

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16**

58-1915156

THE EXTENSION INC

Net Asset / Fund Balance at Beginning of Year		<u><u>1,499,314</u></u>
Revenue		
Contributions	<u>763,521</u>	
Program service revenue	<u>167,767</u>	
Investment income	<u>3,205</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>18,656</u>	
Direct expenses	<u>16,769</u>	
Net income	<u>1,887</u>	
Other income	<u>3,013</u>	
Total revenue		<u>939,393</u>
Expenses		
Program services	<u>853,876</u>	
Management and general	<u>61,778</u>	
Fundraising	<u>69,597</u>	
Total expenses		<u>985,251</u>
Excess / (deficit)		<u>-45,858</u>
Changes		<u>-1,730</u>
Net Asset / Fund Balance at End of Year		<u><u>1,451,726</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>942,221</u>
Less:	
Unrealized gains	<u>-1,730</u>
Donated services	<u>4,558</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>939,393</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>989,809</u>
Less:	
Donated services	<u>4,558</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>985,251</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,028,291</u>	<u>1,989,397</u>	
Liabilities	<u>528,977</u>	<u>537,671</u>	
Net assets	<u><u>1,499,314</u></u>	<u><u>1,451,726</u></u>	<u>-47,588</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/16
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16

2015

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

THE EXTENSION INC

Employer identification number

58-1915156

Name and title of officer

**TYLER DRIVER
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	939,393
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Marty I Heller CPA PC** to enter my PIN **58191** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **08/29/16**

Part III Certification and Authentication

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

58005340658
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } **08/29/16**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

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)

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

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE EXTENSION INC	D Employer identification number 58-1915156
	Doing business as	E Telephone number 770-590-9075
	Number and street (or P.O. box if mail is not delivered to street address) P O BOX 793	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code MARIETTA GA 30061-0793	G Gross receipts \$ 956,162

F Name and address of principal officer:
TYLER DRIVER
P O BOX 793
MARIETTA GA 30061

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

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

J Website: **u THEEXTENSION.ORG**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1987** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROFESSIONAL ADDICTION COUNSELING AND SUPPORT SERVICES, INCLUDING A RESIDENTIAL PROGRAM FOR THOSE UNDERGOING REHAB. PROVIDES COUNSELING AND EMERGENCY WINTER SHELTER WITH RELATED SERVICES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	5868
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 998,623	Current Year 763,521
	9 Program service revenue (Part VIII, line 2g)	152,350	167,767
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,759	3,205
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,986	4,900
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,156,200	939,393
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	504,776	501,135
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 69,597		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	505,360	484,116
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,010,136	985,251	
19 Revenue less expenses. Subtract line 18 from line 12	146,064	-45,858	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,028,291	End of Year 1,989,397
	21 Total liabilities (Part X, line 26)	528,977	537,671
	22 Net assets or fund balances. Subtract line 21 from line 20	1,499,314	1,451,726

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TYLER DRIVER	Date EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARTY HELLER	Preparer's signature	Date 09/12/16	Check <input type="checkbox"/> if self-employed	PTIN P01237305
	Firm's name Marty I Heller CPA PC	Firm's EIN }			
	Firm's address 1395 S Marietta Pkwy Bldg 300 Ste 228 Marietta, GA 30067-2890	Phone no. 770-952-5257			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROFESSIONAL ADDICTION COUNSELING AND SUPPORT SERVICES, INCLUDING A RESIDENTIAL PROGRAM FOR THOSE UNDERGOING REHAB. PROVIDES COUNSELING AND EMERGENCY WINTER SHELTER WITH RELATED SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **853,876** including grants of \$) (Revenue \$ **167,767**)

THE EXTENSION IS A NON-PROFIT, COMMUNITY SUPPORTED ORGANIZATION REACHING PEOPLE IN NEED OF RECOVERY FROM ALCOHOL AND DRUG ADDICTION. IT HELPS FACILITATE THE INDEPENDENCE OF THOSE SEEKING HELP THROUGH A RESIDENTIAL PROGRAM FOR THE HOMELESS, OUT PATIENT COUNSELLING SERVICES FOR LOW AND MODERATE INCOME INDIVIDUALS AND OUTREACH THROUGH EMERGENCY WINTER SHELTER PROGRAM. IN YEAR 2016 IT SERVED 187 MEN AND WOMEN IN ITS RESIDENTIAL PROGRAM. OF THOSE, 68 BECAME ACTIVE FAMILY MEMBERS EVIDENCED BY THEIR TAKING FINANCIAL RESPONSIBILITY FOR THEIR CHILDREN AND SPENDING QUALITY TIME WITH THEM. 64 SUCCESSFULLY TRANSITIONED TO INDEPENDENT LIVING AND 64 REMAINED IN THE PROGRAM AT YEAR'S END.DURING 2016, IT HAD 86 GUESTS IN THE WINTER PROGRAM, WITH A TOTAL OF 454 BED NIGHTS (NUMBER OF RESIDENTS X THE

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

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

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

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

4e Total program service expenses **u 853,876**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 990, Form 720, and Form 1041.

