line 11, mn (B).						Enter here and on page 1, Part II, line 27.
Schedule K — Compensation	of Officers Dire	ctors	and Tr	ustees (see instr	ruction	s)			
Schedule N — Compensation	or Officers, Dire	Ciors,	and m	usices (see insu			-		
1 Name				2 Title		3 Percent of time devote to busines	ed		ation attributable ated business
							%		
							%		
							%		
							%		
Total Enter here and on page 1 Par	t II ling 1/I						▶		

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you ar	re filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box			> X
If you ar	re filing for an Additional (Not Automatic) 3-Mont	h Extensior	n, complete only Part II (on page 2 of th	is form	1).	<u> </u>
Do not com	plete Part II unless you have already been grante	d an autom	atic 3-month extention on a previously f	iled Fo	rm 8868.	
corporation request an example Associated	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which m ling of this form, visit www.irs.gov/efile and click of	automatic) I or Part II w ust be sent	3-month extension of time. You can elegith the exception of Form 8870, Information to the IRS in paper format (see instruct	ctronic Returi	cally file Form n for Transfers	1 8868 to
Part I	Automatic 3-Month Extension of Time.	Only sub	omit original (no copies needed).			
A corporation	on required to file Form 990-T and requesting an a		• • • • • • • • • • • • • • • • • • • •		ete Part I only	<u>,</u>
	rporations (including 1120-C filers), partnerships,			an ex	tension of tim	ne to file
	Name of exempt organization or other filer, see instructions.				yer identification n	
Type or						
print	FREEHAB INC			46-	1498077	
File by the	Number, street, and room or suite number. If a P.O. box, see in	structions.			security number (S	SSN)
due date for filing your	22431 B160 ANTONIO PKY #527					
return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.	1		
instructions.	RANCHO SANTA MARGARITA, CA 926	588				
	eturn code for the return that this application is fo	r (file a sep	parate application for each return)			07
Application Is For		Return Code	Application Is For			Return Code
	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-B		02	Form 1041-A			08
Form 4720 (i	· · · · · · · · · · · · · · · · · · ·	03	Form 4720 (other than individual)			09
Form 990-P		04	Form 5227			10
-	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephor If the ore If this is check the the exte 1 reque until The external X	as are in the care of ► JEANNE MACLAINE The No. ► (949) 481-1110 The ganization does not have an office or place of busing for a Group Return, enter the organization's four his box ►	digit Group heck this be required to f anization ref	e United States, check this box	this is	s for the whole nd EINs of all	e group,
Ch	tax year entered in line 1 is for less than 12 mont lange in accounting period			al retu	ırn	
nonref	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	<u></u>		3 a	\$	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, or or yments made. Include any prior year overpaymen	it allowed a	s a credit	3 b	\$	0.
c Baland EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v instructions	vith this form, if required, by using	3 c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

PAGE 1

FREEHAB INC

46-1498077

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
AUTOMOBILE EXPENSE BANK SERVICE CHARGES CREDIT CARD DISCOUNTS DOMAIN NAME FEES ENTERTAINMENT	398 40 467 174 237		398 40 467 237	174
FILING & PUBLISHING FEES LICENSE POSTAGE & SHIPPING REPAIRS & MAINTENANCE	528 90 232 1,907		528 90 232 1,907	
RESEARCH MATERIALS SOCIAL MEDIA MANAGEMENT TELEPHONE	229 1,300 96		96	229 1,300
TRADEMARK REGISTRATION WEBSITE DEVELOPMENT	532 925 			532 925
TOTALS	7,155 =======	0	3,995 ======	3,160 =======

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2013 FTB 3586' on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars drawn against a U.S. financial institution.

WHEN TO FILE: Fiscal Year — See instructions.

Calendar Year — File and Pay by March 17, 2014.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time

online registration, corporation can make an immediate payment or schedule payments up

to a year in advance. Go to ftb.ca.gov for more information.

_ DETACH HERE _ _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER

CAUTION: You may be required to pay electronically, see instructions.

_ _ _ DETACH HERE _ _

TAXABLE YEAR **Payment Voucher for Corps and** 2013 **Exempt Orgs e-filed Returns**

CALIFORNIA FORM 3586 (e-file)

3520276 00000000000 FREE 46-1498077 13 FORM 3

12-31-13 TYB 01-01-13 TYE

FREEHAB INC

JEANNE MACLAINE

22431 B160 ANTONIO PKY 527 STE

RANCHO SANTA MARG CA 92688

> 10. TOTAL PAYMENT AMT

6181136 059 CACA1201L 12/13/13 FTB 3586 2013

California Exempt Organization Annual Information Return 2013

199

Calendar Ye	ar 20	13 or fiscal ye	ear beginning (mr	n/dd/yyyy)		, a	nd ending	(mm/dd/	уууу)				
Corporation/Org	ganizat	tion Name								(California cor	poration nu	ımber
FREEHAE	3 IN	IC								13	352027	6	
Address (suite,											EIN		
22/31 E	160) ANTONTO	O PKY #527								16-149	2077	
City	,100	ANIONIC	J IRI #527					State	ZIP Code		10 145	3011	
RANCHO	SAN	TA MARGA	ARTTA					CA	92688				
				X Yes	No	J If e	exempt under		ection 23701d, has the)			
						org	anization du	ring the ye	ear: (1) participated i	n any			
B Amended	Inform	nation Return		• Yes	X No	pol lea	itical campa islation or ai	ign, or (2) ny hallot n	attempted to influence	ce an elec	rtion		
C IRC Section 4947(a)(1) trust Yes X No legislation or any ballot measure, or (3) mac under R&TC Section 23704.5 (relating to lob									14.5 (relating to Jobby	ina hv		-	
D Final Information Return? • Dissolved • Surrendered (Withdrawn) public charities)?										Yes	X No		
		Reorganized									Ī	٦.,	П.,
Ent	er date	e (mm/dd/yyyy)): •						t under R&TC Section	n 23701	lg? ● [Yes	X No
E Check acc						TI non	Yes,' enter g nmember sou	ross recei irces	pts	. \$	}		
1 □ C	ash	2 x Accrua	ol 3 Other										
F Federal re		——				L If o	rganization	is exempt	under R&TC Section is, educational, or cha	23701d			
	_		990 PF 3 ●	Sch H (990)		and	d is exclusive	ed primaril	y (50% or more) by	public	,		
					X No				No filing fee is requi				
		ning for the sub- roster. See inst		• Yes	X 110	M Is t	the organizat	ion a Limi	ted Liability Company	y?		Yes	X No
		ion in a group ex the parent's nam		Yes	X No	N Dic	I the organiz	ation file F	Form 100 or Form 109	to rep	ort	Yes	X No
11 153, W	iiut 3 l	ano parent 3 nan	10.								,		A 110
■ Did the or	naniza	ation have any ch	nanges in its activitie	<u> </u>		O Is 1	the organizat	tion under	audit by the IRS or h	as the	IRS _ [Ves	X No
			f incorporation, or by			aut	inteu iii a pii	or years			• [103	A III
				ard? ● Yes	X No								
			es of revised docume								C	ACA1112L	11/20/13
Part I	Com	plete Part I u	ınless not requi	red to file this forn	n. See Ge	neral lı	nstruction	s B and	I C.				
	1	Gross sales	or receipts from	n other sources. Fr	om Side 2	2. Part	II, line 8.			1			
			•	ts from members a						2			
Receipts									3	1	L,448,	938.	
and Revenues			receipts for filing requirement test. Add line 1 through line 3.										
Nevenues	-			d. If the result is le					truction B •	4	-	L,448,	938.
	5		-									.,	, 300.
	6			es expenses of as			-						
	7			line 6						7			
										8	-	L,448	030
	0	Total ovner	cae and dishure	et line 7 from line 4 ements. From Side	2 Part I	L lino		<u> </u>		9	 		,936. ,579.
Expenses										10	-	L, 291	
				enses and disburs						11	 	L, 231,	
	11	-		General Instruction						12			10.
Filing		, ,		Canaval Instruction						13	-		
Fee				General Instruction									
				ction K					• • • • • • • • • • • • • • • • • • • •	14			
	15	Then subtra	e. Add line 11, li ict line 12 from t	ne 13, and line 14 he result	•					15			10.
	Under	penalties of perju	ury, I declare that I ha	ive examined this return, er (other than taxpayer)	including ac	company	ing schedules	s and state	ments, and to the bes	t of my	knowledge a	nd belief, i	t is true,
Sign	correct	i, and complete	/ no orenar	च (otner than taxpayer)।	is based on a Title	an miorina	auon or willer	i preparer	Date	_	Telephone		
Here	Signa	iture >	Tak.						8/30/14	[- relepitori	-	
	ot offi	cer	V won		PRESI		Data		01 1 1		DTINI		
	Prepa	rer's PTC		C			Date		Check if self- employed ► X	7 I	PTIN	170	
Paid Preparer's	signat		HARD SOLTE						employed > X	1 1	901227: FEIN	1/9	
Use Only	Firm's (or you	, manne		COUNTACY COF	KPORAT'	LON				<u> </u>	_	C	
	self-er	mployed) -	4220 BRIA		-						74-304 € Telephor		
	anu di	uui 533 -	DALLAS, T	K 75287-3905)					`			
											(818) 2		
	May	the FTB dis	cuss this return	with the preparer :	shown abo	ove? S	ee instruc	tions		•	X Ye	S	No

46-1498077

FREEHAB INC

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	business a	activities. See i	nstruc	tions		1	
		2	Interest						2	
		3	Dividends	3						
Rece		4	Gross rents	4						
Othe		5	Gross royalties	5						
Sour	ces	6	Gross amount received from sa						6	
		7	Other income. Attach schedule.	7						
		8	Total gross sales or receipts from other	8						
		9	Contributions, gifts, grants, and similar		•				9	
		10	Disbursements to or for member						10	
		11	Compensation of officers, direct	tore and t	rustoos Attach	cchor	SEE ST	ATEMENT 1	11	60.000
			Other salaries and wages						12	60,890.
Expe	nses	12	•	13						
anḋ		13	Interest							
Disb		14	Taxes					_	14	
	.5	15	Rents						15	43,376.
		16	Depreciation and depletion (See						16	8,351.
		17	Other Expenses and Disbursem						17	44,962.
		18	Total expenses and disbursements. Add	line 9 throug	h line 17. Enter her	e and o	n Side 1, Part I, line	9	18	157,579.
Sch	edule	: L	Balance Sheets		Beginning of t	axabl	e year	End	of taxa	ble year
Asse	ts				(a)		(b)	(c)		(d)
1									•	683,486.
2	Net acc	ounts	receivable						•	84,671.
3	Net not	es rec	eivable						•	
4									•	
5	Federal	and s	tate government obligations						•	
6	Investm	nents i	n other bonds						•	
7	Investm	nents i	n stock						•	
8	Mortgag	ge loar	18						•	
9	Other in	nvestm	nents. Attach schedule						•	
10 a	Depreci	able a	ssets					524,54	42.	
b	Less ac	cumul	ated depreciation					8,3	51.	516,191.
11									•	
12	Other a	ssets.	Attach schedule	3					•	24,962.
13										1,309,310.
Liabi	lities a	nd n	et worth							
14	Account	ts paya	able						•	17,951.
15	Contrib	utions.	, gifts, or grants payable						•	·
16			otes pavable						•	
17	Mortgag	des pa	yable						•	
18	٠,	•	es. Attach schedule							
19			or principle fund						•	1,291,359.
20	•		pital surplus. Attach reconciliation						•	1,231,003.
21			lings or income fund						•	
22			es and net worth							1,309,310.
Sch	edule	: M-	Reconciliation of income por Do not complete this schedule	er books we if the amou	rith income per unt on Schedule	retur L, line	n e 13, column (d), i	s less than \$50,000		
1	Net inco	ome n	er books		,291,359.			books this year not incl		
2			ne tax	•	, == = , = = = •	1		h sch		
3 Excess of capital losses over capital gains						8	Deductions in this r			
4			ecorded on books this year.			1	against book incom			
			ıle	•						
5	Expense	es reco	orded on books this year not deducted			9		d line 8	[
	in this i	return.	. Attach schedule	•		10	Net income per			
6	Total. A	dd lin	e 1 through line 5	1	,291,359.		Subtract line 9	from line 6		1,291,359.

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2013 FTB 3539' on the check or money order. Detach form below.

Enclose, but **do not** staple, the payment with the form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations - File and Pay by March 17, 2014

Fiscal year filers — See instructions
Employees' trust and IRA — File and Pay by April 15, 2014 Calendar year exempt orgs — File and Pay by May 15, 2014

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for

Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in

advance. Go to **ftb.ca.gov** for more information.

. DETACH HERE _ _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM_ _ _ _ DETACH HERE _ _ _ .

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **Payment for Automatic Extension** 2013 for Corps and Exempt Orgs

CALIFORNIA FORM

3539 (CORP)

3520276 46-1498077 00000000000 13 FORM FREE

TYE 12-31-2013 TYB 01-01-2013

FREEHAB INC

JEANNE MACLAINE

22431 B160 ANTONIO PKY STE 527

RANCHO SANTA MARG CA 92688

TOTAL PAYMENT AMT 10.

6141136 059 CACZ0401L 12/06/13 FTB 3539 2013

2013 Corporation Depreciation and Amortization

3885

Λ ++ o c	ab to Form 100 or For	m 100\\/ = ===	. 100									
	ch to Form 100 or For	m roow. FOR	M 199						Californ	nia corpor	ation numb	per
										·		
Parl	EEHAB INC	nence Certain Pro	perty Under IRC Se	action 1	79				3520	0276		
1	Maximum deduction									1		\$25,000
	Total cost of IRC Se								<u> </u>	2		\$23,000
3	Threshold cost of IR		•						F	3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0					4		<u> </u>
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0				5		
6	(a)	Description of property		(b) C	ost (business ι	use only)	(c)	Elected o	ost			
	Listed property (elec											
_	Total elected cost of	•								9		
9 10	Tentative deduction. Carryover of disallov								<u> </u>	10		
11	Business income lim								F	11		
12	IRC Section 179 exp				•					12		
13	Carryover of disallov					_						
Parl			ditional First Year I					ion 24	356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or		rèciation wed or	Depreciation	ı Life	or	Deprecia	ation for	Add	litional first
	of property	(mm/dd/yyyy)	other basis		wable in	method	rat	=	this y	yeai	de	year preciation
				earli	er years							•
	RNITURE	12/11/2013	1,471.			S/L		7		18	•	
	RNITURE	12/23/2013	1,071.			S/L		7				
	ROOM FURNITU		22,000.		\$			7				
LEF	ASEHOLD IMPRO	7/10/2013	500,000.			S/L		30	8,333.		•	
							<u> </u>					
15	Add the amounts in								_			
D	\$2,000. See instruct	ions for line 14, co	lumn (h)					15		3,351	•	
Parl		tiam ia alaatima.								ı		
10	Total: If the corporal IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15	. column (a)	or						
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1						
17	Depreciation (if no e Total depreciation cl	* *				,						
	Depreciation adjustn		•							··· 17		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form	100 o	r			
	Form 100W, Side 1, state adjustments or	line 12. (If Califori	nia depreciation am	10unts a	ire used to (determine i	net inco	ne bet	ore	18		
Parl		11 01111 100 01 1 011	11 10011, 110 dajasti	1101111151	10003341 y . j.					10		
19	(a)	(b)	(c)		((d)	(e)		(f)			(g)
	Description	Date acquire	ed Cost o		Amorti	zation	R&T	С	Period		Amo	rtization
	of property	(mm/dd/yyyy	/) other bas	SIS	allowed or in earlie		section (see in		percenta	age	for the	nis year
						<u>, </u>	,					
20	Total. Add the amou	ints in column (a)								20		
21	Total amortization cl	(0)							l l	21		
		·	•						T I			
_	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form	100 o	r			
	Form 100W, Side 1,	line 12								22		

CACA3501L 11/25/13 059 7621134 FTB 3885 2013

PAGE 1

FREEHAB INC

46-1498077

STATEMENT 1 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAURI BURNS 78 CIRCLE COURT MISSION VIEJO, CA 92692	PRESIDENT 30.00	\$ 60,890.	\$ 0.	\$ 0.
PAUL BLAVIN 3817 WINSTON DRIVE TARZANA, CA 91356	OFFICER 0	0.	0.	0.
NANCY SOBEL 831 APPELBY STREET VENICE, CA 90291	OFFICER 0	0.	0.	0.
MORGAN LAMOTHE 19132 DELAWARE STREET #13 HUNTINGTON BEACH, CA 92648	OFFICER 1.00	0.	0.	0.
DENNIS WOOTAN PO BOX 10398 SANTA ANA, CA 92711	OFFICER 0	0.	0.	0.
	TOTAL	\$ 60,890.	\$ 0.	\$ 0.

STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES ADVERTISING AND PROMOTION AUTOMOBILE EXPENSE BANK SERVICE CHARGES. CREDIT CARD DISCOUNTS DOMAIN NAME FEES. ENTERTAINMENT FILING & PBLISHING FEES INSURANCE LEGAL FEES LICENSES. OFFICE EXPENSES ORGANIZATIONAL FEES. POSTAGE AND SHIPPING. PRINTING AND PUBLICATIONS REPAIRS & MAINTENANCE RESEARCH MATERIALS SIGNAGE SOCIAL MEDIA MANAGEMENT SUPPLIES.	5,166. 5,000. 398. 407. 174. 237. 528. 4,184. 150. 90. 292. 7,662. 232. 2,927. 1,907. 229. 4,080. 1,300. 8,346.
SUPPLIES. TELEPHONE TRADEMARK REGISTRATION	8,346. 96. 532.

2013	CALIFORNIA STATEMENTS	PAGE 2
	FREEHAB INC	46-1498077
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 17 OTHER EXPENSES WEBSITE DEVELOPMENT	\$ TOTAL <u>\$</u>	925. 44,962.
STATEMENT 3 FORM 199, SCHEDULE L, LIN OTHER ASSETS	IE 12	
SECURITY DEPOSITSROUNDING	TOTAL \$	24,960. 2. 24,962.

FREEHAB INC

46-1498077

THE ORGANIZATION'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ORGANIZATION SHOULD REVIEW THEIR CALIFORNIA RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ORGANIZATION SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING THE RETURN.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$10.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

PAYMENT INSTRUCTIONS

MAIL FORM 3586, WITH PAYMENT, TO: FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531.

DO NOT MAIL:

FORM 8453-EO

FORM 109

Colondor Voc	× 201	(mm/dd/yyyy) (mm/dd/yyyy)							
Carendar Year Corporation/Organ	ır ∠∪ı nizatior	3 or fiscal year beginning, and ending	Californi	a corporation nu	mber				
EDEEUAD	TNO			•					
FREEHAB Address (suite, ro			FEIN)276					
22431 B1	60	ANTONIO PKY #527	46-1	L498077					
City		State ZIP Code	- 10 -						
RANCHO S	ANT	A MARGARITA CA 92688							
		ed?	le trust as						
R Is this an	educ	ation IRA within the		Yes	X No				
meaning	of R&	TC Section 23712? Yes X No I I s this organization claiming any Enterpris	se						
C Is the org	anıza RS:	tion under audit by the IRS audited in a prior year? • Yes X No Zone (EZ), Los Angeles Revitalization Z							
D Final Retu		Targeteď Tax Area (ŤTA), or Manufacturin	ng 💮	—					
• Diss	solve	d ● Surrendered (Withdrawn) Enhancement Area (MEA) tax benefits		Yes	X No				
• Mer	ged/F	Reorganized (attach explanation) J Is this organization a qualified pension, pi			TT No				
		n/dd/yyyy)		Ш	X No				
		Yes X No K Unrelated Business Activity (UBA) Code.							
F Accounting I	Vlethod	Used: (1) Cash (2) X Accrual (3) Other L Is this a Hospital?		Yes	X No				
G Nature of	trade	or business If 'Yes,' attach IRS Schedule H (Form 990))						
Taxable	1	Unrelated business taxable income from Side 2, Part II, line 30	• 1		0.				
Corporation	2	Multiply line 1 by the average apportionment percentage % from the							
		Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	• 2						
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in							
		California and Schedule R was not completed, enter the amount from line 1	• 3						
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	• 4						
Tax	5	Unrelated business taxable income from line 3 or line 4	• 5						
Compu- tation	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	• 6						
tation	7	Net Operating Loss deduction. See General Information N	• 7						
	8	Add line 6 and line 7	• 8						
	9	Net unrelated business taxable income. Subtract line 8 from line 5							
	10	Tax % x line 9. See General Information J							
		113/ minum generated	• 11b						
		Total Credits. Add line 11b and 11c.	• 11d						
Total			• 11u		0.				
Tax			• 13		<u> </u>				
	14	Total tax. Add line 12 and line 13	• 14						
Payments	15	Overpayment from a prior year allowed as a credit • 15							
	16	2013 estimated tax payments. See instructions							
	17	2013 withholding (Form 592-B and/or 593.) See instructions. ● 17							
	18	Amount paid with extension (form FTB 3539)							
	19	reactive programme and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering and an engineering and an engineering and an engineering an engineering and an engineering and an engineering and an engineering an engineering and an engineering and an engineering and an engineering and an engineering and an engineering an engineering and an engineering and an engineering an engineering an engineering and an engineering an engineering an engineering an engineering an engineering an engineering and an engineering an engineering an engineering and an engineering an engineering an engineering an engineering an engineering and an engineering an engineering an engineering an engineering and an engineer	• 19						
Refund	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions.	• 20						
(Direct	21		• 21						
Deposit of Refund) or	22		• 22						
Amount	23		23						
Due	24		• 24						
		Fill in the account information to have the refund directly deposited. Routing number 24 Type: Checking Savings Caccount Number 24	-						
	25		• 25						
	26	Check if estimate penalty computed using Exception B or C and attach form FTB 5806.	- 23						
	26 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806. 27 Total amount due. Add line 20. line 23. and line 25. then subtract line 21 from the result.								