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

		Yes	No
1a	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.		
1b	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

THE EXTENSION, INC
MARIETTA

1507 CHURCH STREET

GA 30061

770-590-9075

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER FENTON	0.00									
CHAIR	0.00	X		X			0	0	0	
(2) PAUL STEWART	0.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(3) KURT HEIM	0.00									
SECRETARY	0.00	X		X			0	0	0	
(4) SKIP HARPER	0.00									
TREASURER	0.00	X		X			0	0	0	
(5) JAMES TATE	0.00									
EXE COMMITTEE MEMBER	0.00	X					0	0	0	
(6) SUE ALEXANDER	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) GENE CORK	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) DOUG CRAIG	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) GEORGE A FOSU	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) D. AUSTIN GILLIS	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) ABBOTT HALL	0.00									
EXE COMMITTEE MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DAN JOHNSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) TRACY LAWHORN	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) SCOTT NATION	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) ANGELA ROBINSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) MARNELL SAUNDERS	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) PETER TENNIS	0.00									
DIRECTOR	0.00	X					0	0	0	
(18) JUDY HOYT	0.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 27,446				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 443,452				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 292,623				
	g Noncash contributions included in lines 1a-1f: \$	76,096				
	h Total. Add lines 1a-1f	u 763,521				
Program Service Revenue	2a RESIDENTS FEES	Busn. Code	167,767	167,767		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 167,767				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 3,205	3,205			
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 18,656				
		b Less: direct expenses	b 16,769			
c Net income or (loss) from fundraising events		u 1,887				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
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	u				
Miscellaneous Revenue		Busn. Code				
11a INSURANCE PROCEEDS		3,013	3,013			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u 3,013					
12 Total revenue. See instructions.	u 939,393	173,985	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	391,278	336,933	19,054	35,291
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,205	66,606	4,009	6,590
10 Payroll taxes	32,652	28,129	1,572	2,951
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,560	6,848	856	856
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,903		1,903	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	17,832	12,182	5,250	400
14 Information technology	17,485	12,431	3,543	1,511
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	24,463	21,654	1,906	903
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,239	90,061	589	589
23 Insurance	16,621	14,639	1,982	
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 MEALS	85,023	85,023		
b MAINTENANCE	72,181	69,848	1,794	539
c UTILITIES	61,054	53,086	3,984	3,984
d ADMINISTRATION & MISC	19,866	7,426	11,305	1,135
e All other expenses	67,889	49,010	4,031	14,848
25 Total functional expenses. Add lines 1 through 24e	985,251	853,876	61,778	69,597
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	56,950	2 23,079
	3	Pledges and grants receivable, net	166,635	3 160,403
	4	Accounts receivable, net	66,484	4 42,508
	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
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	5,803	9 6,536
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,798,022	
	b	Less: accumulated depreciation	10b 1,136,250	10c 1,661,772
	11	Investments—publicly traded securities	110,374	11 84,944
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets	2,750	14 917
	15	Other assets. See Part IV, line 11	5,374	15 9,238
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,028,291	16 1,989,397	
Liabilities	17	Accounts payable and accrued expenses	33,082	17 19,312
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	495,895	23 518,359
	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 D		25
	26	Total liabilities. Add lines 17 through 25	528,977	26 537,671
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,316,152	27 1,279,796
	28	Temporarily restricted net assets	183,162	28 171,930
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	1,499,314	33 1,451,726	
34	Total liabilities and net assets/fund balances	2,028,291	34 1,989,397	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	939,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	985,251
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,499,314
5	Net unrealized gains (losses) on investments	5	-1,730
6	Donated services and use of facilities	6	4,558
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,558
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,451,726

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE EXTENSION INC

Employer identification number

58-1915156

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	717,343	722,588	753,313	748,623	748,647	3,690,514
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	717,343	722,588	753,313	748,623	748,647	3,690,514
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.						3,690,514

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	717,343	722,588	753,313	748,623	748,647	3,690,514
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	295	180	1,475	2,374	3,205	7,529
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,698,043

12 Gross receipts from related activities, etc. (see instructions) 12 661,972

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 99.80 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 99.88 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

THE EXTENSION INC

58-1915156

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE EXTENSION INC	Employer identification number 58-1915156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY METROPOLITAN ATLANTA INC P O BOX 2692 ATLANTA GA 30371	\$ 27,446	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

THE EXTENSION INC

Employer identification number

58-1915156

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** %
- c** Temporarily restricted endowment **u** %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		212,529		212,529
b Buildings		2,437,151	1,001,277	1,435,874
c Leasehold improvements				
d Equipment		148,343	134,973	13,370
e Other		0	0	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,661,773**

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 942,221, adjusted to 939,393.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 989,809, adjusted to 985,251.