CAVA9812L 11/21/13

46-1498077

Unrelated Business Taxable Income

		tu business raxable income				
Part	. I	Unrelated Trade or Business Income				
		receipts or gross sales b Less returns and a				1 c
		t of goods sold and/or operations (Schedule A, line 7)				2
		ss profit. Subtract line 2 from line 1c				3
4 a	Сар	ital gain net income. See Specific Line Instructions - Trusts	s attach Sch	nedule D (541)	• • • • • • • • • • • • • • • • • • • •	4 a
b	Net	gain (loss) from Part II, Schedule D-1			•	4 b
С	Сар	ital loss deduction for trusts			• • • • • • • • • • • • • • • • • • • •	4 c
		me (or loss) from partnerships, limited liability companies, ructions. Attach Schedule K-1 (565, 568, or 100S) or similar				5
		tal income (Schedule C)				6
		elated debt-financed income (Schedule D)				7
		stment income of an R&TC Section 23701g, 23701i, or 2370				8
		rest, Annuities, Royalties and Rents from controlled organiz				9
		loited exempt activity income (Schedule G)				10
						11
		ertising income (Schedule H, Part III, Column A)				
		er income. Attach schedule		12		
		Il unrelated trade or business income. Add line 3 through lin				13
		Deductions Not Taken Elsewhere (Except for contributions, deductions)				
		npensation of officers, directors, and trustees from Schedule				14
		ries and wages				15
		airs				16
		debts				17
		rest. Attach schedule		18		
		es. Attach schedule	19			
		tributions. See instructions and attach schedule			• • •	20
		eciation (Corporations and Associations $-$ Schedule J) (Trusts $-$ form FTI				
b	Less	s: depreciation claimed on Schedule A. See instructions		21 b		21
		letion. Attach schedule				22
23 a	Con	tributions to deferred compensation plans				23 a
b	Emp	oloyee benefit programs. See instructions				23 b
24	Oth	er deductions. Attach schedule			• • • • • • • • • • • • • • • • • • • •	24
25	Tota	Il deductions. Add line 14 through line 24				25
26	Unre	elated business taxable income before allowable excess adv	ertising cos	sts. Subtract li	ne 25 from	26
27		ess advertising costs (Schedule H, Part III, Column B)				27
		elated business taxable income before specific deduction. S				28
		cific deduction. See instructions				29
		elated business taxable income. Subtract line 29 from line 2				30
		Under penalties of perjury, I declare that I have examined this return, including	accompanying	schedules and stat	ements, and to the best of	
Sign		correct, and complete. Declaration of preparer (other than taxpayer) is based or	n all information	n of which prepare	has any knowledge.	
Here		. 61	Title		Date	Telephone
		Signature of officer		13.700	8/30/14	
			PRESIDE	Date		PTIN
וייים		Preparer's		2410	Check if self-	
Paid Pre-		signature RICHARD SOLTES Firm's name (or yours, if self-employed) and address				P01227179 FEIN
oarer	r's					· - ···
Use		SOLTES ACCOUNTACY CORPORATION				74-3046740 Telephone
Only		4220 BRIARBEND RD				•
		DALLAS, TX 75287-3905				(818) 231-9063
		May the FTB discuss this return with the preparer shown above? See instruction	ns			Yes No

Side 2 Form 109 C1 2013 059 3642134 CAVA9812L 11/21/13

FREEHAB INC
Schedule A Cost of Goods Sold and/or Operations.

Meth	od of inventory valuation (speci	ty)			
1	Inventory at beginning	of year			1
2	Purchases				2
3	Cost of labor				3
4 8	Additional IRC Section	263A costs. Attach schedule			4 a
ŀ	Other costs. Attach sch	edule		•	4 b
5	Total. Add line 1 throug	h line 4b			5
6	Inventory at end of year	r			6
7	Cost of goods sold and	or operations. Subtract line 6 f	rom line 5. Enter here and	on Side 2, Part I, line 2	7
	Do the rules of IRC Section	on 263A (with respect to property	produced or acquired for res	ale) apply to this organization	? Yes X No
Sch	edule B Tax Credits	. Do not claim the New Jobs Cr	edit on Schedule B.		
1	Enter credit name	code no		1	
2	Enter credit name	code no		2	
3	Enter credit name	code no		3	
4	New Jobs Credit, on line 4. En	3. If claiming more than 3 credits, enter ter here and on Side 1, line 11c	the total of all claimed credits, ex	cept	4
Sch	,	es or Recapture of Tax. See in			<u> </u>
1		e look-back method for completed long-		834	1
2	·	ble to installment: a Sales of c			2 a
		b Method fo	r non-dealer installment ob	ligations	2 b
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain		•	3
4	Credit recapture. Credit			•	4
		ounts on line 1 through line 4.	See instructions		5
Sch	edule R Apportionm	ent Formula Worksheet. Use o	only for unrelated trade or b	usiness amounts.	
Part	A. Standard Method — S	Single-Sales Factor Formula.	Complete this part only if th	e corporation uses the singl	le-sales factor formula.
			(a)	(b)	(c)
			Total within and	Total within	Percent within
			outside California	California	California (b) ÷ (a)
1		District to the second of the		•	
	Apportionment percentage.	Divide total sales column (b) by total sa	ales	•	•
2	Apportionment percentage. column (a) and enter the resu	Divide total sales column (b) by total sa It here and on Form 109, Side 1, line 2.	ales		•
2	Apportionment percentage. column (a) and enter the resu	Divide total sales column (b) by total sa	he corporation uses the thr	ee-factor formula.	• (c)
2	Apportionment percentage. column (a) and enter the resu	Divide total sales column (b) by total sa It here and on Form 109, Side 1, line 2.	the corporation uses the thr (a) Total within and	ee-factor formula. (b) Total within	Percent within
2 Part	Apportionment percentage. column (a) and enter the resu B. Three Factor Forms	Divide total sales column (b) by total sa It here and on Form 109, Side 1, line 2. ula. Complete this part only if t	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	
Pari	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instruction	Divide total sales column (b) by total sa It here and on Form 109, Side 1, line 2. ula. Complete this part only if the ons.	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within	Percent within
2 Part	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instruction	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. ula. Complete this part only if the complete this part only is the complete this part only if the complete this part only is the complete this part on the	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	Percent within
Part	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. ula. Complete this part only if the compl	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	Percent within
2 Part 1 2 3	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and oth Sales factor: Gross sales and and allowances Total percentage: Add the percentage.	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. ula. Complete this part only if the complete this part only is the complete this part only is the compl	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	Percent within
Part	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and oth Sales factor: Gross sales and and allowances Total percentage: Add the percentage.	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. ula. Complete this part only if the complete this part only is the complete this part only is the compl	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	Percent within
2 Part 1 2 3	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and oth Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment perce by 3 and enter the result here	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. ula. Complete this part only if the compl	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	Percent within
2 Part 1 2 3 4 5	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances Total percentage: Add the pe Average apportionment perc by 3 and enter the result here See instructions for exceptions	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Jula. Complete this part only if the complete this part only. July 2015 on the complete this part only if the complete this part only one.	he corporation uses the thr (a) Total within and outside California .	ee-factor formula. (b) Total within California	Percent within
2 Part 1 2 3 4 5 Sch	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment percentage apportionment percentage instructions for exceptions technical income from debt-financed	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the complete this part only one. John Total Sales Column (c)	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a) • • • ructions for exceptions.
2 Part 1 2 3 4 5 Sch	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and oth Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment perce by 3 and enter the result here See instructions for exceptions ledule C Rental Incon intal income from debt-financed	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the complete this part only one. Julia Complete this part only if the complete this part only if th	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a)
2 Part 1 2 3 4 5	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment percentage apportionment percentage instructions for exceptions technical income from debt-financed	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the complete this part only one. Julia Complete this part only if the complete this part only if th	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a) • • • ructions for exceptions.
2 Part 1 2 3 4 5	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment percentage apportionment percentage instructions for exceptions technical income from debt-financed	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the complete this part only one. Julia Complete this part only if the complete this part only if th	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a)
2 Part 1 2 3 4 5	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment percentage apportionment percentage instructions for exceptions technical income from debt-financed	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the complete this part only one. Julia Complete this part only if the complete this part only if th	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a)
2 Part 1 2 3 4 5	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the complete this part only one. Julia Complete this part only if the complete this part only if th	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a)
2 Part 1 2 3 4 5 5 Sch For re 1 4 (a)	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the com	he corporation uses the thr (a) Total within and outside California outside Property Leased with an 23701g, Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a) ructions for exceptions. 3 Percentage of rent attributable to personal property % % nore than 50% column 5(a) less column 5(b) d (c) Net income includible,
2 Part 1 2 3 4 5 5 Sch For re 1 4 (a)	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and oth Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment perc by 3 and enter the result here See instructions for exceptions redule C Rental Incommatal income from debt-financed Description of property Complete if any item in column item if the rent is determined	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Jula. Complete this part only if the comp	he corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California Real Property tion 23701n organizations. See inst Rent received or accrued umn 3 is more than 10%, but not m	Percent within California (b) ÷ (a) ructions for exceptions. 3 Percentage of rent attributable to personal property % % nore than 50% column 5(a) less column 5(b) d (c) Net income includible,
2 Part 1 2 3 4 5 5 Sch For re 1 4 (a)	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the com	he corporation uses the thr (a) Total within and outside California outside Property Leased with an 23701g, Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a) ructions for exceptions. 3 Percentage of rent attributable to personal property % % nore than 50% column 5(a) less column 5(b) d (c) Net income includible,
2 Part 1 2 3 4 5 5 Sch For re 1 4 (a)	Apportionment percentage. column (a) and enter the resu B. Three Factor Form Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the com	he corporation uses the thr (a) Total within and outside California outside Property Leased with an 23701g, Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ee-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California (b) ÷ (a) ructions for exceptions. 3 Percentage of rent attributable to personal property % % nore than 50% column 5(a) less column 5(b) d (c) Net income includible,
2 Part 1 2 3 4 5 5 Sch For re 1 (a)	Apportionment percentage. column (a) and enter the resu B. Three Factor Forms Property factor: See instructi Payroll factor: Wages and ott Sales factor: Gross sales and and allowances Total percentage: Add the per Average apportionment percentage apportionment percentage and enter the result here see instructions for exceptions lectule C Rental Incompanies in the property Complete if any item in column item if the rent is determined deductions directly connected attach schedule)	Divide total sales column (b) by total salt here and on Form 109, Side 1, line 2. Julia. Complete this part only if the com	he corporation uses the thr (a) Total within and outside California outside California rsonal Property Leased with 23701g, Section 23701i, and Section 23701i, and Section 23701 is a column 2 x column 3	ee-factor formula. (b) Total within California h Real Property tion 23701n organizations. See inst 2 Rent received or accrued amn 3 is more than 10%, but not m (b) Deductions directly connected with personal property (att see	ructions for exceptions. 3 Percentage of rent attributable to personal property % % column 50% column 5(a) less column 5(b) d (c) Net income includible, col 5(a) less col 5 (b)

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Schedule D Unrelated Debt-Financed Income

Scriculic D Officialed L	Jebi-i ilialiceu ilicoli	IC .						
1 Description of debt-financed prop	erty		2 Gross income from or allocable to debt-	Deductions directly connected with or allocable to debt-financed property				
			financed property	(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach	5 Average adjusted bas of or allocable to debt financed property	is 6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8			
schedule)	(attach schedule)	<u> </u>						
		8						
		96						
Total. Enter here and on Sid	e 2, Part I, line 7							
Schedule E Investment	Income of an R&TC	Section 23701g, 23701i,	or 23701n Organizatio	n				
1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3		6 Balance of investment income, column 4 less column 5			
Total. Enter here and on Sid	a 2 Part I ling 8							
Enter gross income from me								
		nd Rents from Controlled						
		Exempt Controlled Ord						
1 Name of controlled organizations	2 Employer	3 Net unrelated	4 Total of specified	5 Part of column (4) that	6 Deductions directly			
Linguistri Identification Number		income (loss)	payments made	is included in the controlling organization's gross income	connected with income in column (5)			
1								
2								
3								
Nonexempt Controlled Orga	nizations							
7 Taxable Income		8 Net unrelated income (loss)	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								
5 Add columns 6 and 11.								
	e 4. Enter here and	on Side 2, Part 1, line 9.						
· ·		me, other than Advertisir	<u> </u>					
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	unrelated conne business produc income from unrela	ses directly cted with ction of leted bass income column 2 less column 3	from activity that	Expenses attributable to column 5 7 Excess e expense, 6 less co but not m column 4	column includible, column lumn 5 4 less column 7 but not less than			
			+					
			+					
Total. Enter here and on Sid	e 2. Part I line 10		1					
. Stan Enter Here and on Old	<u> </u>				· · · · · I			

Side 4 Form 109 C1 2013 059 3644134 CAVA9834L 11/21/13

Part III Column A — Not Advertising Income (a) Editer consolidated periodicals Part III Column A — Not Advertising Income (b) Eter total and on Side 2, Part II, line II. Enter total here and on Side 2, Part II, line II. Schedule J Compensation of Officers, Directors, and Trustes 1 Name of Officer 2 SSN or ITIN 3 Tite 4 Percent of time seeds in concension of the seed of the seeds in concension of the					and Excess A											
Part III Column A – Net Advertising Income (a) Etier tonoidate previolate previolates previolate previolates previolates previolated previolates and on Side 2, Part II, line 11. Schedule I Compensation of Officers, Directors, and Trustees 1 Name of Officer 2 SNN or ITIN 3 Tate 4 Percent of time description of property and columns and solutions and Associations only. Trustsuse form FTB 3885F. Total. Enter here and on Side 2, Part III, line 14. Schedule J Depreciation (Corporations and Associations only. Trustsuse form FTB 3885F.) Total additional first-year depreciation (do not include in items below) Other (specify) 3 Other depreciation. Other (specify) 3 Other depreciation. Other (specify) 3 Other depreciation. Other depreciation claimed elsewhere on return.					1											
Part III Column A — Net Advertising Income (a) Einer Consolidated periodicals (b) Einer total amount from Part III Column B — Excess Advertising Costs (a) Einer Consolidated periodicals (b) Einer total amount from Part I, column A — Na and amount from Part I, column A and amount from Part I, column B - Excess Advertising Costs (b) Eiter total and and Side 2, Part II, line 27. (c) Eiter total	1 Name of periodical		2 Gross advertising income		2 Gross advert income			tising	excess advertisi costs. If column greater than col complete column 6, and 7. If colu is greater than c 2, enter the exc Part III, column Do not complete	ng 2 is umn 3, ns 5, mn 3 column ess in B(b).	5 Circulation in	come	6 Readersh	ip costs	t t c c c c c c c c c c c c c c c c c c	han column 6, enter he income shown in olumn 4, in Part III, olumn A(b). If olumn 6 is greater han column 5, ubtract the sum of olumn 6 and column if from the sum of olumn 5 and column 2. Enter amount in Part III, column A(b). It he amount is less
Part III Column A — Net Advertising Income (a) Einer Consolidated periodicals (b) Einer total amount from Part III Column B — Excess Advertising Costs (a) Einer Consolidated periodicals (b) Einer total amount from Part I, column A — Na and amount from Part I, column A and amount from Part I, column B - Excess Advertising Costs (b) Eiter total and and Side 2, Part II, line 27. (c) Eiter total																
Part III Column A - Net Advertising Income (a) Enter consolidated periodical and/or names of non-consolidated periodicals and/or names of non-consolidated periodicals and or non-consolidated periodicals and or names of name or non-consolidated periodicals and or names of name or non-consolidated periodical and or names of name or names of name or names or names or names or name or name or name or name or name or name or n			f D	dia da Da		·	D									
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(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals and or non-consolidated periodicals and on-consolidated periodica																
(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals and or non-consolidated periodicals and on-consolidated periodica																
Part I, column 4 or 7, and amounts listed in Part II, columns 4 and 7 Part II, line 27	Par						•						sts			
Schedule I Compensation of Officers, Directors, and Trustees 1 Name of Officer 2 SSN or ITIN 3 Title 4 Percent of time devoted to business 5 Compensation attributable to unrelated business 4 Percent of time devoted to business 5 Compensation attributable to unrelated business 6 Expense account allowances 7 Total. Enter here and on Side 2, Part II, line 14. Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.) 1 Group and guideline class or description of property 2 Date acquired (MM/DD/YYYY) 3 Cost or other basis allowed or allowable in allowed or allowable in prior years 1 Total additional first-year depreciation (do not include in items below). 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Machinery and other equipment Other (specify) 3 Other depreciation 4 Total 5 Amount of depreciation claimed elsewhere on return		(a) Enter 'consolidated periodical' and/or names of				Part I, c amount	olumn 4 or 7, and s listed in Part II,	(a				ames of	from	Part I, column 4, and unts listed in Part II,		
Schedule I Compensation of Officers, Directors, and Trustees 1 Name of Officer 2 SSN or ITIN 3 Title 4 Percent of time devoted to business 5 Compensation attributable to unrelated business 4 Percent of time devoted to business 5 Compensation attributable to unrelated business 6 Expense account allowances 7 Total. Enter here and on Side 2, Part II, line 14. Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.) 1 Group and guideline class or description of property 2 Date acquired (MM/DD/YYYY) 3 Cost or other basis allowed or allowable in allowed or allowable in prior years 1 Total additional first-year depreciation (do not include in items below). 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Machinery and other equipment Other (specify) 3 Other depreciation 4 Total 5 Amount of depreciation claimed elsewhere on return																
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Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.) 1 Group and guideline class or description of property 2 Date acquired (MM/DD/YYYY) 3 Cost or other basis 4 Depreciation allowed or allowed	Tota	I Enter here	and on Sid	le 2 Part	II line 1/1											
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Transportation equipment		-		_												
Machinery and other equipment. Other (specify) Other depreciation. Total. Amount of depreciation claimed elsewhere on return.				<u> </u>												
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4 Total																
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	5 6		•													

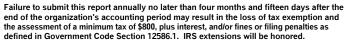
3645134 CAVA9805L 08/23/13 059 Form 109 C1 2013 Side 5 IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312





		Check if:								
Stat	e Charity Registration Number	r			_ Change of address					
בים ד	TEUND INC				Amended report					
	CEHAB INC of Organization									
	31 B160 ANTONIO PK ss (Number and Street)	Y #527			Corporate or	Organization No.	3520276			
RAN	ICHO SANTA MARGARIT.	A, CA 92	688		Federal Emplo	oyer ID No. 46-	1498077			
	r Town		State ZIP C							
	ANNUAL REGIS			orney General's F		sections 301-307, 3 pritable Trusts	311 and 312)			
Gro	ss Annual Revenue	Fee	Gross Annual	Revenue	Fee	Gross Annual Re	evenue	F	ee	
	Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million Greater than \$50 million						n \$	5150 5225 5300		
PA	RT A – ACTIVITIES					•				
	For your most recent full acc Gross annual revenue \$			1/01/13 Total assets		12/31/13 1,309,310.	_) list:			
PA	RT B - STATEMENTS R	EGARDING	G ORGANIZA	TION DURING	G THE PERI	OD OF THIS RE	EPORT			
Note	Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.									
-	Yes						Yes	No		
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?							х			
2	During this reporting period, war property or funds?	s there any the	eft, embezzlemer	nt, diversion or mis	suse of the organ	nization's charitable			х	
3	During this reporting period, of	did non-progr	am expenditure	s exceed 50% of	gross revenues	s?			х	
4	During this reporting period, we Form 4720 with the Internal R	re any organiz Revenue Serv	ation funds used ice, attach a co	to pay any penalt	y, fine or judgme	ent? If you filed a			х	
5	During this reporting period, v purposes used? If 'yes,' provide provider.	were the serv an attachmer	ices of a comme t listing the name	ercial fundraiser of e, address, and te	or fundraising o lephone number	counsel for charital of the service	ble		х	
6	During this reporting period, did the name of the agency, mail					le an attachment lis	ting		х	
7	During this reporting period, did indicating the number of raffle				oses? If 'yes,' pr	ovide an attachmen	t		х	
8	Does the organization conduct a the program is operated by the charitable purposes.	a vehicle dona ne charity or v	tion program? If whether the orga	'yes,' provide an a anization contract	ttachment indicats with a comm	ating whether ercial fundraiser fo	or		х	
9	Did your organization have pr principles for this reporting pe		idited financial s	statement in acco	ordance with ge	nerally accepted a	accounting		х	
Orga	anization's area code and telep	ohone numbe	r							
Orga	anization's e-mail address									
	clare under penalty of perjury belief, it is true, correct and c		kamined this re	port, including a	ccompanying o	locuments, and to	the best of my kno	wled	ge	
C	Sabr		RI BURNS		PRESIDENT	8/30/14	Del			
Signa	ture of authorized officer	Printed	ivaine		Title		Date			