Part XIII Supplemental Information.

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

Lined area for providing supplemental information.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

⚠ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

THE EXTENSION INC

Employer identification number

58-1915156

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF OUTING</u>	_____	<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	16,505			16,505
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	16,505			16,505
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,021			14,021
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				14,021
11 Net income summary. Subtract line 10 from line 3, column (d)				2,484	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

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

Name of the organization

THE EXTENSION INC

Employer identification number

58-1915156

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	1,118	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	52345	74,978	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()			0	
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

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

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE EXTENSION INC

Employer identification number

58-1915156

Form 990, Part III, Line 4a - First Accomplishment

NUMBER OF NIGHTS THEY STAYED). FOR ALL PROGRAMS, APPROXIMATELY 5,868
VOLUNTEERS GAVE 7,592 HOURS AND PROVIDED 52,345 MEALS.

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

A COPY OF THE 990 IS REVIEWED BY THE TREASURER PRIOR TO FILING.

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

PART IV LINE 12C

THERE IS A CLOSE WORKING RELATIONSHIP AMONG ALL THE DIRECTORS AND THE
EXECUTIVE DIRECTOR SUCH THAT IF A CONFLICT WERE TO DEVELOP, IT WOULD BE
READILY APPARENT. THE CONFLICT OF INTEREST POLICY IS VERY CLEAR AND
IMPOSES DISPLINARY ACTION ON NON-COMPLIANCE WITH THE POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

PART IV LINE 15 A

THE ORGANIZATION COMPARES COMPENSATION TO SIMILAR TYPE AND SIZE
ORGANIZATIONS BY SURVEYING OTHER ORGANIZATIONS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

PART IV LINE 15 B

THE ORGANIZATION COMPARES COMPENSATION TO SIMILAR TYPE AND SIZE
ORGANIZATIONS BY SURVEYING OTHER ORGANIZATIONS.

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

Name of the organization

Employer identification number

THE EXTENSION INC

58-1915156

MADE AVAILABLE AT THE OFFICES UPON REQUEST

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

THE EXTENSION INC

Identifying number

58-1915156

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	513
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	90,664

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	62
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	91,239
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

Table with columns (a) through (i) for depreciation and other information. Includes rows 24a, 25, 26, 27, 28, and 29.

Section B—Information on Use of Vehicles

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

Table with columns (a) through (f) for information on use of vehicles. Includes rows 30 through 36.

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with columns Yes/No for questions 37 through 41 regarding employer policies.

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

Part VI Amortization

Table with columns (a) through (f) for amortization. Includes rows 42, 43, and 44.