Form **990**

A For the 2013 calendar year, or tax year beginning

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

, 2013, and ending

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

В	Check if ap	oplicable:	С			D Emplo	yer Identi	fication Number
	Addre	ess change	FREEHAB INC			46-	1498	077
	Name	change	22431 B160 ANTON	IO PKY #527		E Teleph	one numb	per
		return	RANCHO SANTA MAR	GARITA, CA 92688				
	\vdash	inated						
	\mathbf{H}	nded return				G Gross	racainte	\$ 1,448,938.
	\vdash	cation pending	F Name and address of principa	Lofficer	H/:	a) Is this a group retu		
	Applic	cation pending	I Marile and address of principa	i unicer.	,			
_	Tay aya	mnt atatus	X 501(c)(3) 501(c) ((inport no.) 4047(a)(1) or	527	b) Are all subordinate If 'No,' attach a list	. (see ins	tructions)
÷		mpt status) ◀ (insert no.) 4947(a)(1) or				
<u>J</u>	Websi	/			,	c) Group exemption r		
K		organization:	X Corporation Trust	Association Other ► L Y	ear of formation:	: 2013 M	State of le	egal domicile: CA
Pa	rt I	Summar	<u>y</u>					
	1 Br	riefly descri	be the organization's missi	on or most significant activities: OR	<u> RGANIZATI</u>	<u> ION_THAT_PI</u>	<u>ROVID</u>	<u>ES "STREET TO</u>
9				THE HOMELESS, THE DISPO				
Activities & Governance	⊥	S A FRE	<u>E, RESIDENTIAL, 1</u>	<u> 12 STEP DRUG AND ALCOHO</u>	<u> </u>	<u>LITATION C</u>	<u>ENTE</u>	₹
ē	<u> </u>					H 050/ -f :h-		
é				n discontinued its operations or disporning body (Part VI, line 1a)			1 3	
~જ				s of the governing body (Part VI, line			4	<u> </u>
es				n calendar year 2013 (Part V, line 2a)			5	0
Ξ				necessary)			6	0
₽				Part VIII, column (C), line 12			7 a	0.
	b Ne	et unrelated	business taxable income	from Form 990-T, line 34			7 b	0.
						Prior Year		Current Year
•	8 Co	ontributions	and grants (Part VIII, line	1h)				1,448,938.
Revenue	9 Pr	rogram serv	rice revenue (Part VIII, line	e 2g)				, ,
š	10 In	vestment ir	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)				
ď	11 Of	ther revenu	e (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c, and 11e)				
	12 To	otal revenue	e – add lines 8 through 11	(must equal Part VIII, column (A), lir	ne 12)			1,448,938.
	13 Gr	rants and si	imilar amounts paid (Part I	X, column (A), lines 1-3)				
	14 Be	enefits paid	to or for members (Part I)					
	15 Sa	alaries, othe	er compensation, employee	e benefits (Part IX, column (A), lines	5-10)			60,890.
Expenses	16a Pr	rofessional	fundraising fees (Part IX. o	column (A), line 11e)				,
en	h To		sing expenses (Part IX, col	• • •				
Ä	17 0				5,167.			06.600
		•		nes 11a-11d, 11f-24e)	<u>L</u>		-	96,689.
				equal Part IX, column (A), line 25)	<u> </u>			157,579.
5 8	19 Re	evenue less	expenses. Subtract line I	8 from line 12	-			1,291,359.
sets c			(D 1) (1) (1)			Beginning of Curre		End of Year
Λss Bal	20 To		(Part X, line 16)				0.	1,309,310.
Net Ass Fund Ba	21 To		,		-		0.	17,951.
				ne 21 from line 20			0.	1,291,359.
Pa	art II	Signatur	e Block					
Unde	er penalties	of perjury, I de	eclare that I have examined this return (other than officer) is based on	ırn, including accompanying schedules and staten all information of which preparer has any knowlec	nents, and to the	best of my knowledg	e and beli	ef, it is true, correct, and
COIII	piete. Decia	T.	irer (other than officer) is based on	an information of which preparer has any knowled				
		Cinnet	Jakon			D-4-	8/30/1	14
Siç He	gn	Signatu	re of officer			Date		
He	re		RI BURNS			PRESIDENT		
		, ,	print name and title.		•			
		Print/Type p	reparer's name	Preparer's signature	Date	Check	X if	PTIN
Pa	id	RICHAF	RD SOLTES	RICHARD SOLTES		self-emplo	yed	P01227179
Pro	eparer	Firm's name	SOLTES ACCOUNT	NTACY CORPORATION				
Us	e Only	Firm's addre	ess • 4220 BRIARBEN	ND RD		Firm's EIN	► 74-	-3046740
				5287-3905		Phone no.	(818	
Mar	v the IRS	S discuss th		shown above? (see instructions)		I	1 - = 3	X Yes No

Par	t III	Statement of Program Service Accomplishments Chask if Schoolule O contains a general of motors and the profile Dept. III.	
	D : (1	Check if Schedule O contains a response or note to any line in this Part III	
1		/ describe the organization's mission:	
		ANIZATION THAT PROVIDES "STREET TO EMPLOYMENT" SERVICES FOR THE HOMELESS, T	
		POSED AND SOCIALLY IGNORED. FREEHAB IS A FREE, RESIDENTIAL, 12 STEP DRUG AN	<u>D</u>
	<u>ALC</u>	OHOL REHABILITATION CENTER.	
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	X No
	If 'Ye	s,' describe these new services on Schedule O.	
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
		s,' describe these changes on Schedule O.	
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by	eynenses
	Section	n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations	to
	others	s, the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code	:) (Expenses \$ including grants of \$) (Revenue \$)
	ORG.	ANIZATION PROVIDES "STREET TO EMPLYMENT" SERVICES FOR THE HOMELESS, THE DIS	POSED
		SOCIALLY IGNORED. FREEHAB IS A FREE, RESIDENTIAL, 12 STEP DRUG AND ALCOHO	
		ABILITATION CENTER.	
4 b	(Code	:) (Expenses \$ including grants of \$) (Revenue \$)
			_
4 c	(Code	::) (Expenses \$ including grants of \$) (Revenue \$)
/ 1 al	Othar	program convices (Describe in Schedule O.)	
40		program services. (Describe in Schedule O.)	`
1 -	(Expe	nses \$ including grants of \$) (Revenue \$)

TEEA0102L 07/02/13

Form 990 (2013) FREEHAB INC Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	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.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>	12a		Х
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		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	16		Х
	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)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	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.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
k	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		Х

BAA Form **990** (2013)

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....

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reasonabling) winnings to prize winners?	eportable gaming	1.0		
2 -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		. 1 c		
26	ments, filed for the calendar year ending with or within the year covered by this return	2a	0		
k	lf at least one is reported on line 2a, did the organization file all required federal employmen		. 2 b	,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year				Х
	If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		. 3 b)	
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a nancial account)?	. 4a	1	Х
t	of Yes,' enter the name of the foreign country: ►		4		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt			-	Λ
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. <u>5 c</u>	-	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6 a	ı	Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	. 6 b)	
7	Organizations that may receive deductible contributions under section 170(c).				
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	. 7a		X
Ł	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 v Form 8282?	vas required to file	. 7c	:	Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	. 7 e	:	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	. 7 f		Х
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	. 7 g	 	
ŀ	ղ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
a	a Did the organization make any taxable distributions under section 4966?		. 9 a		
Ł	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9 b	,	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders	11 a			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	. 12a	ı	
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	a Is the organization licensed to issue qualified health plans in more than one state?		. 13a	1	
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
	Enter the amount of reserves on hand	13 c			
	a Did the organization receive any payments for indoor tanning services during the tax year?				Х
Ł	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	. 14b)	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers of key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 130 CALLE CUERVO SAN CLEMENTE CA 92672 (949) 481-1110

orm 990 (2	2013) FREEHAB	INC					46-149	8077	Page
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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (E) (F) Name and Title Estimated Reportable Reportable Average hours per week (list any hours for related compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Individual to or director Officer Former employee nstitutional trustee (ey employee tighest compensated organiza-tions and related organizations below l trustee dotted (1) PAUL BLAVIN 0 0 OFFICER 0 0 0. (2) NANCY SOBEL 0 0 OFFICER 0. 0 0. (3) MORGAN LAMOTHE 1 OFFICER 0 0. 0 0. (4) DENNIS WOOTAN 0 OFFICER 0 0. 0 0. (5) LAURI BURNS 30 PRESIDENT Χ 0 Χ 60,890. 0 0. (6) (7) (8) (9) (10) (11) (12) (13) (14)

Part VII Section A. Officers, Directors, Trus	(B)	Key	Em	ipid ()		es, a	and	d Highest Com	pensated Empl	oyees	5 (conti	inued)
	(6)			•	•			(5)	(E)		(E)	
(A) Name and title	Average hours	box	, unle	ss pe	erson	than	h an	(D) Reportable	(E) Reportable	F	(F) stimated	1
Name and the	per week					or/trus		compensation from	compensation from related organizations	amo	unt of ot	ther
	(list any hours	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	f	rom the	
	for related	recto	utior	Œ́	emp	est c oyee	₫			an	d relate anizatio	d
	organiza - tions below	¥ =	iàl tr		loye	ompo						
	dotted line)	stee	uste		()	esne						
	,		€D-			bed						
(15)												
(16)												
(17)												
(10)												
(18)	 	•										
(19)												
		•										
(20)												
(21)	 											
(00)												
(22)	 	•										
(23)												
		•										
(24)												
(25)												
1 b Sub-total								60,890.	0.			0.
c Total from continuation sheets to Part VII, Section							•	00,890.	0.			0.
d Total (add lines 1b and 1c)							>	60,890.	0.			0.
2 Total number of individuals (including but not limited to							ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	r, or tru	stee,	key	em/	ploy	/ee,	or h	nighest compensat	ted employee	3		Х
·										3		Λ
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportab than \$1	le co 50,00	mpe 00?	ensa If '}	ition <i>'es'</i>	and comp	oth <i>plet</i>	er compensation fee Schedule J for	from			
such individual										4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper	isatio	n fro	om	any I fo	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors	00,0.0		,,,,,				p				1	21
Complete this table for your five highest compensation from the organization. Report compensation.	ated ind	epen	dent	COI	ntrac	ctors	tha	it received more the	nan \$100,000 of			
		the C	aleni	uai į	year	enun	ng v	(B)			C)	
(A) Name and business addre	SS							Description of	of services	Compe	ensatio	on
2 Total number of independent contractors (including bu	t not lim	itod t	n tha	100 I	ictor	laho	VO)	who received mare	than			
\$100,000 of compensation from the organization		neu l	o tiit	13C	וטוטנ	auu'	ve)	with received indre	uiall			
7.00,000 0. componedion nom the organization	U											

Pai	(VI	Check if Schedule O contains a res	ponse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ည္ ည	1 a	Federated campaigns 1 a	1				
RAN UNI	b	Membership dues					
S, G Amc		Fundraising events	1,931.				
GIFT -ar		Related organizations 1 c	I				
NS, (SIMIL	е	Government grants (contributions) 1 e	;				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	1,447,007.				
TRIE		Noncash contributions included in lines 1a-1f:	1,111,001.				
SON	-	Total. Add lines 1a-1f		1,448,938.			
UE			Business Code	1,110,300.			
PROGRAM SERVICE REVENUE	2 a						
RE	b						
VICE	С	:					
SER	d						
AM (е						
GR.	f	All other program service revenue					
PRC	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen	ds, interest and				
		other similar amounts)					
	4	Income from investment of tax-exemp	•				
	5	Royalties	(ii) Personal				
	6 3	Gross rents	(II) Fersonal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	<u> </u>				
		Gross amount from sales of (i) Securities	(ii) Other				
	/ a	assets other than inventory					
	h	Less: cost or other basis					
	-	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u>				
E	8 a	Gross income from fundraising events	S				
ENU		(not including\$	-				
REV		of contributions reported on line 1c).					
OTHER REVENUE		See Part IV, line 18					
ОŢ		Less: direct expenses					
		• • •					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses					
	С	Net income or (loss) from gaming act	ivities▶				
		Gross sales of inventory, less returns					
		and allowances	а				
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code				
	11 a						
	b	'	-				
	C	All other revenue	-				
		All other revenue					
		Total revenue. See instructions		1 //0 020	^	0	^
	14	TOTAL TEVELINGS OFF HISHUGHOUS		1,448,938.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All otl	ther organizations must complete column (A).
Check if Schedule O contains a response or note to any	v line in this Part IX

Do i 6b,	not include amounts reported on lines 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 governments and organizations in the United States. See Part IV. line 21			3	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	60,890.	0.	60,890.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
Ł	Legal	150.		150.	
(: Accounting	5,166.		5,166.	
	Lobbying	0,2001		0,2001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	E 000			5,000.
13	Office expenses	5,000. 292.		292.	5,000.
14	Information technology	292.		292.	
15	Royalties				
16	Occupancy	43,376.		43,376.	
17	Travel.	43,370.		43,376.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest			_	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,351.		8,351.	
23	Insurance	4,184.		4,184.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUPPLIES	8,346.		8,346.	
Ł	ORGANIZATIONAL FEES	7,662.		7,662.	
	SIGNAGE	4,080.			4,080.
	PRINTING AND PUBLICATIONS	2,927.			2,927.
	All other expenses	7,155.		3,995.	3,160.
25	Total functional expenses. Add lines 1 through 24e	157,579.	0.	142,412.	15,167.
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 ► ☐ 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
	1	Cash – non-interest-bearing				1	683,486.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	84,671.
	4	Accounts receivable, net				4	,
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em	officers, on the property of t	directors, . Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c)(5) beneficiary organizations (see instructions). Complete I	rsons (as)(B), and 9) volunta Part II of	s defined under contributing ary employees' f Schedule L		6	
A S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	524,542.			
		Less: accumulated depreciation		8,351.		10 c	516,191.
	11	Investments – publicly traded securities				11	310,131.
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments – program-related. See Part IV, line 11		<u> </u>		13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11		<u></u>		15	24,962.
	16	Total assets. Add lines 1 through 15 (must equal line 3			0.	16	1,309,310.
	17	Accounts payable and accrued expenses			<u> </u>	17	17,951.
	18	Grants payable				18	11/3011
	19	Deferred revenue				19	
L	20	Tax-exempt bond liabilities				20	
I A	21	Escrow or custodial account liability. Complete Part IV	of Sche	dule D		21	
LIABILITIES	22	Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L	disqualif	ied persons.		22	
T	22	Secured mortgages and notes payable to unrelated thir				23	
E S	23 24	Unsecured notes and loans payable to unrelated third				24	
-						24	
	25 26	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp Total liabilities. Add lines 17 through 25		<u>-</u>	0	25 26	17 051
N	20	· · · · · · · · · · · · · · · · · · ·			0.	20	17,951.
Ē		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	y .	and complete			
A	27	Unrestricted net assets		ľ		27	1,291,359.
ASSETS	28	Temporarily restricted net assets.		<u>-</u>		28	1,291,339.
Š	29	Permanently restricted net assets.		<u> </u>		29	
O R	25	Organizations that do not follow SFAS 117 (ASC 958), che				23	
		and complete lines 30 through 34.	on Hele				
FUZD	30	Capital stock or trust principal, or current funds		ľ		30	
	31	Paid-in or capital surplus, or land, building, or equipme				31	
¥	32	Retained earnings, endowment, accumulated income, or				32	
ĀŅ	33	Total net assets or fund balances			0.	33	1,291,359.
B女し女といい	34	Total liabilities and net assets/fund balances		L	0.	34	1,309,310.
J	- -				υ.		1, 000,010.

BAA Form **990** (2013)

Par	t 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	1,4	48,9	938.
2	Total	expenses (must equal Part IX, column (A), line 25)	2	1	57,5	79.
3	Rever	nue less expenses. Subtract line 2 from line 1	3	1,2	91,3	359.
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net u	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7	Invest	ment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0.
10		sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, in (B))	10	1,2	91,3	359.
Par		Financial Statements and Reporting	1			
		Check if Schedule O contains a response or note to any line in this Part XII				П
					Yes	No
1	Accou	Inting method used to prepare the Form 990: Cash X Accrual Other			100	
		organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O.				
2 a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
		s,' check a box below to indicate whether the financial statements for the year were compiled or reviewe ate basis, consolidated basis, or both:	d on a			
		Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	y Were	the organization's financial statements audited by an independent accountant?		2b		X
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:	te			
		Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes reviev	' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, v, or compilation of its financial statements and selection of an independent accountant?		2 c		
	in Sch	organization changed either its oversight process or selection process during the tax year, explain nedule O.				
3 a	As a r Audit	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3 a		Х
ŀ		,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud dits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA				Form	990 ((2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

FREEHAB INC 46-1498077 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 q June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III — Non-functionally integrated Type II С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Yes No Yes No 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.)

Sec	tion A. Public Support			T	1		
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			1	1		
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related active	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	113 (line 6, columi	n (f) divided by lii	ne 11, column (f)))		%
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	%
16 a	a 33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported o	box on line 13, a rganization	ind the line 14 is 3	33-1/3% or more, c	heck this box
k	33-1/3% support test — 2012. If the and stop here. The organization						
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
k	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how the
18	Private foundation. If the organia	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					687,070.	687,070.
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.					30.70.00	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	687,070.	687,070.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	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	0		0			
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						687,070.
	tion B. Total Support	(-) 0000	(h) 0010	(-) 0011	(d) 0010	(-) 0012	/A T-1-1
	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6	0.	0.	0.	0.	687,070.	687,070.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
13	Total Support. (Add Ins 9,10c, 11 and 12.)	0.	0.	0.	0.	687,070.	687,070.
14	First five years. If the Form 990 organization, check this box and		ation's first, second				
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for			-			%
	Investment income percentage fi						%
	33-1/3% support tests – 2013. If is not more than 33-1/3%, check	this box and sto	here. The organize	zation qualifies a	is a publicly suppo	orted organization.	
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. The	organization qua	alifies as a publicl	y supported organi	zation
∠U	rivate ioungation. If the organiz	Lation did not che	ch a DOX OII IIIIE 14	+, 13a, UL 13D, C	HECK THIS DOX ALIO	see msuuchons	

Schedule A	(Form 990 or 990-EZ) 2013	FREEHAB I	NC		46-1498077	Page 4
Part IV	Supplemental Informat or 17b; and Part III, line (See instructions).	ion. Provide e 12. Also con	the explanations	s required by Part for any additional	II, line 10; Part II, line 17 information.	⁷ a
	. – – – – – – – – – – – – – – – – – – –					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

OMB No. 1545-0047

FRI	EEHAB INC			46-14	98077	
Pai	t Organizations Maintaining Done	or Advised Funds or Other	Similar Fur	nds or Accounts.		
	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line	6.		
		(a) Donor advised fun	ds	(b) Funds and	l other accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assorganization's exclusive legal cor	sets held in dontrol?	onor advised funds	Yes	No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefi impermissible private benefit?	t of the donor or donor advisor, or	r for any other	purpose conferring .	Yes	No
Pai	t II Conservation Easements.					
- 0	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line	7.		
1	Purpose(s) of conservation easements held b	y the organization (check all that	apply).			
	Preservation of land for public use (e.g.,	recreation or education)	Preservation o	of an historically impor	rtant land are	ea
	Protection of natural habitat		Preservation o	of a certified historic s	tructure	
	Preservation of open space	<u> </u>				
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contrib	ution in the for			
					e End of the	Tax Year
	Total number of conservation easements					
	Total acreage restricted by conservation ease					
	: Number of conservation easements on a cert		` '			
	Number of conservation easements included structure listed in the National Register Number of conservation easements modified, tra			2d	·he	
3	tax year ►	nsierreu, reieuseu, extinguistieu, or i	terrimated by t	ne organization damig t		
4	Number of states where property subject to conse	ervation easement is located ►				
5	Does the organization have a written policy re	egarding the periodic monitoring, i	nspection, ha	ndling of violations,		_
	and enforcement of the conservation easeme	nts it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, and enforcing conservati	on easements	during the year		
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conservation e	asements durir	ng the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of se	ction 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	s conservation easements in its reve to the organization's financial stat	enue and expentements that o	se statement, and bala lescribes the organiza	nce sheet, and tion's accour	d nting for
Da:	conservation easements. t III Organizations Maintaining Colle	ections of Art Historical Tra	PACIITAS OF	Other Similar Ac	sets	
	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line	8.		
1 8	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its fina	eld for public exhibition, education, of	or research in fo	nue statement and ba urtherance of public ser	llance sheet vice, provide,	works of
ı	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	or public exhibition, education, or re-	search in furthe	erance of public service	, provide the	s of art,
	(i) Revenues included in Form 990, Part VIII					
	(ii) Assets included in Form 990, Part $X \dots$				·	
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to these in	tems:			
	Revenues included in Form 990, Part VIII, line	9 1			'	
	Accets included in Form 990 Part Y			•		

Schedule D (Form 990) 2013 FREEF							46-1498			Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, a	and other	records, check a	any of th	ne following that ar	e a signif	icant use of its o	collectio	n	
a Public exhibition			d Loan	or exch	nange programs					
b Scholarly research			e Other							
c Preservation for future gener	ations									
4 Provide a description of the organiz Part XIII.	ation's collect	ions and	explain how the	y further	r the organization's	exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or	receive intained	donations of ar	rt, histo organiza	rical treasures, o	r other s	imilar assets	Yes		No
Part IV Escrow and Custodia). Part	
line 9, or reported an									,	,
1 a Is the organization an agent, trus	stee, custodia	an, or oth	er intermediar	y for co	ntributions or oth	er assets	not included _			_
on Form 990, Part X?								Yes		No
b If 'Yes,' explain the arrangement	in Part XIII a	and comp	lete the follow	ing tabl	e:		1			
D							,	Amoun	t	
c Beginning balance										
d Additions during the year										
e Distributions during the year										
f Ending balance										т
2a Did the organization include an a								Yes	L	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check he	ere if the explai	ntion ha	as been provided	in Part 2	XIII		· · · · · L	
Dort V Fredorina and Fredo C		Han ava			- d IV- al ta Fa	000	David IV/ Line	- 10		
Part V Endowment Funds. C										
1 - Paginning of year balance	(a) Current	t year	(b) Prior yea	ır	(c) Two years back	(a)	Three years back	(e)	our year	s back
1 a Beginning of year balance								1		
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	e of the curre	ent year e	end balance (lir	ne 1g, d	column (a)) held	as:				
a Board designated or quasi-endowm	ent ►		<u> </u> %							
b Permanent endowment ►		5								
c Temporarily restricted endowmer	nt ►		%							
The percentages in lines 2a, 2b,	and 2c shoul	ld equal 1	00%.							
3a Are there endowment funds not in t	he possession	n of the or	ganization that	are held	I and administered	for the		-		1
organization by:									Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ii), are the related of	-							3b		
4 Describe in Part XIII the intended		-	tion's endowm	ent fun	ds.					
Part VI Land, Buildings, and										
Complete if the organi	zation ans	wered	Yes' to Forr	n 990,	, Part IV, line	11a. Se	ee Form 990), Part	X, lin	ne 10.
Description of property		(a) Cost (inv	or other basis vestment)	(b)	Cost or other asis (other)	(c) Ac dep	cumulated reciation	(d) [Book va	alue
1 a Land										
b Buildings										
c Leasehold improvements					500,000.		8,333.		491	,667.
d Equipment					.,		,			
e Other					24,542.		18.		24	,524.
Total. Add lines 1a through 1e. (Column	ın (d) must e	qual Forr	n 990, Part X,	column						,191.
BAA					- · · · · ·		Schedu	ıle D (Fo		

Schedule **D** (Form 990) 2013

Investments - Other Secur Complete if the organization		N/A 90, Part IV, line 11b. See Form 990, Part X, line
(a) Description of security or category (including name		(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)		
<u>· · </u>		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B	?) line 12.) ►	
Part VIII Investments – Program Re		N/A
Complete if the organization	n answered 'Yes' to Form 99	90, Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B	3) line 13.) ►	
Part IX Other Assets.	N/	/A
Complete if the organization	(a) Description	90, Part IV, line 11d. See Form 990, Part X, line (b) Book valu
(1)	(a) Description	(b) Dook valu
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part	X, column (B), line 15.)	
Part X Other Liabilities.		11 116 O F 000 D V. F 05
		11e or 11f. See Form 990, Part X, line 25
(a) Description of liability (1) Federal income taxes	(b) Book valu	ue
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B		s financial statements that reports the organization's liability for uncertain

BAA

Schedule **D** (Form 990) 2013

Part XI			eturn. N/	'A
	Complete if the organization answered 'Yes' to Form 990, P	art IV, line 12a.		
1 Tota	al revenue, gains, and other support per audited financial statements		1	
2 Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net	unrealized gains on investments	2 a		
b Don	ated services and use of facilities	2 b		
c Rec	overies of prior year grants	2 c		
d Oth	er (Describe in Part XIII.)	2 d		
e Add	lines 2a through 2d		2 e	
3 Sub	tract line 2e from line 1		3	
4 Amo	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Oth	er (Describe in Part XIII.)	4 b		
c Add	lines 4a and 4b		4 c	
5 Tota	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	
Part XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.	N/A
	Complete if the organization answered 'Yes' to Form 990, P	art IV, line 12a.		
1 Tota	al expenses and losses per audited financial statements		1	
	ounts included on line 1 but not on Form 990, Part IX, line 25:			
	ated services and use of facilities	2 a		
b Pric	or year adjustments			
c Oth	er losses	2 c		
d Oth	er (Describe in Part XIII.)	2 d		
	lines 2a through 2d		2 e	
	tract line 2e from line 1		3	
	ounts included on Form 990, Part IX, line 25, but not on line 1:			
	estment expenses not included on Form 990, Part VIII, line 7b	4a		
b Oth	er (Describe in Part XIII.)	4 b		
	lines 4a and 4b.		4 c	
	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Part XII	Supplemental Information.			
Provide the line 4; Pa	ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; irt X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con	Part IV, lines 1b and 2b; Par nplete this part to provide any	t V, v additional	information.
	. – – – – – – – – – – – – – – – – – – –			
	. 			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FREEHAB INC 46-1498077 FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No. 1545-1709

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you a	are filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box		► X
• If you	are filing for an Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of th	is form).	
Do not cor	mplete Part II unless you have already been grant	ed an autom	natic 3-month extention on a previously f	filed Form 8868.	
Electronic corporation request an Associated	filing (e-file). You can electronically file Form 886 in required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Pard With Certain Personal Benefit Contracts, which refiling of this form, visit www.irs.gov/efile and click	68 if you nee ot automatic t I or Part II v nust be sent	ed a 3-month automatic extension of time) 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	e to file (6 month ectronically file Fo n Return for Trans	orm 8868 to fers
Part I	Automatic 3-Month Extension of Time	. Only sul	bmit original (no copies needed).		
A corporat	ion required to file Form 990-T and requesting an	automatic 6	s-month extension – check this box and	complete Part I o	only ►
	orporations (including 1120-C filers), partnerships				- Ш
income ta		,	Enter filer's identi		
	Name of exempt organization or other filer, see instructions.		Enter mer 3 identi	Employer identificati	
Type or					
print	FREEHAB INC			46-1498077	
File by the	Number, street, and room or suite number. If a P.O. box, see	instructions.		Social security numb	per (SSN)
due date for filing your	22431 B160 ANTONIO PKY #527				
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign ad	,	uctions.		
	RANCHO SANTA MARGARITA, CA 92	688			
Enter the I	Return code for the return that this application is f	or (file a sep	parate application for each return)		01
Applicatio	n	Return Code	Application Is For		Return Code
Form 990 o	or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-	BL	02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other than individual)		09
Form 990-	PF	04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
Telepho If the c If this icheck	oks are in the care of ► <u>JEANNE MACLAINE</u> one No. ► <u>(949)</u> <u>481-1110</u> organization does not have an office or place of but is for a Group Return, enter the organization's fout this box ► . If it is for part of the group, tension is for.	r digit Group check this b	e United States, check this box	f this is for the wh	hole group,
until The ∈ ►	Lest an automatic 3-month (6 months for a corporation $8/15$, 20 14 , to file the exempt orgextension is for the organization's return for: X calendar year 20 13 or tax year beginning , 20 e tax year entered in line 1 is for less than 12 months.	janization re	eturn for the organization named above.	nal return	
3a If this	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, efundable credits. See instructions			3a \$	0.
b If this	s application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpayme	6069, enter	any refundable credits and estimated	3b\$	0.
c Bala	nce due. Subtract line 3b from line 3a. Include you PS (Electronic Federal Tax Payment System). See	ur payment	with this form, if required, by using	3c \$	0.
Caution.	f you are going to make an electronic funds withdrastructions.				

TA V 4 D: -	pted Califo	unia a fila Data	Λ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	otion for			E051:
TAXABLE		rnia e-file Return	Autnoriz	ation for			FORM O4F3 F6
201	/(0111	ot Organizations					8453-EC
Exempt Organ						Identifying	
FREEHA						46-14	98077
Part I		Information (whole dollars on 199, line 4)				1	1 440 020
		99, line 8)				_	1,448,938
		ements (Form 199, Line 9)				_	1,448,938 157,579
Part II	•	unt Electronically for Ta					137,373
rait II	Settle Tour Acco	unit Electronically for Ta	ixable leal 2	U13			
4 E	Electronic funds withdra	awal 4a Amount		4b Withdrawa	l date (mm/dd/yy	уу)	
Part III	•	tion (Have you verified the ex	xempt organizati	on's banking inf	ormation?)		
	ing number						П
	ount number		7 Ty	pe of account:	Checking		Savings
Part IV	Declaration of Of	ficer					
	e the exempt organizati I for the amount listed	on's account be settled as des on line 4a.	signated in Part	II. If I check Par	t II, Box 4, I auth	orize an e	electronic funds
return orig	ginator (ERO), transmit ding lines of the exemp	e that I am an officer of the abov ter, or intermediate service pro of organization's 2013 Californ s, and complete. If the exempt or	ovider and the a	mounts in Part I Irn. To the best	above agree with of my knowledge	h the amo and belie	unts on the f, the exempt
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For Privacy Notice, get form FTB 1131 ENG/SP.

Firm's name (or yours if self-employed) and address

Paid preparer's signature

Paid Preparer Must

Sign

FTB 8453-EO 2013

Paid preparer's PTIN

Check if self-employed

FEIN

ZIP Code

Date

Form **990**

A For the 2013 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

, 2013, and ending

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

OMB No. 1545-0047

Open to Public Inspection

В	Check	if applicable:	С				D Employ	er Identi	fication Number	
	Ad	ddress change	THE TEEN PROJECT	, INC.			30-	0421	837	
	Na	ame change	22431 B160 ANTON	IO PKY #527		ľ	E Telepho	ne numb	per	
	In	iitial return	RANCHO SANTA MAR	GARITA, CA 92688			(94	9) 4	81-1110	
	\blacksquare	erminated				ľ	(5-2	<i>-</i> , -	<u> </u>	
	Н	mended return					G Gross r	eceints \$	\$ 105	,490.
	H	pplication pending	F Name and address of principal	officer: LAURI BURNS		H(a) Is this a				1771
	Ш′°	ppcat.o poriamig		MISSION VIEJO, CA	92692	H(b) Are all s	subordinates	included		
$\overline{\Gamma}$	Tax-	-exempt status	X 501(c)(3) 501(c) (7(a)(1) or 527	If 'No,' a	attach a list.	(see inst	tructions)	
J		bsite: ► N/		, (H(c) Group e	exemption n	ımber ►	-	
K		n of organization:	X Corporation Trust	Association Other	L Year of formation		-		egal domicile: CA	Δ
_	rt I	Summar				-			-3	<u> </u>
	1	Briefly descri	be the organization's missi	on or most significant activit	ies: THE TEEN	PROJE	CT TS	A NO	T-FOR-PRO)FTT
a)		ORGANIZA	TION THAT PROVIDE	ES EMANCIPATED FOS	TER YOUTH RA	NGING	FROM 1	17 17	/2 TO 24	/ <u>+</u> + +
ĕ				IONAL HOUSING AND						<u>– – – –</u>
Ë				I ADULTS INDEPENDE						
ŏ				n discontinued its operations				net as:	sets.	
ত				ning body (Part VI, line 1a)				3		5
Se				of the governing body (Part calendar year 2013 (Part V				4 5		0
ŧ				necessary)				6		0
Activities & Governance				Part VIII, column (C), line 12				7 a		0.
	b	Net unrelated	d business taxable income	from Form 990-T, line 34				7 b		0.
						Pı	rior Year		Current Y	
a)	8			1h)			386,1	.88	105	,490.
'n	9	Program serv	vice revenue (Part VIII, line	2g)			•			
Revenue	10		-	a), lines 3, 4, and 7d)						
Œ	11			es 5, 6d, 8c, 9c, 10c, and 1	•					
				(must equal Part VIII, colum			386,1	.88.	105	,490.
				X, column (A), lines 1-3)						
	14			(, column (A), line 4)						
ģ	15			e benefits (Part IX, column (38,134. 59,			
nse	16 a	16a Professional fundraising fees (Part IX, column (A), line 11e)				32,4	105.			
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ►	1,814.					
Ú	17	Other expens	ses (Part IX, column (A), Iir	nes 11a-11d, 11f-24e)			280,2	206.	150	,828.
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A), Iir	ne 25)		350,7			,180.
	19	Revenue less	expenses. Subtract line 18	3 from line 12			35,4		-104	,690.
9 0						Beginnin	g of Currer	t Year	End of Y	ear
ssets Baland	20		(Part X, line 16)				758,1	28.		7,466.
Net Ass Fund Ba	21	Total liabilitie	es (Part X, line 26)				291,6	593.	325	,721.
Zű	22	Net assets or	fund balances. Subtract li	ne 21 from line 20			466,4	135.	361	,745.
Pa	rt II	Signatur	e Block							
Unde	er penal	Ities of perjury, I de	eclare that I have examined this retu	rn, including accompanying schedules all information of which preparer has a	and statements, and to t	he best of my	y knowledge	and belie	ef, it is true, correc	t, and
COIII	piete. D	I.	irer (other than officer) is based off a	an information of which preparer has a	iny knowieuge.					
		Signatu	re of officer			Dat	to			
Siç He	gn									
не	re		RI BURNS print name and title.			PRESI	DENT			
			preparer's name	Dranararia cianatura	Data			7	PTIN	
_		, ,	•	Preparer's signature	Date		_	7 11		`
Pa			RD SOLTES	RICHARD SOLTES			self-employ	ed	P01227179	,
Pre	epare e On			TACY CORPORATION				_ ¬ ^	2046742	
US	UII	Firm's addre	1220 2112121221						-3046740	<u></u>
Max	ı tha l	IDS discuss th	· · · · · · · · · · · · · · · · · · ·	5287-3905 shown above? (see instructi	one)		Phone no.	(818	3) 231-90 . X Yes	63 No
ivid	y un⊂ l	uiscuss II	no return with the highligh	שוושנו משטעב: לשבה ווושנותכנו	υπο <i>)</i>				. A 162	INO

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

4e Total program service expenses ► 16,880.

Form 990 (2013) THE TEEN PROJECT, INC. Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10		10		Х
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.	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		Х
	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	15		Х
	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	16		Х
	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).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	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.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
t	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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>	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		Х

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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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reasonabling) winnings to prize winners?	eportable gaming	1.0		
2 -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		. 1 c		
26	ments, filed for the calendar year ending with or within the year covered by this return	2a	0		
k	lf at least one is reported on line 2a, did the organization file all required federal employmen		. 2 b	,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year				Х
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		. 3 b)	
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account accou	er authority over, a nancial account)?	. 4a	ı	Х
t	of it is the foreign country:		_		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F		_		V
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt			-	X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. 5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6 a	ı	Х
k	o If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	. 6 b)	
7	Organizations that may receive deductible contributions under section 170(c).				
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	. 7a		X
Ł	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 v Form 8282?	vas required to file	. 7c	:	Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	. 7e	,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	. 7 f		Χ
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	. 7g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		. 9 a	1	
	Did the organization make a distribution to a donor, donor advisor, or related person?			+	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders	11 a			
Ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	. 12a	ı	
Ł	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	a Is the organization licensed to issue qualified health plans in more than one state?		. 13a	1	
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13 c			
	a Did the organization receive any payments for indoor tanning services during the tax year?				Х
Ł	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	. 14b)	

Form 990 (2013) THE TEEN PROJECT, INC. 30-0421837 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Χ X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers of key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 9	90	(2013)	THE	TEEN	PROJECT,	INC.

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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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)								
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an e)	Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PAUL BLAVIN	0	•								
OFFICER (2) NANCY SOBEL	0							0.	0.	0.
OFFICER	0							0.	0.	0.
(3) MORGAN LAMOTHE	0	-								
OFFICER (4) DENNIS WOOTAN	0							0.	0.	0.
OFFICER	0	-						0.	0.	0.
(5) LAURI BURNS	10									
PRESIDENT	0	Χ		Χ				0.	0.	0.
_(6)										
<u>(7)</u>		-								
(8)										
(9)		•								
(10)		•								
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers	s, Directors, Trus		Key	Em	ıplo	oye	es,	and	d Highest Con	pensated Em	oloyees	S (contii	nued)
		(B)			((•							
(A)		Average hours	(do	not c	check	sition more	than	one h an	(D)	(E)		(F)	
Name and title		per week	offic	cer ar	nd a d	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amo	stimated unt of oth pensation	her
		(list any hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highe Emplo	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	rom the ganization	n
		related organiza	rector	noit	약	mple	st co)yee	₽				id related anization	
		 tions below 	trust	i tru		уее	mper						
		dotted line)	ee	stee			Highest compensated employee						
(15)													
(15)													
(16)													
(17)													
(18)													
2.3/													
(19)													
(20)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
			•										
1 b Sub-total								>	0.	0			0.
c Total from continuation sheet								>	0.	0	•		0.
d Total (add lines 1b and 1c) Total number of individuals (incl								ved		-	· <u> </u> npensatio	n	0.
	0				,					·			
												Yes	No
3 Did the organization list any for on line 1a? If 'Yes.' complete	ormer officer, directo Schedule J for such	r, or tru <i>individu</i>	stee, al	key	err err	ıplo <u>y</u>	yee,	or h	nighest compensa	ted employee	3		Х
4 For any individual listed on lin	ne 1a is the sum of r	enortab	le co	mne	nsa	ition	and	oth	er compensation	from			
the organization and related o	rganizations greater	than \$1	50,00	00?	If 'Y	∕es'	com	plet	e Schedule J for		4		Х
5 Did any person listed on line													77
for services rendered to the or Section B. Independent Con	rganization? If 'Yes,'	comple	te So	chea	lule	J fo	rsuc	ch p	erson		5		X
1 Complete this table for your fi	ve highest compensa	ted inde	epen	dent	t cor	ntra	ctors	tha	it received more the	nan \$100,000 of			
compensation from the organiza	tion. Report compensa	tion for	the c	alen	dar <u>y</u>	year	endi	ng v	vith or within the or	ganization's tax yea		<u> </u>	
Name	(A) and business addre	SS							(B) Description (of services	Compe	c) ensatio	n
2 Total number of independent co			ited to	o tho	se I	isted	d abo	ve)	who received more	than			
\$100,000 of compensation fro	m the organization >	0											

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) (D) (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations 1 d e Government grants (contributions) 399 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 105,091 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 105,490 PROGRAM SERVICE REVENUE **Business Code** b f All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory.. **b** Less: cost or other basis and sales expenses c Gain or (loss)..... **d** Net gain or (loss)..... 8a Gross income from fundraising events OTHER REVENUE (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11 a d All other revenue

105,

490

0

0

Total revenue. See instructions.....