58-1915156

Federal Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
99	SERVER	3/28/16	9,085			X	8,631	5	HY 200DB	0	454
			<u>9,085</u>				<u>8,631</u>			<u>0</u>	<u>454</u>
Non-Residential Real Property:											
101	CONCRETE STEPS PH 1	2/15/16	4,250			X	4,191	39	MMS/L	0	59
			<u>4,250</u>				<u>4,191</u>			<u>0</u>	<u>59</u>
Other Depreciation:											
1	BUILDING IMPROVEMENT	3/15/94	37,818				37,818	15	MO S/L	37,818	0
2	LAND CHURCH ST EXT	1/01/95	87,890				87,890	0	-- Land	0	0
3	CHURCH ST EXTENSION	1/01/95	200,000				200,000	30	MO S/L	140,001	6,667
4	AIR CONDITION UNIT	7/14/98	1,675				1,675	25	MO S/L	1,139	69
5	KITCHEN EQUIPMENT	5/21/01	13,908				13,908	15	MO S/L	12,364	928
7	LANDSCAPING LAWN	6/30/01	920				920	7	MO S/L	920	0
8	LANDSCAPING	6/30/01	950				950	7	MO S/L	950	0
9	30 CHESTER DRAWERS	7/03/01	1,500				1,500	7	MO S/L	1,500	0
10	CHAIRS	8/29/01	7,053				7,053	7	MO S/L	7,053	0
12	NEW BUILDING	1/01/02	1,123,917				1,123,917	30	MO S/L	499,484	37,464
13	FRONT FACADE	4/02/02	21,522				21,522	25	MO S/L	11,408	861
14	OFFICE FURNITURE	10/23/01	378				378	7	MO S/L	378	0
15	REHAB FLOORING	2/15/03	4,000				4,000	15	MO S/L	3,312	267
16	REFRIGERATOR	6/13/03	2,543				2,543	10	MO S/L	2,543	0
17	SCREEN ANS CART	6/16/03	300				300	283	MO S/L	285	2
18	REHAB OLD	6/24/03	7,000				7,000	30	MO S/L	2,797	234
19	REHAB OLD BUILDING	6/24/03	9,070				9,070	30	MO S/L	3,625	303
20	DOOR	6/24/03	849				849	15	MO S/L	683	57
21	REHAB	6/24/03	1,530				1,530	30	MO S/L	612	51
22	REPLC DOOR	6/24/03	100				100	15	MO S/L	83	7
23	REPLC DOOR	6/24/03	59				59	15	MO S/L	48	4
24	REHAB OLD	6/24/03	32,158				32,158	30	MO S/L	12,864	1,072
25	REHAB OLD BUILDING	6/30/03	1,740				1,740	30	MO S/L	696	58
26	VAN WINKLE OLD BLD	9/01/03	40,000				40,000	30	MO S/L	15,331	1,334
27	ROBERT LINNULT	9/01/03	1,500				1,500	30	MO S/L	575	50
28	CDGH PARTNERS	9/01/03	3,000				3,000	30	MO S/L	1,150	100
31	OLD BUILDING IMPROVEMENTS	4/30/04	4,424				4,424	30	MO S/L	1,619	148
32	COMPUTER NETWORKS	6/15/04	3,504				3,504	5	MO S/L	3,504	0
33	FIRE PROTECTION	7/31/04	444				444	10	MO S/L	444	0
34	BATHROOM IMPROVEMENTS	7/31/04	1,061				1,061	10	MO S/L	1,061	0
35	ELECTRICAL PH 1	8/31/04	321				321	10	MO S/L	321	21
36	CHAIRS	9/03/04	796				796	7	MO S/L	796	0
37	CHAIRS	9/03/04	1,264				1,264	7	MO S/L	1,264	0
38	TILE - BENNISON	9/29/04	450				450	10	MO S/L	450	22
39	FLOORING - DENNISON	9/29/04	550				550	10	MO S/L	550	0
40	FLORING - BENNISON	10/20/04	2,850				2,850	10	MO S/L	2,850	0
41	SPRINKLER SYSTEM	10/29/04	1,195				1,195	30	MO S/L	420	39
42	FLOORING	12/21/04	2,112				2,112	10	MO S/L	2,112	0
43	FLOORING - BENNISON	12/31/04	8,500				8,500	10	MO S/L	8,500	0
44	IMPROVEMENTS PH 1	12/31/04	965				965	10	MO S/L	965	68
45	PAINTING PH 2	12/31/04	1,000				1,000	10	MO S/L	1,000	0
46	COMPUTER EQUIPMENT	6/20/05	20,070				20,070	5	MO S/L	20,070	0
47	LIGHTS	10/10/05	1,946				1,946	30	MO S/L	634	65
48	CAMP MATS	11/10/05	2,608				2,608	5	MO S/L	2,608	0
49	SHOWERS	4/14/06	4,425				4,425	39	MO S/L	1,043	113
50	TILE FOR SHOWER	4/16/06	838				838	30	MO S/L	257	28
51	SHOWER DRAINS	4/19/06	3,175				3,175	30	MO S/L	972	105
52	SHOWER DOORS PH 1	7/18/06	1,609				1,609	15	MO S/L	951	107
53	TELEPHONE SYSTEM	4/05/07	3,900				3,900	7	MO S/L	3,900	0
54	ARCHITECTUAL	6/30/07	3,500				3,500	30	MO S/L	720	114
55	ENGINEERING - CDH	6/30/07	7,575				7,575	30	MO S/L	1,555	253
56	ARCHITECT - PARKE	6/30/07	6,115				6,115	30	MO S/L	1,258	203
57	BLUE PRINTS	6/30/07	83				83	30	MO S/L	18	2
58	LAUNDRY RM - CORK HOWARD	4/10/08	690				690	30	MO S/L	135	23
59	FRONT OFF- CORK HOWARD	4/17/08	1,160				1,160	30	MO S/L	228	38
60	LAUNDRY RM- CORK HOWARD	4/21/08	5,604				5,604	30	MO S/L	1,103	186
61	RESTROOM- CORK HOWARD	4/30/08	9,060				9,060	30	MO S/L	1,786	302