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|--|

	not include amounts reported on lines 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 governments and organizations in the United States. See Part IV, line 21		31,701.000	general	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	52,711.	0.	52,711.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,711.		32,711.	
9	Other employee benefits				
10	Payroll taxes	6,641.		6,641.	
11	Fees for services (non-employees):				
a	Management				
ŀ	Legal				
(: Accounting	6,661.		6,661.	
C	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	2,739.		2,739.	
13	Office expenses	2,271.		2,271.	
14	Information technology	2,2,1		2/2/11	
15	Royalties.				
16	Occupancy	58,661.		58,661.	
17	Travel	30,0021		00,0021	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,227.		14,227.	
23	Insurance	4,049.		4,049.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	EXECUTIVE DIRECTOR FEE	36,000.		36,000.	
	AUTOMOBILE EXPENSE	8,993.		8,993.	
	HOUSING SERVICES	7,255.	7,255.	-	
C	COMPUTER & INTERNET FEES	5,074.	5,074.		
•	All other expenses	4,898.	4,551.	-1,467.	1,814.
25	Total functional expenses. Add lines 1 through 24e	210,180.	16,880.	191,486.	1,814.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	266,039.	1	196,648.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net.		7	5,956.
ASSETS	8	Inventories for sale or use.		8	3,330.
Ţ	9	Prepaid expenses and deferred charges		9	
3	_				
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1		
		Less: accumulated depreciation		10 c	484,862.
	11	Investments – publicly traded securities.	· · · · · · · · · · · · · · · · · · ·	11	404,002.
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	687,466.
	17	Accounts payable and accrued expenses	/50,120.	17	007,400.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
į	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B	22	Loans and other payables to current and former officers, directors, trustees,			
LIABILITI		key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ	22	·			205 422
E S	23	Secured mortgages and notes payable to unrelated third parties		23	285,433.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	40,288.
	26	Total liabilities. Add lines 17 through 25.		26	325,721.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ASSETS	27	Unrestricted net assets.	466,435.	27	361,745.
Ĕ	28	Temporarily restricted net assets.		28	
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
F		and complete lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
B女し女といい	33	Total net assets or fund balances		33	361,745.
Ĕ	34	Total liabilities and net assets/fund balances		34	687,466.

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Pai	t XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI.				\square
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		105	,490.
2	Total	expenses (must equal Part IX, column (A), line 25)	2			,180.
3	Rever	ue less expenses. Subtract line 2 from line 1	3			,690.
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,435.
5	Net ur	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7		ment expenses	7			
8		period adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net as	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10		0.61	- 4-
D		n (B))	10		361	,745.
Pai	T All	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				<u>.</u>
					Ye	s No
1	Accou	nting method used to prepare the Form 990: Cash X Accrual Other				
	If the in Sch	organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O.				
2 8	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
		s,' check a box below to indicate whether the financial statements for the year were compiled or reviewe ate basis, consolidated basis, or both:	ed on a			
		Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were	the organization's financial statements audited by an independent accountant?		2	b	X
	If 'Yes basis,	s,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:	te			
	ш	Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes review	' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, or compilation of its financial statements and selection of an independent accountant?		2	c	
	in Sch	organization changed either its oversight process or selection process during the tax year, explain nedule O.				
3 8	As a re Audit	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3	а	Х
ŀ		,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b	

TEEA0112L 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE TEEN PROJECT, INC. 30-0421837 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 q June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III — Non-functionally integrated Type II С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Yes No Yes No No (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			1			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)				
13	First five years. If the Form 990 is organization, check this box and			nird, fourth, or fifth	,	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from 2	2012 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test $-$ 2013. If and stop here. The organization	the organization qualifies as a pub	did not check the olicly supported o	box on line 13, a organization	and the line 14 is 3	33-1/3% or more, c	check this box
b	33-1/3% support test — 2012. If t and stop here. The organization	he organization d qualifies as a pu	id not check a bo blicly supported o	ox on line 13 or 16 or 1	6a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test check this	s box and stop her	e. Explain in Part	IV how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test check this	s box and stop her	e. Explain in Part	IV how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see ins	tructions ►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')		138,626.	258,346.	386,188.	105,490.	888,650.
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.		130,020.	230,340.	300,100.	103,490.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	138,626.	258,346.	386,188.	105,490.	888,650.
7 a	A Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						888,650.
	tion B. Total Support	4 >			48.222		
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	0.	138,626.	258,346.	386,188.	105,490.	888,650.
b	similar sources						0.
	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0	0		0.
c	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	0.	0.	0.	0.	0.	0.
11	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	0.	0.	0.	0.	0.	0. 0.
11 12	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	0.					0. 0. 0.
11 12 13 14	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	0. is for the organiza stop here	138,626. tion's first, second	258,346.	386,188.	105,490.	0. 0. 0. 888,650.
11 12 13 14 Sec	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	0. is for the organiza stop here	138,626. tion's first, second	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	0. is for the organiza stop here	138,626. tion's first, second	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	is for the organiza stop hereblic Support P	138,626. tion's first, second ercentage (f) divided by line	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and extion C. Computation of Pul	is for the organiza stop hereblic Support P	138,626. tion's first, second ercentage (f) divided by line Part III, line 15	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and etion C. Computation of Pul Public support percentage from 20 Public support percentage from 20	0. is for the organiza stop here blic Support P 13 (line 8, column 2012 Schedule A, estment Incon	138, 626. tion's first, second ercentage (f) divided by line Part III, line 15 1e Percentage	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3) 	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16 Sec 17	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 Investment income percentage for	o. is for the organiza stop here blic Support P 13 (line 8, column 2012 Schedule A, estment Incon or 2013 (line 10c,	138, 626. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	258, 346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3) 	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from 2 ction D. Computation of Inv Investment income percentage for 13 a 33-1/3% support tests — 2013. If is not more than 33-1/3%, check	is for the organiza stop here	138,626. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the behere. The organiz	258,346. I, third, fourth, o 13, column (f)) by line 13, colu 7 oox on line 14, a cation qualifies a	386, 188. r fifth tax year as mn (f))	105, 490. a section 501(c)(3)	0. 0. 0. 888,650.
11 12 13 14 Sec 17 18 19 a	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and explain in the support percentage for 20 public support percentage from 20 public support percentage from 21 investment income percentage for 133-1/3% support tests — 2013. If	is for the organiza stop here	138,626. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the behere. The organiz did not check a boond stop here. The	258, 346. I, third, fourth, o 13, column (f)) by line 13, colu 7 box on line 14, a cation qualifies a x on line 14 or li organization qual	386, 188. r fifth tax year as mn (f)) and line 15 is more as a publicly support ne 19a, and line 1 alifies as a publicl	105, 490. a section 501(c)(3)	0. 0. 0. 888,650.

Scriedule A	(FOITH 990 OF 990-EZ) 2013 THE TEEN PROJECT, INC. 30-0421837	Page 4
Part IV		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

THE	E TEEN PROJECT,	INC.			30-042	1837	
Par	t I Organizations	s Maintaining Dono	r Advised Funds or Oth	er Similar Fund	ds or Accounts.		
	Complete if th	ne organization ansv	wered 'Yes' to Form 990		•		
			(a) Donor advised	funds	(b) Funds and	other acco	ounts
1		f year					
2		ns to (during year)					
3	00 0 0	(during year)					
4	Aggregate value at en	d of year					
5	Did the organization in are the organization's	nform all donors and dor property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in dor control?	nor advised funds	Yes	No
6	for charitable purposes	s and not for the benefit	rs, and donor advisors in writi of the donor or donor advisor	, or for any other p	ourpose conferring	ີYes	□No
Par							
Гаг			wered 'Yes' to Form 990	Part IV line 7			
1			the organization (check all th		•		
-	' ` ` `	nd for public use (e.g., r	,		an historically import	ant land a	area
	Protection of natur		,		a certified historic str		
	Preservation of op	en space					
2	Complete lines 2a through last day of the tax year		neld a qualified conservation con	tribution in the form	of a conservation ease	ement on t	he
					Held at the	End of th	ne Tax Year
-							
t	Total acreage restricte	ed by conservation easer	ments		. 2b		
C	: Number of conservation	on easements on a certif	fied historic structure included	in (a)	. 2c		
C	Number of conservation structure listed in the f	on easements included in National Register	n (c) acquired after 8/17/06, a	nd not on a histori	2 d		
3	Number of conservation tax year ►	easements modified, tran	sferred, released, extinguished,	or terminated by the	e organization during th	ie	
4	Number of states where	property subject to conse	rvation easement is located >				
5			garding the periodic monitorin			٦.,	
			nts it holds?		<u></u>	Yes	No
6	Staff and volunteer hour	rs devoted to monitoring, i	nspecting, and enforcing conser	vation easements di	uring the year		
7	·	curred in monitoring, inspe	ecting, and enforcing conservatio	n easements during	the year		
	· ————		E 0/15 L E 6 H		170 (L) (A) (D) (')		
8	and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re			Yes	No
9	include, if applicable, toonservation easemen	the text of the footnote t	s conservation easements in its r to the organization's financial	statements that de	e statement, and balan scribes the organizati	ce sneet, a ion's acco	and ounting for
Par	Organizations Complete if the	s Maintaining Colle ne organization ansv	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or (, Part IV, line 8	Other Similar Ass	ets.	
1 a	art, historical treasures,	or other similar assets he	SFAS 116 (ASC 958), not to eld for public exhibition, education acial statements that describes	n, or research in fur	ue statement and bala therance of public servi	ance shee ice, provid	et works of e,
k	If the organization electrical treasures, or of following amounts relatives	other similar assets held fo	SFAS 116 (ASC 958), to report public exhibition, education, or	ort in its revenue s r research in furthera	tatement and balance ance of public service,	e sheet wo provide the	orks of art, e
			line 1		▶\$		
	(ii) Assets included in	Form 990, Part X			▶\$		
2	If the organization receivamounts required to be	ved or held works of art, he reported under SFAS	nistorical treasures, or other simi 116 (ASC 958) relating to thes	lar assets for financi se items:	ial gain, provide the follow	lowing	
a	Revenues included in I	Form 990, Part VIII, line	1		▶\$		
b	Assets included in For	m 990, Part X			▶\$ ⁻		

Part III Organizations Mainta	ining Colle	ections of	Art, Histo	rical Treasures,	or Oth	ier Similar Ass	ets (co	<u>entinu</u>	<u>ied)</u>
3 Using the organization's acquisitior items (check all that apply):	ı, accession, a	nd other rec	ords, check an	ny of the following that	at are a s	ignificant use of its	collection	n	
a Public exhibition			d Loan o	r exchange progran	ns				
b Scholarly research			e Other						
c Preservation for future generation	rations		_						
4 Provide a description of the organize Part XIII.	zation's collecti	ions and exp	lain how they	further the organizati	ion's exer	mpt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	han to be mai	intained as	part of the or	ganization's collecti	ion?		Yes		No
Part IV Escrow and Custodia line 9, or reported an	ı l Arrangen amount on	1ents. Co Form 990	mplete if th 0, Part X, I	ne organization i ine 21.	answer	red 'Yes' to For	m 990	, Part	i IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n, or other	intermediary	for contributions or	other as	ssets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement								L.	
,		·					Amount	:	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1 f			
2a Did the organization include an a	amount on For	rm 990, Par	t X, line 21?.				Yes		No
b If 'Yes,' explain the arrangement	t in Part XIII.	Check here	if the explan	tion has been provid	ded in P	art XIII		[
Part V Endowment Funds. C	complete if	the orgar	<u>iization ans</u>	swered 'Yes' to			<u>e 10.</u>		
	(a) Current	year	(b) Prior year	(c) Two years I	back	(d) Three years back	(e) F	our year	s back
1 a 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 percentag	e of the curre	nt year end	balance (line	e 1g, column (a)) he	eld as:				
a Board designated or quasi-endown			%						
b Permanent endowment	%								
c Temporarily restricted endowme		% %							
The percentages in lines 2a, 2b,	and 2c should	d equal 100	%.						
3 a Are there endowment funds not in organization by:	the possession	of the organ	nization that a	re held and administe	ered for th	he	Γ	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related							3b		
4 Describe in Part XIII the intended	-								1
Part VI Land, Buildings, and	Equipmen	<u>.</u> t.							
Complete if the organ			es' to Form	990, Part IV, lir	ne 11a	. See Form 990), Part	X, lir	ne 10.
Description of property		(a) Cost or (inves	other basis tment)	(b) Cost or other basis (other)	(с	Accumulated depreciation	(d) E	Book va	alue
1 a Land				126,000).			126	,000.
b Buildings				294,000).	49,854.		244	,146.
c Leasehold improvements				137,538	3.	28,668.			,870.
d Equipment				20,163	3.	14,317.		5	,846.
e Other								·———	·
Total. Add lines 1a through 1e. (Colun	nn (d) must ed	qual Form 9	90, Part X, c	olumn (B), line 10(d	c).)	<u> </u>		484	,862.
BAA						Schedu	ıle D (Fo		

Schedule **D** (Form 990) 2013

	Investments – Other Securities.		N/A	
	Complete if the organization answered			
(a) Desci	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
` '	ial derivatives			
	r-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII	Investments – Program Related.	l'Voc' to Form 000	N/A Part IV line 11a See Form 0	100 Part V lina 12
	Complete if the organization answered (a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(a) Description of investment type	(b) book value	(c) Wethou of Valuation. Cost of end	1-01-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX				
1 41 (1) (Complete if the organization answered		, Part IV, line 11d. See Form 9	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(8)				
(8) (9) (10)	lumn (b) must equal Form 990, Part X, column (B), line 15.)		•
(8) (9) (10)	Other Liabilities.			•
(8) (9) (10) Total. (Co	Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 11		>
(8) (9) (10) Total. (Co	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability			•
(8) (9) (10) Total. (Co Part X	Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value 40,28	e or 11f. See Form 990, Part X, line 25	

BAA

Schedule **D** (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	. 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Ci itetaiii. 10/11
·	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
	<u></u>
b Prior year adjustments	<u></u>
c Other losses.	<u></u>
d Other (Describe in Part XIII.) 2d	2.5
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b	<u></u>
c Add lines 4a and 4b .	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Port \/
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	anv additional information.
. , , , , ,	, , , , , , , , , , , , , , , , , , ,
	. – – – – – – – – – – – – – – – – – – –
	. – – – – – – – – – – – – – – – – – – –
	. – – – – – – – – – – – – – – – – – – –
	. – – – – – – – – – – – – – – – – – – –

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE TEEN PROJECT, INC 30-0421837 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE TEEN PROJECT IS A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES EMANCIPATED FOSTER YOUTH RANGING FROM 17 1/2 TO 24 YEARS OF AGE WITH TRANSITIONAL HOUSING AND A HIGHER EDUCATION. THE ORGANIZATION ALSO PROVIDES THESE YOUTH ADULTS INDEPENDENCE, PERSONAL AND CAREER GUIDANCE, FAMILY SUPPORT AND ONGOING MENTORING SUPPORT THROUGH A PROGRAM CALLED FRIENDS FOR LIFE. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return ► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, con are filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	is form	1).	······ • X	
Electronic corporation request an e Associated	nplete Part II unless you have already been grante filing (e-file). You can electronically file Form 8868 in required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which m filing of this form, visit www.irs.gov/efile and click of	3 if you nee t automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can elevith the exception of Form 8870, Information to the IRS in paper format (see instruct	to file ectroni Retur	e (6 months cally file For n for Transfe	rs	
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed).				
A corporati	on required to file Form 990-T and requesting an a	_			ete Part I or	nly ▶ □	
	orporations (including 1120-C filers), partnerships,					- Ш	
income tax		ricinios, ai	Enter filer's identi				
	Name of exempt organization or other filer, see instructions.			Emplo	yer identification	n number (EIN) or	
Type or print	ype or rint THE TEEN PROJECT, INC. 30-0421837						
File by the	Number, street, and room or suite number. If a P.O. box, see in	structions.		Social	security numbe	r (SSN)	
due date for filing your	22431 B160 ANTONIO PKY #527						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.				
	RANCHO SANTA MARGARITA, CA 926	588					
	Return code for the return that this application is fo	or (file a sep	1			01	
Application	1	Return Code	Application Is For		Return Code		
Form 990 or	r Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-E	3L	02	Form 1041-A		08		
Form 4720		03	Form 4720 (other than individual)			09	
Form 990-F		04	Form 5227	10			
	(section 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	Γ (trust other than above)	06	Form 8870			12	
Telepho If the o If this is check the extendard until The e If the control of	one No. ► (949) 481–1110 rganization does not have an office or place of buses for a Group Return, enter the organization's four this box ► If it is for part of the group, coension is for. lest an automatic 3-month (6 months for a corporation 8/15, 20 14, to file the exempt organization is for the organization's return for: X calendar year 20 13 or	digit Group theck this be required to anization re	e United States, check this box	this is mes a	s for the who	ole group,	
3a If this	application is for Forms 990-BL, 990-PF, 990-T, 4 sfundable credits. See instructions.	1720, or 606	59, enter the tentative tax, less any	3 a	\$	0.	
b If this tax pa	s application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b	\$	0.	
c Balar EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v instructions	with this form, if required, by using	3 c	\$	0.	
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	53-EC	and Form	8879-EO for	

Exempt Organization Business Income Tax Return OMB No. 1545-0687 Form 990-T (and proxy tax under section 6033(e)) For calendar year 2013 or other tax year beginning . 2013, and ending ► See separate instructions. ► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be public if you organization is a 501(c)(3). Check box if Check box if name changed and see instructions. Employer identification number address changed (Employees' trust, see instructions.) THE TEEN PROJECT, INC Print В Exempt under section 22431 B160 ANTONIO PKY #527 $X_{501}(C)(3)$ or 30-0421837 Type RANCHO SANTA MARGARITA, CA 92688 Unrelated business activity 408(e) 220(e) 408A 530(a) 529(a) Book value of all assets at end of year F Group exemption number (See instructions.)▶ G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust 687,466. Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?.... If 'Yes,' enter the name and identifying number of the parent corporation . The books are in care of ▶ JEANNE MACLAINE Telephone number (949)481-1110 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales. . . **b** Less returns and allowances . . . 1 c 2 Cost of goods sold (Schedule A, line 7) 2 3 4a Capital gain net income (attach Form 8949 and Schedule D)... 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4 b c Capital loss deduction for trusts..... 4 c Income (loss) from partnerships and S corporations 5 (attach statement) Rent income (Schedule C)..... 6 6 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)... 9 10 Exploited exempt activity income (Schedule I)..... 10 11 Advertising income (Schedule J)..... 11 Other income (See instructions; attach schedule.)..... 12 13 Total. Combine lines 3 through 12. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)..... 14 15 Salaries and wages..... 15 16 16 17 17 18 Interest (attach schedule) 18 19 19 Taxes and licenses 20 20 21 22 22 b 23 23 24 24 25 25 Employee benefit programs

26

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28

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Excess exempt expenses (Schedule I)

Total deductions. Add lines 14 through 28.....

Excess readership costs (Schedule J).....

Other deductions (attach schedule)

Net operating loss deduction (limited to the amount on line 30).....

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.).....

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.....

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13......

0.

26

27

28

29

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31

32

33

34

	Tax Computation							
	nizations Taxable as Corporations. S							
Cont	rolled group members (sections 1561	and 1563) check here ► S	See instructions and:					
a Ente	r your share of the \$50,000, \$25,000,	and \$9,925,000 taxable incom	ne brackets (in that orde	er):				
(1)	(2) \$	(3) \$						
b Ente	r organization's share of: (1) Additiona	al 5% tax (not more than \$11,	750) \$					
(2) A	dditional 3% tax (not more than \$100	,000)	\$					
c Incor	me tax on the amount on line 34				35 c			0.
36 Trus	ts Taxable at Trust Rates. See instruc	ctions for tax computation. Inc	ome tax on the amount	t				
on lir	ne 34 from: Tax rate schedule	or Schedule D (Form 1	041)		36			
37 Prox	y tax. See instructions			▶	37			
38 Alter	native minimum tax				38			
39 Total	I. Add lines 37 and 38 to line 35c or 3	36, whichever applies			39			0.
Part IV	Tax and Payments							
	ign tax credit (corporations attach For	m 1118: trusts attach Form 11	16) 40 a					
	r credits (see instructions)		· ·					
	eral business credit. Attach Form 3800							
	it for prior year minimum tax (attach l							
	I credits. Add lines 40a through 40d.				40 e			0.
	ract line 40e from line 39				41			0.
42 Othe	r taxes. Check if from: Form 4255	Form 8611 Form 8697	Form 8866					<u> </u>
	Other (attach schedule)				42			
	I tax. Add lines 41 and 42				43			0.
	nents: A 2012 overpayment credited t				-			<u> </u>
	estimated tax payments							
	deposited with Form 8868							
	ign organizations: Tax paid or withhel							
	cup withholding (see instructions)							
	it for small employer health insurance							
		orm 2439	, , , , , ,					
	Form 4136		al ► 44 a					
	I payments. Add lines 44a through 44	g	119		45			Λ
	nated tax penalty (see instructions).				46			0.
	due. If line 45 is less than the total of			<u> </u>				
					47			
	rpayment. If line 45 is larger than the		amount overpaid		48			
	r the amount of line 48 you want: Cre			Refunded >	49			
Part V	Statements Regarding Certa							
	y time during the 2013 calendar year, di	_	-	-			Yes	No
	icial account (bank, securities, or other) in a	•	-) F 90	1-22.1,		
Repo	ort of Foreign Bank and Financial Acc	ounts. If YES, enter the name	of the foreign country	here >				Χ
2 Durir	ng the tax year, did the organization r	eceive a distribution from, or v	vas it the grantor of, or	transferor to, a	a forei	gn trust?.		Χ
	S, see instructions for other forms the							
	the amount of tax-exempt interest recei	-		0.				
	e A - Cost of Goods Sold. Ent			<u> </u>				
	ntory at beginning of year	1	6 Inventory at end of	of vear	6			
	hases	2	-	-	U			
			7 Cost of goods sol line 6 from line 5.	Enter here				
	of labor	3	and in Part I, line		7			
4 a Addition	onal section 263A costs (attach schedule)		•	ι			Yes	No
		4 a	8 Do the rules of se	ction 263A (wit	h racr	act to		
b Other (att. so	costs ch.)	4 b	property produced					
5 Total	I. Add lines 1 through 4b	5	to the organization	า?่				
	Under penalties of perjury, I declare that I have	examined this return, including accompa	nying schedules and statemen	ts, and to the best o	f my kn	owledge and		
Sign	belief, it is true, correct, and complete. Declarat	ion or preparer (other than taxpayer) is t 				dge. e IRS discuss tl	his return	with
Here	Signature of officer	Date	PRESIDENT Title		the prej	parer shown be	elow (se <u>e</u>	_
	Orginature of Officer	Date	TIGE		iJu UUl	XX	es	No
Do: 4	Print/Type preparer's name	Preparer's signature	Date	Check X if	P	TIN		
Paid Pre-	RICHARD SOLTES	RICHARD SOLTES		self-employed	P	0122717	19	
parer		TACY CORPORATION		Firm's EIN ►		3046740		
Use	TODITO ACCOUN			· · ·	11 ,	<u> </u>		
Only	Firm's address 4220 BRIARBEN	D RD		Phone no	10	10) 221	_an <i>e</i>	3
		D RD	/13	Phone no.	(8	18) 231 Form 9		

Schedule C — Rent Incom	ne (From Real P	roperty and	d Persor	nal Property	Leas	ed With Rea	l Prope	erty) (see instructions)
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent received of	or accrued				3(a) Deduc	tions dire	ectly connected with
(a) From personal pr (if the percentage of rent to property is more than 10 more than 50%	for personal 0% but not	(if the perce property ex	entage of ceeds 50%	ersonal propert rent for person 6 or if the rent or income)	al	the incon	ne in colu	umns 2(a) and 2(b) schedule)
(1)								
(2)								
(3)								
(4)		1						
Total	Tota					(b) Total deduction	nns Enter	
(c) Total income. Add totals of there and on page 1, Part I, line	6, column (A)	·				here and on page I, line 6, column (E	l. Part	•
Schedule E – Unrelated	Debt-Financed II	ncome (see	instruction	ns)	1			
1 Description of de	ebt-financed property	1	or alloca	income from able to debt-		debt-	financed	eted with or allocable to property
(1)			linance	ed property	depre	(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)
(1)								
(2)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to deproperty (attack	ebt-financed	div	Column 4 vided by olumn 5		7 Gross income reportable (column column 6)		Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				િ				
(4)				૾ૄ				
TotalsTotal dividends-received deduc					Part I	, line 7, columi	age 1, En n (A). Pa	nter here and on page 1, art I, line 7, column (B).
Schedule F – Interest, Ai	nnuities, Royalti	es, and Re	nts Fror	n Controlle	d Orga	anizations (s	ee instru	ıctions)
,		Exempt Conf				`		·
1 Name of controlled organization	2 Employer identification number	3 Net unr income ((see instru	(loss)	4 Total of sp payments r		5 Part of contract that is included the contract organization gross included	uded in olling tion's	6 Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4) Nonexempt Controlled Organiza	ations							
		0 Total of	fanosified	10 Dort	of oolur	mn O that is	11	Doductions directly
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		f specified its made	included	d in the	nn 9 that is controlling ross income	con	Deductions directly nected with income in column 10
(1)								
(2)								
(3)								
(4)				here and o		nd 10. Enter 1, Part I, line (A).		olumns 6 and 11. Enter nd on page 1, Part I, line 8, column (B).
I U(a)3				- [

Schedule G - Investment Inc	ome of a Section	n 501 (c)(7), (9), or (17) Orga	nizati	on (see in	structio	ons)	
1 Description of income	2 Amount of inc	ome	dire	Deductions ctly connected ach schedule)		4 Set-aside ttach sched		set-as	I deductions and sides (column 3 us column 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and on part I, line 9, colum	page 1, mn (A).						Enter he Part I, li	re and on page 1, ne 9, column (B).
Totals	•								
Schedule I — Exploited Exem	pt Activity Incon	ոе, Otł	ner Tha	n Advertising	Incon	ne (see ins	tructio	ns)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne prod of u	ses directly ected with duction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	activi unrela	s income from ty that is not ited business income	attrib	xpenses outable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, column (A).	on p Part I	here and page 1, , line 10, mn (B).						Enter here and on page 1, Part II, line 26.
Totals									
Schedule J — Advertising Inc									
Part I Income From Periodic	•								
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.		rculation ncome		eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)				3					
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	•								
Part II Income From Periodic 7 on a line-by-line basis.)	cals Reported or	ı a Se _l	parate I	Basis (For each p	periodi	cal listed in	Part I	I, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation ncome		eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on p Part I	here and page 1, , line 11, mn (B).						Enter here and on page 1, Part II, line 27.
Schedule K — Compensation	of Officers Dire	ctors	and Tr	ustees (see instr	ruction	s)			
Schedule N — Compensation	or Officers, Dire	Cluis,	and m	usices (see insu			-		
1 Name				2 Title		3 Percent of time devote to busines	ed		ation attributable ated business
							%		
							%		
							%		
							%		
Total Enter here and on page 1 Par	t II ling 1/I						▶		

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2013 FTB 3586' on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars drawn against a U.S. financial institution.

Fiscal Year - See instructions. WHEN TO FILE:

Calendar Year — File and Pay by March 17, 2014.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time

online registration, corporation can make an immediate payment or schedule payments up

to a year in advance. Go to ftb.ca.gov for more information.

_ DETACH HERE _ _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER

_ _ _ DETACH HERE _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **Payment Voucher for Corps and** 2013 **Exempt Orgs e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

2916927 30-0421837 TEEN 000000000000 13 FORM 3

12-31-13 TYB 01-01-13 TYE

THE TEEN PROJECT INC

JEANNE MACLAINE

22431 B160 ANTONIO PKY 527 STE

RANCHO SANTA MARG CA 92688

(949) 481-1110

TOTAL PAYMENT AMT

10.

6181136 059 CACA1201L 12/13/13 FTB 3586 2013

TAXABLE YEAR

2013

California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ar 2013 or fisca	l year beginning (mm/dd/yyyy	')		, a	nd ending (ı	mm/dd/y	ууу)			
Corporation/Org	ganization Name								(California corporation n	umber
THE TEE	N PROJECT	I, INC.							2	2916927	
Address (suite,	room, or PMB no.)	:•								EIN	
22431 E	3160 ANTON	NIO PKY #527							- 13	30-0421837	
City		<u>, </u>					State Z	IP Code			
RANCHO	SANTA MAR	≀GARITA					CA 9	2688			
A First Retu	rn		Yes	X No				ion 23701d, has the			
		1	_	X No	org	janization duri litical campaid	ng the yea	r: (1) participated ir ttempted to influenc	any		
			=		leg	islation or any	/ ballot me	asure, or (3) made	an elec	ction	
				X No	un	der R&TC Sect	tion 23704. 7	.5 (relating to lobbyi	ng by	Yes	X No
D Final Info	rmation Return?	Dissolved Su	ırrendered (V	Vithdrawn)				h form FTB 3509.		• 🗀 . • •	21
	erged/Reorganized										
Ent	ter date (mm/dd/y	ууу): •			10.1	V 1 1		under R&TC Section			X No
	counting method:				no	Yes,' enter gro nmember sour	ces	s trom 	. \$	}	
1 🗆 C	ash 2 X Ac	crual 3 Other									
F Federal re		Ш			L If (organization is d is exclusively	exempt ui v religious.	nder R&TC Section 2 educational, or cha	23/UIQ ritable		
1 ● X	990T 2 •	990 PF 3 ● Sch H	1 (990)		an	d is supported	primarily	(50% or more) by p	oublic	_	
		subordinates/affiliates?		X No	COI	ntributions, ch	eck box. N	o filing fee is requir	ed	● ∐	
If 'Yes,' a	ttach a roster. See	instructions	_	_	M Is	the organizatio	on a Limite	d Liability Company	?	● Yes	X No
	janization in a grou /hat's the parent's	ıp exemption?	Yes	X No	N Did	d the organizat	tion file Fo	rm 100 or Form 109	to rep	ort • Yes	X No
,	•									- 🗀	[==]
		y changes in its activities,	_					udit by the IRS or ha			X No
governing	instrument, article	es of incorporation, or bylaws	- U Voc	No.							
		to the Franchise Tax Board? copies of revised documents.	162	X No							
	-	I unless not required to file	o thic form	2 Soo Go	noral l	netructions	· R and (CACA1112L	11/20/13
ı artı									1		
		les or receipts from other so						h h	2		
Receipts		Gross dues and assessments from members and affiliates Gross contributions, gifts, grants, and similar amounts received						3	105	,490.	
and								•		105	,490.
Revenues		ss receipts for filing require must be completed. If the					aral Inctr	uction R	4	105	,490.
		goods sold					1 11 11 1511	uction B		103	,490.
		other basis, and sales exper									
		sts. Add line 5 and line 6							7	Ī	
		ss income. Subtract line 7 f						F	8	105	,490.
		penses and disbursements.							9		,180.
Expenses	-	of receipts over expenses ar						F	10		,690.
		e \$10 or \$25. See General li							11	101	10.
- :::	•	/ments						T .	12		
Filing Fee		s and Interest. See General						<u> </u>	13		
		See General Instruction K						F	14		
		due. Add line 11, line 13, and otract line 12 from the result							4.5		
									15	knowledge and belief	10.
Sign	correct, and comple	perjury, I declare that I have examine ete. Declaration of preparer (other that	an taxpayer) i	is based on a	all inform	ation of which	preparer ha	as any knowledge.	Offilly	knowledge and belief,	it is true,
Here	Signature >	. 41		Title				Date	- 1	Telephone	
	Signature of officer	Taon		PRESI	DENT			8/30/14		(949) 481-1	110
	Preparer's ▶ _					Date		Check if self-	.	PTIN	
Paid	signature R.	ICHARD SOLTES						employed > X	_	201227179	
Preparer's Use Only	Firm's name	SOLTES ACCOUNTA		RPORAT	ION					FEIN	
· · · · · ·	(or yours, if self-employed)	4220 BRIARBEND		_						74-3046740 Telephone	
	and address	DALLAS, TX 7528	37-3905	<u> </u>						•	
	l				_					(818) 231-9	
	May the FTB	discuss this return with the	preparer s	shown ab	ove? S	ee instructi	ions		. •	X Yes	No

THE TEEN PROJECT, INC.

Part II
Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from al	I business activities. See in	nstruc	tions		1		
		2	Interest				•	2	:	_
_		3	Dividends					3	3	_
Rece		4	Gross rents					4		
Othe	r	5	Gross royalties					5	,	
Soul	ces	6	Gross amount received from sa	6	;					
		7	Other income. Attach schedule					7	-	
		8	Total gross sales or receipts from othe					8	;	_
		9	Contributions, gifts, grants, and similar					9	,	_
		10	Disbursements to or for memb	The state of the s				10	,	
		11	Compensation of officers, direct	ctors, and trustees. Attach	sched	dule SEE ST	ATEMENT 1	11		0.
		12	Other salaries and wages					12	<u>. </u>	52,711.
Expe	enses	13	Interest					13		52,711.
and Dish	urse-	14	Taxes					14		6,641.
men		15	Rents					15		58,661.
		16	Depreciation and depletion (Se					16		
		17	Other Expenses and Disburser					17		14,227.
								18		77,940.
Cala	ماريام	18	Total expenses and disbursements. Add							210,180.
Asse	edule	: L	Balance Sheets	Beginning of t	axabı			OI T	axable	<u> </u>
				(a)		(b)	(c)		•	(d)
1			raggivable			266,039.			•	196,648.
2			receivable						•	5,956.
4			civable						•	3,930.
5			state government obligations						•	
6			n other bonds						•	
7			in stock						•	
8			ns						•	
9	•	-	nents. Attach schedule						•	
•			assets.				451,70) 1		
	•		lated depreciation			366,089.	92,83			358,862.
11						126,000.	92,00	<i>.</i>	•	126,000.
12			Attach schedule			120,000.			•	120,000.
			Attacii Scredule			758,128.			<u> </u>	697 166
13 Liah			net worth			730,120.				687,466.
									•	
14			able						•	
15			, gifts, or grants payable						•	
16			otes payable			205 422			•	205 422
17			yableSTM			285,433.			_	285,433.
18			es. Attach schedule STM			6,260.			•	40,288.
19			or principle fund			466,435.			•	361,745.
20 21			pital surplus. Attach reconciliation nings or income fund						•	
22			es and net worth			758,128.			Ē	687,466.
	edule									007,400.
JUI	cuuic	141-	Reconciliation of income p Do not complete this schedule	e if the amount on Schedule	L, line	ii e 13. column (d), i	s less than \$50,000			
1	Net inco	nme n		−104,690.			books this year not inclu			
2			ne tax	•	1 ′		h sch		•	
3			oital losses over capital gains	•	8	Deductions in this r				
4			ecorded on books this year.		1	against book income				
			ıle	•					•	
5			orded on books this year not deducted		9		d line 8			
			. Attach schedule		10	Net income per				
6	Total. A	dd lin	e 1 through line 5	-104,690.		Subtract line 9	from line 6			-104,690.

3652134 059

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2013 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations - File and Pay by March 17, 2014

Fiscal year filers — See instructions
Employees' trust and IRA — File and Pay by April 15, 2014 Calendar year exempt orgs — File and Pay by May 15, 2014

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for

Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in

advance. Go to **ftb.ca.gov** for more information.

. DETACH HERE _ _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM_ _ _ _ DETACH HERE _ _ _ .

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **Payment for Automatic Extension** 2013 for Corps and Exempt Orgs

CALIFORNIA FORM 3539 (CORP)

2916927 30-0421837 00000000000 13 FORM TEEN

TYE12-31-2013 TYB 01-01-2013

THE TEEN PROJECT INC

JEANNE MACLAINE

22431 B160 ANTONIO PKY STE 527

RANCHO SANTA MARG CA 92688

(949) 481-1110

TOTAL PAYMENT AMT

10.

6141136 059 CACZ0401L 12/06/13 FTB 3539 2013

2013 Corporation Depreciation and Amortization

3885

		-	-						
	ch to Form 100 or For	m 100W. FORI	1 199						
Corpo	ration name						California	a corporati	on number
THE	TEEN PROJECT						2916	927	
Par	Election to Ex	pense Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service					2	
3	Threshold cost of IR		-					3	\$200 , 000
4	Reduction in limitation							4	
5	Dollar limitation for t	•	act line 4 from line		1			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	ed cost		
7	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallow						_	10	
11	Business income lim			•				11	
12	IRC Section 179 exp			•				12	
13 Par	Carryover of disallow			Expense Deduction			24256		
	-			1	1				45
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciati	ion for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year
				allowable in earlier years					depreciation
LAN	ID.	6/10/2010	126,000.	carrier years		0			
	LDING	6/10/2010	•	42 216	C /T	39		538.	
			294,000.	42,316.		39			
	ASEHOLD IMPRO	6/10/2010	137,538.	25,142.			· ·	526.	
	JIPMENT	6/10/2010	13,163.	11,154.		7		880.	
ACU	JRA AUTO	2/10/2013	7,000.		S/L	5	1,	283.	
15	Add the amounts in \$2,000. See instruct						14,	,227.	
Par	t III Summary								
16	Total: If the corporat								
	IRC Section 179 exp Additional first year	ense, add the amo denreciation under	unt on line 12 and R&TC Section 243	line 15, column (g 356, add the amour	I) or nts on line 1	15 columns	(a) and (h)	or	
	Depreciation (if no e								
	Total depreciation cl							. 17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the differen	ce here and	on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	pefore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary.)	1			. 18	
Par	t IV Amortization								
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy		or Amort sis allowed o	tization r allowable	R&TC section	Period of percentage		Amortization for this year
	o. p. op o. ty	() 01.10. 24.		er years	(see instr)	porountag	,•	ioi tilis year
20	Total. Add the amou	nts in column (a)						20	
21	Total amortization cl	107					<u> </u>	21	
			•					-	
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 1,	line 12	<u> </u>					22	

CACA3501L 11/25/13 059 7621134 FTB 3885 2013

CALIFORNIA STATEMENTS

PAGE 1

THE TEEN PROJECT, INC.

30-0421837

STATEMENT 1 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAURI BURNS 78 CIRCLE COURT MISSION VIEJO, CA 92692	PRESIDENT 10.00	\$ 0.	\$ 0.	\$ 0.
PAUL BLAVIN 3817 WINSTON DRIVE TARZANA, CA 91356	OFFICER 0	0.	0.	0.
NANCY SOBEL 831 APPLEBY STREET VENICE, CA 90291	OFFICER 0	0.	0.	0.
MORGAN LAMOTHE 19132 DELAWARE STREET #13 HUNTINGTON BEACH, CA 92648	OFFICER 0	0.	0.	0.
DENNIS WOOTAN PO BOX 10398 SANTA ANA, CA 92711	OFFICER 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES AUTO MATCHING PROGRAM AUTOMOBILE EXPENSE BANK SERVICE CHARGES COMPUTER & INTERNET FEES CONFERENCE TRAVEL CONTRACT SERVICES EMPLOYEE EXPENSES EXECUTIVE DIRECTOR FEE FOOD DISTRIBUTION HOUSING SERVICES INSURANCE MARKETING OFFICE EXPENSES OTHER FEES OUTREACH EXPENSES PAYROLL PROCESSING FEES PROPERTY TAXES	6,661. 2,429. 8,993. 104. 5,074. 299. 2,825. 3,644. 36,000. 7,255. 4,049. 679. 2,739. 1,458. 1,999
**=====================================	
PROPERTY TAXES	-11,999.
REGISTRATION FEE. SOFTWARE.	75. 836.
TAXES & LICENSE	70.
TRANSITIONAL HOUSING RENT	2,498.

2013	CALIFORNIA STATEMENTS	PAGE 2
	THE TEEN PROJECT, INC.	30-0421837
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 17 OTHER EXPENSES VENICE PAD RESOURCE EXPE	NSESTOTAI	\$ 264. \$ 77,940.
STATEMENT 3 FORM 199, SCHEDULE L, LINE OTHER LIABILITIES	E 18	
	TOTAL	\$ 40,288. \$ 40,288.

THE TEEN PROJECT, INC.

30-0421837

THE ORGANIZATION'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ORGANIZATION SHOULD REVIEW THEIR CALIFORNIA RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ORGANIZATION SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING THE RETURN.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$10.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

PAYMENT INSTRUCTIONS

MAIL FORM 3586, WITH PAYMENT, TO: FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531.