58-1915156

Federal Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
62	LNDRY RM- CORK HOWARD	5/31/08	2,490			2,490	30 MO S/L	484	83
63	M RENOV- CORK HOWARD	6/18/08	2,930			2,930	30 MO S/L	563	97
64	PHONE SYSTEM	5/01/09	4,000			4,000	7 MO S/L	3,524	474
66	SOFA PULLEY	5/01/09	1,399			1,399	7 MO S/L	1,232	167
67	SIGN A RAMA	5/01/09	736			736	5 MO S/L	736	0
68	SIGN A RAMA STONE	5/01/09	2,036			2,036	30 MO S/L	419	68
69	KITCHEN EQUIPMENT	5/01/09	1,120			1,120	10 MO S/L	691	112
70	OFFICE FURNITURE	5/01/09	1,717			1,717	7 MO S/L	1,717	0
71	KITCHEN EQUIPMENT	5/01/09	1,730			1,730	10 MO S/L	1,067	173
72	COMPUTERS	5/01/09	1,260			1,260	5 MO S/L	1,260	0
74	FURNISHINGS	5/01/09	7,586			7,586	7 MO S/L	6,683	903
75	MATRESSES	5/01/09	5,016			5,016	7 MO S/L	4,419	597
76	BUILDING - HOLIDAY ST	5/01/09	329,283			329,283	30 MO S/L	50,463	7,642
77	RENOVATIONS	5/01/09	457,188			457,188	30 MO S/L	93,973	15,239
78	2009 FORD VAN	10/08/09	25,506			25,506	5 MO S/L	25,506	0
79	COPIER	12/10/09	2,883			2,883	5 MO S/L	2,883	239
80	ELECTRICAL UPGRADE	1/05/10	3,519			3,519	30 MO S/L	645	117
81	FREEZER	1/19/10	1,351			1,351	10 MO S/L	731	135
82	REFRIGERATOR	1/19/10	2,422			2,422	10 MO S/L	1,311	243
84	GARDEN - HOLIDAY	6/17/11	9,061			9,061	7 MO S/L	5,340	1,294
88	25 TEMPURPEDIC MATRESSES	10/24/12	19,709			19,709	5 MO S/L	10,512	3,941
89	BLD IMPROVEMENTS - RATS WOMEN	10/01/13	2,375			2,375	10 MO S/L	416	237
90	BLD IMPROVEMENTS PHASE 1 RATS	10/29/13	2,800			2,800	10 MO S/L	461	280
91	3 TOILETS PHASE II	2/10/14	3,103			3,103	5 MO S/L	879	620
92	WATER TANK PHASE 1	6/09/14	5,244			5,244	10 MO S/L	568	525
93	PAVING -WOMEN'S	6/30/14	42,540			42,540	10 MO S/L	5,672	4,254
94	AIR CONDITIONER PHASE I	6/30/14	13,407			13,407	10 MO S/L	1,560	1,340
96	Conduit - Women's	1/15/14	1,500			1,500	10 MO S/L	225	150
97	TABLE TOPS - MEN'S	8/27/14	1,845			1,845	5 MO S/L	308	369
100	LAND	3/16/16	124,639			124,639	0 -- Land	0	0
Total Other Depreciation			<u>2,783,569</u>			<u>2,783,569</u>		<u>1,044,961</u>	<u>90,664</u>
Total ACRS and Other Depreciation			<u>2,783,569</u>			<u>2,783,569</u>		<u>1,044,961</u>	<u>90,664</u>
Listed Property:									
98	1997 TOYOTA CAMRY - WOMEN	5/01/16	1,118			1,118	3 HY 200DB	0	62
			<u>1,118</u>			<u>1,118</u>		<u>0</u>	<u>62</u>
Amortization:									
95	WEBSITE	1/21/14	5,500			5,500	3 MO Amort	2,750	1,833
			<u>5,500</u>			<u>5,500</u>		<u>2,750</u>	<u>1,833</u>
Grand Totals			2,803,522			2,803,009		1,047,711	93,072
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,803,522</u>			<u>2,803,009</u>		<u>1,047,711</u>	<u>93,072</u>