DO NOT MAIL:

FORM 8453-EO

2013 California Exempt Organization Business Income Tax Return

_	
1	09

Calendar Yea	ır 201	(mm/dd/yyyy) 3 or fiscal year beginning, and ending	(mm/dd/y I	ууу)				
Corporation/Organ	nization	Name , and onling			_	Californ	ia corporation nui	mber
THE TEEN	PR	OJECT, INC.				291	6927	
Address (suite, ro	om, or	PMB no.)				FEIN		
	60	ANTONIO PKY #527		Total	Tain o	30-0	0421837	
City				State	ZIP Code			
RANCHO S	ANT	A MARGARITA		CA	92688			
A First Retu	rn Fi	ed?Yes X No	H Is the	organization	a non-exempt charitable ection 4947(a)(1)?	trust as	■ □voo	TZ No
B Is this an	educ	ation IRA within the TC Section 23712? Yes X No			claiming any Enterprise		res	X No
C Is the org	(LARZ),							
		audited in a prior year? ● Yes X No	Local	Agency Milita	ry Base Recovery Area (Ì (TTA), or Manufacturing	LAMBRA).		
D Final Retu		A Command on A (AVIII) discuss	Enhan	cement Area	(MEA) tax benefits		Yes	X No
Diss		` ′ ′	I Is this	organization	a qualified pension, prof	it-sharing	٥r	
		Reorganized (attach explanation) n/dd/yyyy) ●	stock	bonus plan as	described in IRC Section	n 401(a)?	• Yes	X No
		rn • Yes X No	K Unrela	ated Business	Activity (UBA) Code		•	
		Used: (1) Cash (2) X Accrual (3) Other	L Is this	a Hospital?.			• Yes	X No
G Nature of					Schedule H (Form 990)		Ш	
		Unrelated business taxable income from Side 2, Part II,	lino 20			1		
Taxable Corporation	2	Multiply line 1 by the average apportionment percentage						0.
•	_	Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B				2		
	3	Enter the lesser amount from line 1 or line 2. If the unrelated						
		California and Schedule R was not completed, enter the		-	•	3		
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II,	line 30.		•	4		
Tax	5	Unrelated business taxable income from line 3 or line 4	5					
Compu-	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disea	ase losse	s		6		
tation	7	Net Operating Loss deduction. See General Information	7					
	8	Add line 6 and line 7			•	8		
	9	Net unrelated business taxable income. Subtract line 8	from line	5	•			
	10	Tax % x line 9. See General Informati				10		
	11 a	New jobs credit, amount generated • a)		11b) Am	ount claimed	11b		
		Tax credits from Schedule B. See instructions				11c 11d		
Total		Balance. Subtract line 11d from line 10. If line 11d is gr				12		
Tax		Alternative minimum tax. See General Information O						0.
		Total tax. Add line 12 and line 13				14		
Payments	15	Overpayment from a prior year allowed as a credit		15				
	16	2013 estimated tax payments. See instructions		16				
	17	2013 withholding (Form 592-B and/or 593.) See instruct	ions. ●	17				
	18	Amount paid with extension (form FTB 3539)		18				
	19	Total payments and credits. Add line 15 through line 18				19		
Refund	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return. S				20		
(Direct	21	Overpayment. Subtract line 14 from line 19. See instruc				21		
Deposit of Refund) or	22 23	Enter amount of line 21 to be applied to 2014 estimated Use tax. See instructions				22		
Amount Due	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subti				24		
Duc		Fill in the account information to have the refund directly						
					• 24c	-		
	25					25		
	26	Check if estimate penalty computed using Exception B or C ar						
	27	Total amount due. Add line 20, line 22, line 23, and line 25, then subtra			_	27		
	_	·		·	·		0.41/4.004	01 11/01/12

Unrelated Business Taxable Income

Part		Unrelated Trade or Business Income	
			1 c
		s receipts or gross salesb Less returns and allowancesc Balance. • t of goods sold and/or operations (Schedule A, line 7)	2
		ss profit. Subtract line 2 from line 1c	3
		ital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541)	4a
		gain (loss) from Part II, Schedule D-1.	4 b
		ital loss deduction for trusts	4 c
		ome (or loss) from partnerships, limited liability companies, or S corporations. See specific line ructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5
		tal income (Schedule C)	6
7	Unr	elated debt-financed income (Schedule D)	7
8	Inve	estment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8
9	Inte	rest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9
10	Ехр	loited exempt activity income (Schedule G)	10
11	Adv	ertising income (Schedule H, Part III, Column A)	11
12	Oth	er income. Attach schedule •	12
13	Tota	al unrelated trade or business income. Add line 3 through line 12	13
Part	II ı	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated busine	ess income.)
14	Con	npensation of officers, directors, and trustees from Schedule I	14
15	Sala	aries and wages	15
16	Rep	airs•	16
17	Bad	debts	17
18	Inte	rest. Attach schedule	18
19	Тах	es. Attach schedule	19
20	Con	tributions. See instructions and attach schedule	20
21 a	Depr	eciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) ● 21 a	
b	Les	s: depreciation claimed on Schedule A. See instructions	21
22	Dep	letion. Attach schedule	22
23 a	Con	tributions to deferred compensation plans	23 a
b	Em	ployee benefit programs. See instructions	23 b
24	Oth	er deductions. Attach schedule	24
25	Tota	al deductions. Add line 14 through line 24	25
26	Unr line	elated business taxable income before allowable excess advertising costs. Subtract line 25 from 13	26
		ess advertising costs (Schedule H, Part III, Column B)	
		elated business taxable income before specific deduction. Subtract line 27 from line 26	28
		cific deduction. See instructions.	29
		elated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30
Sign		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Here			10 –
		Signature of 0/20/14	Telephone
		PRESIDENT	(949) 481-1110
		Preparer's Date Check if self-	● PTIN
Paid		signature RICHARD SOLTES employed ► X	P01227179
Pre- parer	'c	Firm's name (or yours, if self-employed) and address	● FEIN
Use	3	SOLTES ACCOUNTACY CORPORATION	74-3046740
Only		4220 BRIARBEND RD	Telephone
		DALLAS, TX 75287-3905	(818) 231-9063
		May the FTR discuss this return with the preparer shown above? See instructions	• Yes No

Side 2 Form 109 C1 2013 059 3642134 CAVA9812L 11/21/13

THE TEEN PROJECT, INC.

Schedule A Cost of Goods Sold and/or Operations.

Meth	od of inventory valuation (specify)							
1	Inventory at beginning of year			1				
2	Purchases			2				
3	Cost of labor		•	3				
4 8	Additional IRC Section 263A costs. Attach schedule			4a				
ı	Other costs. Attach schedule		•	4 b				
5	Total. Add line 1 through line 4b			5				
6	Inventory at end of year			6				
7	Cost of goods sold and/or operations. Subtract line 6 from	n line 5. Enter here and	on Side 2, Part I, line 2	7				
	Do the rules of IRC Section 263A (with respect to property pro	oduced or acquired for res	ale) apply to this organization	? Yes X No				
Sch	nedule B Tax Credits. Do not claim the New Jobs Credi	it on Schedule B.						
1	Enter credit name code no. •	•	1					
2	Enter credit name code no.	•	2					
3	Enter credit namecode no. •	•	3					
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the New Jobs Credit, on line 4. Enter here and on Side 1, line 11c	e total of all claimed credits, e	ccept	4				
Sch	nedule K Add-On Taxes or Recapture of Tax. See inst			7				
1	Interest computation under the look-back method for completed long-tern		83/1	11				
2	Interest on tax attributable to installment: a Sales of cert			2a				
_			oligations	2b				
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on		*	3				
4	Credit recapture. Credit name	the disposition of intant	•	4				
	Total. Combine the amounts on line 1 through line 4. See	e instructions		5				
	nedule R Apportionment Formula Worksheet. Use only							
	A. Standard Method — Single-Sales Factor Formula. Con			e-sales factor formula				
	An oranger ones ractor romana.		(b)	(c)				
		(a) Total within and	Total within	Percent within				
		outside California	California	California (b) ÷ (a)				
1	Total Sales	•	•					
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and enter the result here and on Form 109, Side 1, line 2			•				
Parl	B. Three Factor Formula. Complete this part only if the	corporation uses the th	ree-factor formula					
ı aı	Three ractor roundia. Complete this part only it the	(a)	(b)	(c)				
		Total within and	Total within	Percent within				
		outside California	California	California (b) ÷ (a)				
1	Property factor: See instructions.	•	•	•				
2 3	Payroll factor: Wages and other compensation of employees	•	•					
3	and allowances	•	•	•				
4	Total percentage: Add the percentages in column (c)							
5	Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2.							
	See instructions for exceptions							
Sch	nedule C Rental Income from Real Property and Perso	nal Property Leased wi	th Real Property					
	ental income from debt-financed property, use Schedule D, R&TC Section 2			ructions for exceptions.				
1	Description of property		2 Rent received	3 Percentage of rent attribut-				
			or accrued	able to personal property %				
				%				
				%				
4	Complete if any item in column 3 is more than 50%, or for any	Complete if any item in col	<u> </u>					
•	item if the rent is determined on the basis of profit or income	complete it any item in sec	0 10 111010 111011 10 70, 2011 1101 111	column 5(a) less column 5(b)				
		(a) Gross income reportable,	(b) Deductions directly connected	(c) Net income includible,				
	(attach schedule) column 2 less column 4(a)	column 2 x column 3	with personal property (att so	ch) col 5(a) less col 5 (b)				
			1	Ī				
ا دا دا	columns 4(b) and 5(c). Enter here and on Side 2, Part I, Ii	ina C						

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Schedule D Unrelated Debt-Financed Income

Scriedule D Unrelated	Dept-Finance	ea income								
1 Description of debt-financed property				2 Gross income from or allocable to deb	3 Deduction debt-finar	Deductions directly connected with or allocable to debt-financed property				
				financed property		ine depreciation	(b) Other de (attach sched	ductions dule)		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average ac of or alloca financed p (attach sch	able to debt- roperty	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column column 6	8 Allocable total of co and 3(b) x	deductions, blumns 3(a) x column 6	9 Net inco includibles colu	ome (or loss) le, column 7 umn 8		
			8							
			%							
			olo							
Total. Enter here and on S	de 2, Part I, I	ine 7								
Schedule E Investmen	nt Income of a	an R&TC S	ection 23701g, 23701i	, or 23701n Organiz	ation					
1 Description	2 Amount	3	Deductions directly connected (attach schedule)	4 Net investment ind column 2 less column	5 Set-aside schedule)			e of investment column 4 less 5		
Total. Enter here and on S	do 2 Part I I	ino Q								
Enter gross income from m										
 	•		Rents from Controlle							
Scriedule F interest, F	dillulties, Roy	yailles ailu								
Name of controlled organization			Exempt Controlled On 3 Net unrelated	4 Total of specified	E Part of co	lumn (4) that	2.5 1 1	P. 11		
Prediction Controlled Signification		ation Number	income (loss)	payments made	is include controlling	d in the	connecti in colum	ons directly ed with income nn (5)		
1										
2										
3										
Nonexempt Controlled Org	anizations									
7 Taxable Income	ariizatioris		8 Net unrelated	9 Total of specified	10 Part of co	Jump (9) that	11 Deduction	one directly		
, raxable medite			income (loss)	payments made	is include	d in the g organization's	connecte in colum	ed with income		
1										
2										
3										
4 Add columns 5 and 1	0									
			Side 2, Part 1, line 9							
			e, other than Advertisi							
	2 Gross unrelated business income from trade or business	3 Expenses connected production unrelated business	d directly d with n of d with trade or business,	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess excepense, of less colubut not moc column 4	column umn 5 ore than	Net income includible, column 4 less column 7 but not less than zero		
Total. Enter here and on Si	de 2, Part I, I	ine 10								

Side 4 Form 109 C1 2013 059 3644134 CAVA9834L 11/21/13

Schedule H Advertising Income and Excess Advertising Costs

Par	t I Income	from Perio	dicals Re	eported on a C	onsolid	lated Basis								
1 Name of periodical 2 Gross a income		2 Gross advertising income		3 Direct adver costs	ising	4 Advertising inco- excess advertis costs. If column greater than col complete colum 6, and 7. If colu is greater than column 2, enter the exc Part III, column Do not complete columns 5, 6, a	ng 2 is umn 3, ns 5, mn 3 column ess in B(b).	5 Circulation in	ncome	6 Readersh	p costs	t t c c c c c c c c c c c c c c c c c c	column 5 is greater an column 6, enter he income shown in olumn 4, in Part III, olumn 4, in Part III, olumn 6 is greater an column 5, ubtract the sum of olumn 6 and column from the sum of olumn 5 and column. Enter amount in eart III, column A(b). if the amount is less an zero, enter -0	ו
Tota	ls													
Par	t II Income	from Perio	dicals Re	ported on a S	eparate	Basis		•		•		•		
					-									_
														_
														_
Par	t III Columr	ı Δ — Net Δ	dvertisin	n Income			Par	III Column E	3 – Exc	ess Adverti	sina Cos	sts		_
	(a) Enter 'cor	nsolidated perio n-consolidated	odical' and/	or names of	Part I, c amount	r total amount from olumn 4 or 7, and s listed in Part II, umns 4 and 7) Enter 'consolida	ted period			(b) from	Enter total amount Part I, column 4, ai Ints listed in Part I column 4	nd
							Enter	total here and on	Side 2, Pa	art II, line 27				
		•		ficers, Directo	rs, and	Trustees								
1	Name of Office	er	2 SSN	or ITIN	3 Ti	itle		Percent of time devoted to busine	ss 5	Compensation attributable unrelated but	to		Expense account allowances	
									용					
									용					
									용					
									용					
									용					_
Total	I Enter here	and on Sid	e 2 Part	II line 14			l							
											J			_
			n (Corpo			ions only. Trus				-111 -£	6 1:6		7 Danisalation	_
1	Group and guid description of	property		2 Date acquire	Y)	other basis	4	Depreciation allowed or allowable in prior years	co de	ethod of omputing epreciation	rat		7 Depreciation for this year	
1			ar depred	ciation (do not	include	in items below)							
2	Other depre													
	Buildings													
	Furniture ar	nd fixtures.												
	Transportat	tion equipme	ent											
	Machinery a	and ment												
	Other (spec													_
_														
3														
4														
5		•												
6	Balance. Si	ubtract line	5 from lin	ne 4. Enter he	e and c	on Side 2, Part	I, line	21a						

CAVA9805L 08/23/13 059 3645134 Form 109 C1 2013 Side 5

IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number		Check if: Change of address							
THE TEEN PROJECT, INC.		Amended report							
Name of Organization									
22431 B160 ANTONIO PKY #527 Address (Number and Street)		Corporate or 0	Organization No. 2916927						
RANCHO SANTA MARGARITA, CA 92		Federal Emplo	oyer ID No. 30-0421837						
City or Town ANNUAL REGISTRATION R	State ZIP Code ENEWAL FEE SCHEDULE (11 Ca	ıl. Code Regs. s	sections 301-307, 311 and 312)						
	k Payable to Attorney General's								
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	F	ee				
Less than \$25,000 0	Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 millio		150				
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	on \$75	Between \$10,000,001 and \$50 million		225 300				
PART A – ACTIVITIES			,						
For your most recent full accounting per	iod (beginning 1/01/13	ending	12/31/13) list:						
Gross annual revenue \$	105,490. Total assets	\$	687,466.						
PART B - STATEMENTS REGARDING	G ORGANIZATION DURING	G THE PERIO	OD OF THIS REPORT						
Note: If you answer 'yes' to any of the ques 'yes' response. Please review RRF-1			providing an explanation and details	s for e	ach				
1 During this reporting period, were there as	ny contracts loans loasos or oth	or financial tran	esactions between the	Yes	No				
During this reporting period, were there as organization and any officer, director or trusted director or trustee had any financial interest.	ee thereof either directly or with an	entity in which a	ny such officer,		х				
2 During this reporting period, was there any the property or funds?	neft, embezzlement, diversion or mis	suse of the organ	nization's charitable		х				
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenues	s?		х				
4 During this reporting period, were any organizers Form 4720 with the Internal Revenue Serv	zation funds used to pay any penalt vice, attach a copy.	ty, fine or judgme	ent? If you filed a		х				
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser ent listing the name, address, and te	or fundraising o elephone number	counsel for charitable of the service		х				
6 During this reporting period, did the organiza the name of the agency, mailing address,			e an attachment listing		х				
7 During this reporting period, did the organiza indicating the number of raffles and the did		oses? If 'yes,' pr	ovide an attachment		х				
Does the organization conduct a vehicle dona the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a whether the organization contrac	attachment indica ets with a comm	ating whether ercial fundraiser for		х				
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?									
Organization's area code and telephone number	er (949) 481-1110								
Organization's e-mail address									
I declare under penalty of perjury that I have e and belief, it is true, correct and complete.	examined this report, including a	ccompanying c	locuments, and to the best of my kn	owled	ge				
T.A.T	RI BURNS	PRESIDENT	1						
	d Name	Title	Date						

Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Α	For the 2	U13 calen	dar year, or tax year begin	ning	, 2013,	and ending	l		,			
В	Check if app	olicable:	С				D	Employer I	Identification Nu	umber		
	Addres	s change	THE TEEN PROJECT		30-0421837							
	Name o	change	22431 B160 ANTON				E	E Telephone number				
	Initial r	-	RANCHO SANTA MAR		88			(9/9)	481-11	10		
	-							(747)	401 11	10		
	Termin							_		105 400		
	—	ed return	<u> </u>			1.		Gross rece		105,490.		
	Applica	ition pending		ELIGITE DOI			.,		or subordinates?	H 163 H 160		
			78 CIRCLE COURT	MISSION VIEJO,			I(b) Are all sub- If 'No,' atta	ordinates ind ch a list. (se	cluded? ee instructions)	Yes No		
1	Tax-exem	ıpt status	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527						
J	Websit	e: ► N/	A			ŀ	i(c) Group exer	nption numb	oer ►			
K	Form of o	rganization:	X Corporation Trust	Association Other ►	LY	ear of formatio	n:	M State	e of legal domic	ile: CA		
Pa	rt I	Summar	v	<u></u>	•							
	1 Brie	efly descri	be the organization's missi	on or most significant	activities: тн	F TEEN	PROJECT	TS A	NOT-FOR	-PROFIT		
4	\triangle		TION THAT PROVIDE									
ဋ	YF		AGE WITH TRANSI									
Шa	AT		VIDES THESE YOUTH									
<u>s</u>	2 Che	eck this bo		n discontinued its oper						3		
ၓ	3 Nur	mber of vo	oting members of the gover						3	5		
ంర	4 Nur	mber of in	dependent voting members	s of the governing body	(Part VI, line	1b)			4	0		
ĕ.	5 Tot		of individuals employed in	•					5	0		
Activities & Governance	6 Tot		of volunteers (estimate if	,					6	0		
Ac			ed business revenue from I						7 a	0.		
	b Net	unrelated	business taxable income	from Form 990-T, line	34				7 b	0.		
								Year		rent Year		
Φ		5 , , ,							8.	105,490.		
Revenue			rice revenue (Part VIII, line									
eke			ncome (Part VIII, column (A	·								
Œ			e (Part VIII, column (A), Iir									
			e – add lines 8 through 11					86,18	8.	105,490.		
			imilar amounts paid (Part I		-							
	14 Ber	nefits paid	to or for members (Part I)	(, column (A), line 4).								
(0	15 Sal	aries, othe	er compensation, employee	e benefits (Part IX, colu	ımn (A), lines	5-10)		38,13	4.	59,352.		
Ses	16a Pro	fessional	fundraising fees (Part IX, o	column (A), line 11e)				32,40	5.			
Expenses	h Tot	al fundrais	sing expenses (Part IX, col	umn (D) line 25) ▶		1,814.		-,				
X	17 0#		ses (Part IX, column (A), lir					00 00	<u></u>	150 000		
				•				80,20		150,828.		
			es. Add lines 13-17 (must e	•				50,74		210,180.		
- *		venue less	expenses. Subtract line 1	8 from line 12				35,44		-104,690.		
Net Assets or Fund Balance							Beginning of			d of Year		
\sse Bala	20 Tot		(Part X, line 16)					58,12		687,466.		
a f	21 Tot	ai iiabiiitie	s (Part X, line 26)					91,69	3.	325,721.		
Ζű	22 Net	assets or	fund balances. Subtract li	ne 21 from line 20			4	66,43	5.	361,745.		
Pa	rt II	Signatur	e Block									
Unde	er penalties o	of perjury, I de	eclare that I have examined this returner (other than officer) is based on	rn, including accompanying sc	hedules and statem	nents, and to th	e best of my kn	owledge and	d belief, it is true	e, correct, and		
com	piete. Deciar	ation of prepa	irer (other than officer) is based on	all information of which prepare	er nas any knowled	ge.						
Sig	gn	Signatu	re of officer				Date					
Hè	re	LAU:	RI BURNS				PRESID	ENT				
_			print name and title.									
-		Print/Type p	oreparer's name	Preparer's signature		Date	Che	eck X i	f PTIN			
Pa	id	RICHA	RD SOLTES	RICHARD SOLTES	S		self	-employed	P0122	7179		
	eparer	Firm's name		TACY CORPORATI		1						
Us	e Only	Firm's addre					Firr	n's EIN ►	74-3046	740		
	,	. IIII 3 addit		5287-3905					818) 231			
May	the IRS	discuss th	is return with the preparer		structions)		FIII	// (III).	010) Z3			

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

4e Total program service expenses ► 16,880.

Form 990 (2013) THE TEEN PROJECT, INC. Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10		10		Х
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.	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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.	14b		Х
	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	15		Х
	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	16		Х
	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).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	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.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		1

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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>	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х

BAA Form **990** (2013)

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reasonabling) winnings to prize winners?	eportable gaming	1.0		
2 -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		. 1 c		
26	ments, filed for the calendar year ending with or within the year covered by this return	2a	0		
k	lf at least one is reported on line 2a, did the organization file all required federal employmen		. 2 b	,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year				Х
	If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		. 3 b)	
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a nancial account)?	. 4a	1	Х
t	of Yes,' enter the name of the foreign country: ►		4		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt			-	Λ
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. <u>5 c</u>	-	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6 a	ı	Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	. 6 b)	
7	Organizations that may receive deductible contributions under section 170(c).				
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	. 7a		X
Ł	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 v Form 8282?	vas required to file	. 7c	:	Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	. 7 e	:	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	. 7 f		Х
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	. 7 g	 	
ŀ	ղ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
a	a Did the organization make any taxable distributions under section 4966?		. 9 a		
Ł	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9 b	,	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders	11 a			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	. 12a	ı	
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	a Is the organization licensed to issue qualified health plans in more than one state?		. 13a	1	
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
	Enter the amount of reserves on hand	13 c			
	a Did the organization receive any payments for indoor tanning services during the tax year?				Х
Ł	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	. 14b)	

Form 990 (2013) THE TEEN PROJECT, INC. 30-0421837 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Χ X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers of key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

JEANNE MACLAINE 130 CALLE CUERVO SAN CLEMEMTE CA 92672 (949) 481-1110

Form 9	90	(2013)	THE	TEEN	PROJECT,	INC.