58-1915156

GA Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
5-year GDS Property:								
99	SERVER	3/28/16	9,085	9,085	0	454	454	0
			<u>9,085</u>	<u>9,085</u>	<u>0</u>	<u>454</u>	<u>454</u>	<u>0</u>
Non-Residential Real Property:								
101	CONCRETE STEPS PH 1	2/15/16	4,250	4,250	0	59	59	0
			<u>4,250</u>	<u>4,250</u>	<u>0</u>	<u>59</u>	<u>59</u>	<u>0</u>
Prior MACRS:								
97	TABLE TOPS - MEN'S	8/27/14	1,845	1,845	185	369	369	0
			<u>1,845</u>	<u>1,845</u>	<u>185</u>	<u>369</u>	<u>369</u>	<u>0</u>
Other Depreciation:								
1	BUILDING IMPROVEMENT	3/15/94	37,818	37,818	37,818	0	0	0
2	LAND CHURCH ST EXT	1/01/95	87,890	87,890	0	0	0	0
3	CHURCH ST EXTENSION	1/01/95	200,000	200,000	140,001	6,667	6,667	0
4	AIR CONDITION UNIT	7/14/98	1,675	1,675	1,139	69	69	0
5	KITCHEN EQUIPMENT	5/21/01	13,908	13,908	12,364	928	928	0
7	LANDSCAPING LAWN	6/30/01	920	920	920	0	0	0
8	LANDSCAPING	6/30/01	950	950	950	0	0	0
9	30 CHESTER DRAWERS	7/03/01	1,500	1,500	1,500	0	0	0
10	CHAIRS	8/29/01	7,053	7,053	7,053	0	0	0
12	NEW BUILDING	1/01/02	1,123,917	1,123,917	499,484	37,464	37,464	0
13	FRONT FACADE	4/02/02	21,522	21,522	11,408	861	861	0
14	OFFICE FURNITURE	10/23/01	378	378	378	0	0	0
15	REHAB FLOORING	2/15/03	4,000	4,000	3,312	267	267	0
16	REFRIGERATOR	6/13/03	2,543	2,543	2,543	0	0	0
17	SCREEN ANS CART	6/16/03	300	300	285	2	2	0
18	REHAB OLD	6/24/03	7,000	7,000	2,797	234	234	0
19	REHAB OLD BUILDING	6/24/03	9,070	9,070	3,625	303	303	0
20	DOOR	6/24/03	849	849	683	57	57	0
21	REHAB	6/24/03	1,530	1,530	612	51	51	0
22	REPLC DOOR	6/24/03	100	100	83	7	7	0
23	REPLC DOOR	6/24/03	59	59	48	4	4	0
24	REHAB OLD	6/24/03	32,158	32,158	12,864	1,072	1,072	0
25	REHAB OLD BUILDING	6/30/03	1,740	1,740	696	58	58	0
26	VAN WINKLE OLD BLD	9/01/03	40,000	40,000	15,331	1,334	1,334	0
27	ROBERT LINNULT	9/01/03	1,500	1,500	575	50	50	0
28	CDGH PARTNERS	9/01/03	3,000	3,000	1,150	100	100	0
31	OLD BUILDING IMPROVEMENTS	4/30/04	4,424	4,424	1,619	148	148	0
32	COMPUTER NETWORKS	6/15/04	3,504	3,504	3,504	0	0	0
33	FIRE PROTECTION	7/31/04	444	444	444	0	0	0
34	BATHROOM IMPROVEMENTS	7/31/04	1,061	1,061	1,061	0	0	0
35	ELECTRICAL PH 1	8/31/04	321	321	321	21	21	0
36	CHAIRS	9/03/04	796	796	796	0	0	0
37	CHAIRS	9/03/04	1,264	1,264	1,264	0	0	0
38	TILE - BENNISON	9/29/04	450	450	450	22	22	0
39	FLOORING - DENNISON	9/29/04	550	550	550	0	0	0
40	FLOORING - BENNISON	10/20/04	2,850	2,850	2,850	0	0	0
41	SPRINKLER SYSTEM	10/29/04	1,195	1,195	420	39	39	0
42	FLOORING	12/21/04	2,112	2,112	2,112	0	0	0
43	FLOORING - BENNISON	12/31/04	8,500	8,500	8,500	0	0	0
44	IMPROVEMENTS PH 1	12/31/04	965	965	965	68	68	0
45	PAINTING PH 2	12/31/04	1,000	1,000	1,000	0	0	0
46	COMPUTER EQUIPMENT	6/20/05	20,070	20,070	20,070	0	0	0
47	LIGHTS	10/10/05	1,946	1,946	634	65	65	0
48	CAMP MATS	11/10/05	2,608	2,608	2,608	0	0	0
49	SHOWERS	4/14/06	4,425	4,425	1,043	113	113	0
50	TILE FOR SHOWER	4/16/06	838	838	257	28	28	0
51	SHOWER DRAINS	4/19/06	3,175	3,175	972	105	105	0
52	SHOWER DOORS PH 1	7/18/06	1,609	1,609	951	107	107	0
53	TELEPHONE SYSTEM	4/05/07	3,900	3,900	3,900	0	0	0
54	ARCHITECTUAL	6/30/07	3,500	3,500	720	114	114	0
55	ENGINEERING - CDH	6/30/07	7,575	7,575	1,555	253	253	0

58-1915156

GA Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
56	ARCHITECT - PARKE	6/30/07	6,115	6,115	1,258	203	203	0
57	BLUE PRINTS	6/30/07	83	83	18	2	2	0
58	LAUNDRY RM - CORK HOWARD	4/10/08	690	690	135	23	23	0
59	FRONT OFF- CORK HOWARD	4/17/08	1,160	1,160	228	38	38	0
60	LAUNDRY RM- CORK HOWARD	4/21/08	5,604	5,604	1,103	186	186	0
61	RESTROOM- CORK HOWARD	4/30/08	9,060	9,060	1,786	302	302	0
62	LNDRY RM- CORK HOWARD	5/31/08	2,490	2,490	484	83	83	0
63	M RENOV- CORK HOWARD	6/18/08	2,930	2,930	563	97	97	0
64	PHONE SYSTEM	5/01/09	4,000	4,000	3,524	474	474	0
66	SOFA PULLEY	5/01/09	1,399	1,399	1,232	167	167	0
67	SIGN A RAMA	5/01/09	736	736	736	0	0	0
68	SIGN A RAMA STONE	5/01/09	2,036	2,036	419	68	68	0
69	KITCHEN EQUIPMENT	5/01/09	1,120	1,120	691	112	112	0
70	OFFICE FURNITURE	5/01/09	1,717	1,717	1,717	0	0	0
71	KITCHEN EQUIPMENT	5/01/09	1,730	1,730	1,067	173	173	0
72	COMPUTERS	5/01/09	1,260	1,260	1,260	0	0	0
74	FURNISHINGS	5/01/09	7,586	7,586	6,683	903	903	0
75	MATRESSES	5/01/09	5,016	5,016	4,419	597	597	0
76	BUILDING - HOLIDAY ST	5/01/09	329,283	329,283	50,463	7,642	7,642	0
77	RENOVATIONS	5/01/09	457,188	457,188	93,973	15,239	15,239	0
78	2009 FORD VAN	10/08/09	25,506	25,506	25,506	0	0	0
79	COPIER	12/10/09	2,883	2,883	2,883	239	239	0
80	ELECTRICAL UPGRADE	1/05/10	3,519	3,519	645	117	117	0
81	FREEZER	1/19/10	1,351	1,351	731	135	135	0
82	REFRIGERATOR	1/19/10	2,422	2,422	1,311	243	243	0
84	GARDEN - HOLIDAY	6/17/11	9,061	9,061	5,340	1,294	1,294	0
88	25 TEMPURPEDIC MATRESSES	10/24/12	19,709	19,709	10,512	3,941	3,941	0
89	BLD IMPROVEMENTS - RATS WOMEN	10/01/13	2,375	2,375	416	237	237	0
90	BLD IMPROVEMENTS PHASE 1 RATS	10/29/13	2,800	2,800	461	280	280	0
91	3 TOILETS PHASE II	2/10/14	3,103	3,103	879	620	620	0
92	WATER TANK PHASE 1	6/09/14	5,244	5,244	568	525	525	0
93	PAVING -WOMEN'S	6/30/14	42,450	42,450	5,663	4,245	4,254	9
94	AIR CONDITIONER PHASE I	6/30/14	13,407	13,407	1,560	1,340	1,340	0
96	Conduit - Women's	1/15/14	1,500	1,500	225	150	150	0
100	LAND	3/16/16	124,639	124,639	0	0	0	0
Total Other Depreciation			2,781,634	2,781,634	1,044,644	90,286	90,295	9
Total ACRS and Other Depreciation			2,781,634	2,781,634	1,044,644	90,286	90,295	9
Listed Property:								
98	1997 TOYOTA CAMRY - WOMEN	5/01/16	1,118	1,118	0	62	62	0
			1,118	1,118	0	62	62	0
Amortization:								
95	WEBSITE	1/21/14	5,500	5,500	2,750	1,833	1,833	0
			5,500	5,500	2,750	1,833	1,833	0
Grand Totals			2,803,432	2,803,432	1,047,579	93,063	93,072	9
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			2,803,432	2,803,432	1,047,579	93,063	93,072	9