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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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	er an	iless r	perso	c more t n is bot or/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PAUL BLAVIN	0	•								
OFFICER (2) NANCY SOBEL	0							0.	0.	0.
OFFICER	0							0.	0.	0.
(3) MORGAN LAMOTHE	0	-								
OFFICER (4) DENNIS WOOTAN	0							0.	0.	0.
OFFICER	0	-						0.	0.	0.
(5) LAURI BURNS	10									
PRESIDENT	0	Χ		Χ				0.	0.	0.
_(6)										
<u>(7)</u>		-								
(8)										
(9)		•								
(10)		•								
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers	s, Directors, Trus		Key	Em	ıplo	oye	es,	and	d Highest Con	pensated Em	oloyees	S (contii	nued)
		(B)			((•							
(A)		Average hours	(do	not c	check	sition more	than	one h an	(D)	(E)		(F)	
Name and title		per week	offic	cer ar	nd a d	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amo	stimated unt of oth pensation	her
		(list any hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highe Emplo	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	rom the ganization	n
		related organiza	rector	noit	약	mple	st co)yee	₽				id related anization	
		 tions below 	trust	i tru		уее	mper						
		dotted line)	ee	stee			Highest compensated employee						
(15)													
(15)													
(16)													
(17)													
(18)													
2.3/													
(19)													
(20)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
			•										
1 b Sub-total								>	0.	0			0.
c Total from continuation sheet								>	0.	0	•		0.
d Total (add lines 1b and 1c) Total number of individuals (incl								ved		-	· <u> </u> npensatio	n	0.
	0				,					·			
												Yes	No
3 Did the organization list any for on line 1a? If 'Yes.' complete	ormer officer, directo Schedule J for such	r, or tru <i>individu</i>	stee, al	key	err err	ıplo <u>y</u>	yee,	or h	nighest compensa	ted employee	3		Х
4 For any individual listed on lin	ne 1a is the sum of r	enortab	le co	mne	nsa	ition	and	oth	er compensation	from			
the organization and related o	rganizations greater	than \$1	50,00	00?	If 'Y	∕es'	com	plet	e Schedule J for		4		Х
5 Did any person listed on line													77
for services rendered to the or Section B. Independent Con	rganization? If 'Yes,'	comple	te So	chea	lule	J fo	rsuc	ch p	erson		5		X
1 Complete this table for your fi	ve highest compensa	ted inde	epen	dent	t cor	ntra	ctors	tha	it received more the	nan \$100,000 of			
compensation from the organiza	tion. Report compensa	tion for	the c	alen	dar <u>y</u>	year	endi	ng v	vith or within the or	ganization's tax yea		<u> </u>	
Name	(A) and business addre	SS							(B) Description (of services	Compe	c) ensatio	n
2 Total number of independent co			ited to	o the	se I	isted	d abo	ve)	who received more	than			
\$100,000 of compensation fro	m the organization >	0											

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) (D) (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations 1 d e Government grants (contributions) 399 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 105,091 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 105,490 PROGRAM SERVICE REVENUE **Business Code** b f All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory.. **b** Less: cost or other basis and sales expenses c Gain or (loss)..... **d** Net gain or (loss)..... 8a Gross income from fundraising events OTHER REVENUE (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11 a d All other revenue

105,

490

0

0

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must	t complete all	columns. All othe	r organizations must	: complete column (A).
Ol1. :f O	-lll		and the first of the second of	and the board IV		

			Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	52,711.		52,711.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	92,122		92,121	
9	Other employee benefits				
10	Payroll taxes	6,641.		6,641.	
11	Fees for services (non-employees):				
ā	Management				
ŀ) Legal				
(Accounting	6,661.		6,661.	
C	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	2,739.		2,739.	
13	Office expenses	2,271.		2,271.	
14	Information technology	2,211.		2,211.	
15	Royalties.				
16	Occupancy	58,661.		58,661.	
17	Travel	30,001.		30,001.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,227.		14,227.	
	Insurance	4,049.		4,049.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	EXECUTIVE DIRECTOR FEE	36,000.		36,000.	
	AUTOMOBILE EXPENSE	8,993.		8,993.	
(HOUSING SERVICES	7,255.	7,255.		
(COMPUTER & INTERNET FEES	5,074.	5,074.		
	All other expenses	4,898.	4,551.	-1,467.	1,814.
25	Total functional expenses. Add lines 1 through 24e	210,180.	16,880.	191,486.	1,814.
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 ► if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	266,039.	1	196,648.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net.		7	5,956.
ASSETS	8	Inventories for sale or use.		8	3,330.
Ţ	9	Prepaid expenses and deferred charges		9	
3	_				
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1		
		Less: accumulated depreciation		10 c	484,862.
	11	Investments – publicly traded securities.	· · · · · · · · · · · · · · · · · · ·	11	404,002.
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	687,466.
	17	Accounts payable and accrued expenses	/50,120.	17	007,400.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
į	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B	22	Loans and other payables to current and former officers, directors, trustees,			
LIABILITI		key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ	22	·			205 422
E S	23	Secured mortgages and notes payable to unrelated third parties		23	285,433.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	40,288.
	26	Total liabilities. Add lines 17 through 25.		26	325,721.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ASSETS	27	Unrestricted net assets.	466,435.	27	361,745.
Ĕ	28	Temporarily restricted net assets.		28	
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
F		and complete lines 30 through 34.			
F UND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
B女し女といい	33	Total net assets or fund balances		33	361,745.
Ĕ	34	Total liabilities and net assets/fund balances		34	687,466.

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Pai	t XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI.				\square
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		105	,490.
2	Total	expenses (must equal Part IX, column (A), line 25)	2			,180.
3	Rever	ue less expenses. Subtract line 2 from line 1	3			,690.
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,435.
5	Net ur	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7		ment expenses	7			
8		period adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net as	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10		0.61	- 4-
D		n (B))	10		361	,745.
Pai	T All	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				<u>.</u>
					Ye	s No
1	Accou	nting method used to prepare the Form 990: Cash X Accrual Other				
	If the in Sch	organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O.				
2 8	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
		s,' check a box below to indicate whether the financial statements for the year were compiled or reviewe ate basis, consolidated basis, or both:	ed on a			
		Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were	the organization's financial statements audited by an independent accountant?		2	b	X
	If 'Yes basis,	s,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:	te			
	ш	Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes review	' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, or compilation of its financial statements and selection of an independent accountant?		2	c	
	in Sch	organization changed either its oversight process or selection process during the tax year, explain nedule O.				
3 8	As a re Audit	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3	а	Х
ŀ		,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b	

TEEA0112L 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE TEEN PROJECT, INC. 30-0421837 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 q June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III — Non-functionally integrated Type II С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Yes No Yes No No (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support			T	1		
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			1	1		
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	113 (line 6, columi	n (f) divided by lii	ne 11, column (f)))	14	%
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	%
16 a	a 33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported o	box on line 13, a rganization	ind the line 14 is 3	33-1/3% or more, c	heck this box
k	33-1/3% support test — 2012. If the and stop here. The organization						
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
k	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how the
18	Private foundation. If the organia	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►
	·	· · · · · · · · · · · · · · · · · · ·					

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')		138,626.	258,346.	386,188.	105,490.	888,650.
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.		130,020.	230,340.	300,100.	103,490.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	138,626.	258,346.	386,188.	105,490.	888,650.
7 a	A Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						888,650.
	tion B. Total Support	4 >			48.222		
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	0.	138,626.	258,346.	386,188.	105,490.	888,650.
b	similar sources						0.
	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0	0		0.
c	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	0.	0.	0.	0.	0.	0.
11	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	0.	0.	0.	0.	0.	0. 0.
11 12	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	0.					0. 0. 0.
11 12 13 14	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	0. is for the organiza stop here	138,626. tion's first, second	258,346.	386,188.	105,490.	0. 0. 0. 888,650.
11 12 13 14 Sec	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	0. is for the organiza stop here	138,626. tion's first, second	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	0. is for the organiza stop here	138,626. tion's first, second	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and	is for the organiza stop hereblic Support P	138,626. tion's first, second ercentage (f) divided by line	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and extion C. Computation of Pul	is for the organiza stop hereblic Support P	138,626. tion's first, second ercentage (f) divided by line Part III, line 15	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3)	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and etion C. Computation of Pul Public support percentage from 20 Public support percentage from 20	0. is for the organiza stop here blic Support P 13 (line 8, column 2012 Schedule A, estment Incon	138, 626. tion's first, second ercentage (f) divided by line Part III, line 15 1e Percentage	258,346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3) 	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16 Sec 17	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 Investment income percentage for	o. is for the organiza stop here blic Support P 13 (line 8, column 2012 Schedule A, estment Incon or 2013 (line 10c,	138, 626. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	258, 346. I, third, fourth, o	386,188. r fifth tax year as	105, 490. a section 501(c)(3) 	0. 0. 0. 888,650. ► X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from 2 ction D. Computation of Inv Investment income percentage for 13 a 33-1/3% support tests — 2013. If is not more than 33-1/3%, check	is for the organiza stop here	138,626. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the behere. The organiz	258,346. I, third, fourth, o 13, column (f)) by line 13, colu 7 oox on line 14, a cation qualifies a	386, 188. r fifth tax year as mn (f))	105, 490. a section 501(c)(3)	0. 0. 0. 888,650.
11 12 13 14 Sec 17 18 19 a	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and explain in the support percentage for 20 public support percentage from 20 public support percentage from 21 investment income percentage for 133-1/3% support tests — 2013. If	is for the organiza stop here	138,626. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the behere. The organiz did not check a boond stop here. The	258, 346. I, third, fourth, o 13, column (f)) by line 13, colu 7 box on line 14, a cation qualifies a x on line 14 or li organization qual	386, 188. r fifth tax year as mn (f)) and line 15 is more as a publicly support ne 19a, and line 1 alifies as a publicl	105, 490. a section 501(c)(3)	0. 0. 0. 888,650.

Scriedule A	(Form 990 of 990-E2) 2013 THE TEEN PROJECT, INC. 30-0421837	Page 4
Part IV		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE TEEN PROJECT, INC 30-0421837 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate contributions to (during year). . . . Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Mainta	ining Colle	ections of	Art, Histo	rical Treasures,	or Oth	er Similar Ass	ets (co	<u>entinu</u>	<u>ied)</u>
3 Using the organization's acquisitior items (check all that apply):	ı, accession, a	nd other reco	ords, check an	ny of the following that	t are a si	gnificant use of its	collection	n	
a Public exhibition			d Loan o	r exchange program	าร				
b Scholarly research			e Other						
c Preservation for future generation	rations								
4 Provide a description of the organize Part XIII.	zation's collecti	ions and exp	lain how they	further the organization	on's exen	npt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	han to be mai	intained as	part of the or	ganization's collection	on?		Yes		No
Part IV Escrow and Custodia line 9, or reported an	ı l Arrangen amount on	1ents. Coi Form 990	mplete if th D, Part X, I	ne organization a ine 21.	answer	ed 'Yes' to For	m 990	, Part	i IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n, or other	intermediary	for contributions or	other as:	sets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement								L.	
,		·					Amount	:	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1 f			
2a Did the organization include an a	amount on For	rm 990, Par	t X, line 21?.				Yes		No
b If 'Yes,' explain the arrangement	t in Part XIII.	Check here	if the explan	tion has been provid	ded in Pa	art XIII			7
									_
Part V Endowment Funds. C	complete if	the organ	iization ans	swered 'Yes' to F	Form 9	90, Part IV, Iin	e 10.		
	(a) Current	year	(b) Prior year	(c) Two years b	oack	(d) Three years back	(e) F	our year	s back
1 a 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 percentag	e of the curre	nt year end	balance (line	e 1g, column (a)) he	eld as:				
a Board designated or quasi-endown			_ %						
b Permanent endowment ►	ુ જ								
c Temporarily restricted endowmen	nt 🟲	<u> </u>							
The percentages in lines 2a, 2b,	and 2c should	d equal 100	%.						
3 a Are there endowment funds not in organization by:	the possession	of the orgar	nization that a	re held and administe	ered for th	e	Γ	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related	organizations	listed as re	quired on Scl	hedule R?			. 3b		
4 Describe in Part XIII the intende	d uses of the	organizatior	n's endowme	nt funds.					.1
Part VI Land, Buildings, and	Equipment	t.							
Complete if the organ			es' to Form	990, Part IV, lir	ne 11a.	See Form 990), Part	X, lir	ne 10.
Description of property		(a) Cost or (invest	other basis tment)	(b) Cost or other basis (other)	(c)	Accumulated depreciation	(d) E	Book va	alue
1 a Land				126,000).			126	,000.
b Buildings				294,000	١.	49,854.		244	,146.
c Leasehold improvements				137,538	3.	28,668.			,870.
d Equipment				20,163	3.	14,317.		5	,846.
e Other								·———	
Total. Add lines 1a through 1e. (Colum	nn (d) must ed	qual Form 9	90, Part X, c	olumn (B), line 10(c	:).)	<u></u>		484	,862.
BAA						Schedu	ıle D (Fo		

Schedule **D** (Form 990) 2013

	Investments – Other Securities.		N/A	
	Complete if the organization answered			
(a) Desci	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
` '	ial derivatives			
	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII	Investments – Program Related.	l'Voc' to Form 000	N/A Part IV line 11a See Form 0	00 Part V line 12
	Complete if the organization answered (a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(a) Description of investment type	(b) book value	(c) Wethou of Valuation. Cost of end	1-01-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX				
1 41 (1) (Complete if the organization answered		, Part IV, line 11d. See Form 9	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(9) (10)	lumn (b) must equal Form 990, Part X, column (B), line 15.)		•
(9) (10)	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
(9) (10) Total. (Co	Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 11		•
(9) (10) Total. (Co	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		•
(9) (10) Total. (Co Part X	Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(9) (10) Total. (Co Part X	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Co Part X (1) Fede (2) (3)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	•
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11 (b) Book value 40,28	e or 11f. See Form 990, Part X, line 25 8. 8.	

BAA

Schedule **D** (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	. 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	ci itetarri. 10/11
	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
	<u> </u>
b Prior year adjustments	<u> </u>
c Other losses.	<u> </u>
d Other (Describe in Part XIII.) 2d	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b .	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ant v, anv additional information.
. , , , , ,	, ,

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE TEEN PROJECT, INC 30-0421837 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE TEEN PROJECT IS A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES EMANCIPATED FOSTER YOUTH RANGING FROM 17 1/2 TO 24 YEARS OF AGE WITH TRANSITIONAL HOUSING AND A HIGHER EDUCATION. THE ORGANIZATION ALSO PROVIDES THESE YOUTH ADULTS INDEPENDENCE, PERSONAL AND CAREER GUIDANCE, FAMILY SUPPORT AND ONGOING MENTORING SUPPORT THROUGH A PROGRAM CALLED FRIENDS FOR LIFE. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return ► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, con are filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	is form	1).	······ • X
Electronic corporation request an e Associated	nplete Part II unless you have already been grante filing (e-file). You can electronically file Form 8868 in required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which m filing of this form, visit www.irs.gov/efile and click of	3 if you nee t automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can elevith the exception of Form 8870, Information to the IRS in paper format (see instruct	to file ectroni Retur	e (6 months cally file For n for Transfe	rs
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed).			
A corporati	on required to file Form 990-T and requesting an a	_			ete Part I or	nly ▶ □
	orporations (including 1120-C filers), partnerships,					- Ш
income tax		ricinios, ai	Enter filer's identi			
	Name of exempt organization or other filer, see instructions.			Emplo	yer identification	n number (EIN) or
Type or print	THE TEEN PROJECT, INC.			30-	0421837	
File by the	Number, street, and room or suite number. If a P.O. box, see in	Number, street, and room or suite number. If a P.O. box, see instructions.				
due date for filing your	22431 B160 ANTONIO PKY #527					
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.			
	RANCHO SANTA MARGARITA, CA 926	588				
	Return code for the return that this application is fo	or (file a sep	1			01
Application	1	Return Code	Application Is For			Return Code
Form 990 or	r Form 990-EZ	01	Form 990-T (corporation)	on)		
Form 990-E	3L	02	Form 1041-A			08
Form 4720		03	Form 4720 (other than individual)			09
Form 990-F		04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	Γ (trust other than above)	06	Form 8870			12
Telepho If the o If this is check the extendard until The e If the control of	one No. ► (949) 481–1110 rganization does not have an office or place of buses for a Group Return, enter the organization's four this box ► If it is for part of the group, coension is for. lest an automatic 3-month (6 months for a corporation 8/15, 20 14, to file the exempt organization is for the organization's return for: X calendar year 20 13 or	digit Group theck this be required to realization re	e United States, check this box	this is mes a	s for the who	ole group,
3a If this	application is for Forms 990-BL, 990-PF, 990-T, 4 sfundable credits. See instructions.	1720, or 606	59, enter the tentative tax, less any	3 a	\$	0.
b If this tax pa	s application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b	\$	0.
c Balar EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v instructions	with this form, if required, by using	3 c	\$	0.
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	53-EC	and Form	8879-EO for

	alifornia e-file Ret	turn Authorization for		FORM
2013 E	xempt Organization	ons		8453-EC
Exempt Organization name			Identifying num	ber
THE TEEN PROJEC	T, INC.		30-0421	837
	Return Information (whole dol			
,	• • •			105,490
_				105,490
3 Total expenses and	disbursements (Form 199, Line	e 9)	3	210,180
Part II Settle You	r Account Electronically f	for Taxable Year 2013		
4 Electronic fund	s withdrawal 4a Amount	4b Withdrawal date (mm/dd/yyy	уу)	
Part III Banking Ir	formation (Have you verified	I the exempt organization's banking information?)		
5 Routing number				1
6 Account number		7 Type of account: Checking		Savings
Part IV Declaratio	1 of Officer			
		as designated in Part II. If I check Part II, Box 4, I author	orize an elect	tronic funds
withdrawal for the amour	it listed on line 4a.			
Under penalties of periury.		ne above exempt organization and that the information I prov		
		vice provider and the amounts in Part I above agree with California electronic return. To the best of my knowledge		
return originator (ERO),				
return originator (ERO), corresponding lines of th	e, correct, and complete. If the exe	empt organization is filing a balance due return, I understand	<i>a</i> tilut ii tilo i it	
return originator (ERO), corresponding lines of th organization's return is true Tax Board (FTB) does no	ot receive full and timely paymen	ent of the exempt organization's fee liability, the exempt	organization	will remain liable
return originator (ERO), corresponding lines of th organization's return is tru Tax Board (FTB) does no for the fee liability and a	ot receive full and timely payment I applicable interest and penalti	ent of the exempt organization's fee liability, the exempt ies. I authorize the exempt organization return and acco	organization mpanying sch	will remain liable nedules and
return originator (ERO), corresponding lines of th organization's return is true Tax Board (FTB) does not for the fee liability and a statements be transmitted	of receive full and timely payment applicable interest and penalti to the FTB by the ERO, transmitte	ent of the exempt organization's fee liability, the exempt	organization mpanying sch exempt organi	will remain liable nedules and ization's
return originator (ERO), corresponding lines of th organization's return is true Tax Board (FTB) does not for the fee liability and a statements be transmitted	of receive full and timely payment applicable interest and penalti to the FTB by the ERO, transmitte	ent of the exempt organization's fee liability, the exempt ies. I authorize the exempt organization return and accord, or intermediate service provider. If the processing of the exempt or intermediate service provider.	organization mpanying sch exempt organi	will remain liable nedules and ization's
return originator (ERO), corresponding lines of th organization's return is true Tax Board (FTB) does not for the fee liability and a statements be transmitted	of receive full and timely payment applicable interest and penalti to the FTB by the ERO, transmitte	ent of the exempt organization's fee liability, the exempt ies. I authorize the exempt organization return and accord, or intermediate service provider. If the processing of the exempt or intermediate service provider.	organization mpanying sch exempt organi	will remain liable nedules and ization's

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

	ERO's signature		Date	Check if also paid preparer X	Check self- employ		ERO's PTIN P01227179
ERO Must	Firm's name (or yours	SOLTES ACCOUNTACY COR	RPORATION			FEIN	
Sign	Firm's name (or yours if self-employed) and address	4220 BRIARBEND RD					74-3046740
	auuress	DALLAS			TX	ZIP Code	75287-3905
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.							
Paid	Paid preparer's signature		Date		ck if self- loyed		Paid preparer's PTIN
Preparer							

For Privacy Notice, get form FTB 1131 ENG/SP.

FTB 8453-EO 2013