58-1915156

AMT Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
5-year GDS Property:											
99	SERVER	3/28/16	9,085			X	8,631	5	HY 200DB	0	454
			<u>9,085</u>				<u>8,631</u>			<u>0</u>	<u>454</u>
Non-Residential Real Property:											
101	CONCRETE STEPS PH 1	2/15/16	4,250			X	4,191	39	MM S/L	0	59
			<u>4,250</u>				<u>4,191</u>			<u>0</u>	<u>59</u>
Prior MACRS:											
97	TABLE TOPS - MEN'S	8/27/14	1,845				1,845	5	HY S/L	185	369
			<u>1,845</u>				<u>1,845</u>			<u>185</u>	<u>369</u>
Other Depreciation:											
1	BUILDING IMPROVEMENT	3/15/94	37,818				37,818	15	MO S/L	25,206	2,522
2	LAND CHURCH ST EXT	1/01/95	87,890				87,890	0	-- Land	0	0
3	CHURCH ST EXTENSION	1/01/95	200,000				200,000	30	MO S/L	80,000	6,667
4	AIR CONDITION UNIT	7/14/98	1,675				1,675	25	MO S/L	804	67
5	KITCHEN EQUIPMENT	5/21/01	13,908				13,908	15	MO S/L	11,127	928
7	LANDSCAPING LAWN	6/30/01	920				920	7	MO S/L	853	67
8	LANDSCAPING	6/30/01	950				950	7	MO S/L	883	67
9	30 CHESTER DRAWERS	7/03/01	1,500				1,500	7	MO S/L	1,500	0
10	CHAIRS	8/29/01	7,053				7,053	7	MO S/L	7,053	0
12	NEW BUILDING	1/01/02	1,123,917				1,123,917	30	MO S/L	449,532	37,464
13	FRONT FACADE	4/02/02	21,522				21,522	25	MO S/L	10,332	861
14	OFFICE FURNITURE	10/23/01	378				378	7	MO S/L	378	0
15	REHAB FLOORING	2/15/03	4,000				4,000	15	MO S/L	3,201	267
16	REFRIGERATOR	6/13/03	2,543				2,543	10	MO S/L	2,543	0
17	SCREEN ANS CART	6/16/03	300				300	283	MO S/L	281	1
18	REHAB OLD	6/24/03	7,000				7,000	30	MO S/L	2,797	233
19	REHAB OLD BUILDING	6/24/03	9,070				9,070	30	MO S/L	3,625	303
20	DOOR	6/24/03	849				849	15	MO S/L	683	57
21	REHAB	6/24/03	1,530				1,530	30	MO S/L	612	51
22	REPLC DOOR	6/24/03	100				100	15	MO S/L	83	7
23	REPLC DOOR	6/24/03	59				59	15	MO S/L	48	4
24	REHAB OLD	6/24/03	32,158				32,158	30	MO S/L	12,864	1,072
25	REHAB OLD BUILDING	6/30/03	1,740				1,740	30	MO S/L	696	58
26	VAN WINKLE OLD BLD	9/01/03	40,000				40,000	30	MO S/L	15,331	1,333
27	ROBERT LINNULT	9/01/03	1,500				1,500	30	MO S/L	575	50
28	CDGH PARTNERS	9/01/03	3,000				3,000	30	MO S/L	1,150	100
31	OLD BUILDING IMPROVEMENTS	4/30/04	4,424				4,424	30	MO S/L	1,619	147
32	COMPUTER NETWORKS	6/15/04	3,504				3,504	5	MO S/L	3,504	0
33	FIRE PROTECTION	7/31/04	444				444	10	MO S/L	444	0
34	BATHROOM IMPROVEMENTS	7/31/04	1,061				1,061	10	MO S/L	1,061	0
35	ELECTRICAL PH 1	8/31/04	321				321	10	MO S/L	321	0
36	CHAIRS	9/03/04	796				796	7	MO S/L	796	0
37	CHAIRS	9/03/04	1,264				1,264	7	MO S/L	1,264	0
38	TILE - BENNISON	9/29/04	450				450	10	MO S/L	450	0
39	FLOORING - DENNISON	9/29/04	550				550	10	MO S/L	550	0
40	FLOORING - BENNISON	10/20/04	2,850				2,850	10	MO S/L	2,850	0
41	SPRINKLER SYSTEM	10/29/04	1,195				1,195	30	MO S/L	80	39
42	FLOORING	12/21/04	2,112				2,112	10	MO S/L	422	212
43	FLOORING - BENNISON	12/31/04	8,500				8,500	10	MO S/L	8,500	0
44	IMPROVEMENTS PH 1	12/31/04	965				965	10	MO S/L	965	0
45	PAINTING PH 2	12/31/04	1,000				1,000	10	MO S/L	1,000	0
46	COMPUTER EQUIPMENT	6/20/05	20,070				20,070	5	MO S/L	20,070	0
47	LIGHTS	10/10/05	1,946				1,946	30	MO S/L	617	65
48	CAMP MATS	11/10/05	2,608				2,608	5	MO S/L	2,608	0
49	SHOWERS	4/14/06	4,425				4,425	39	MO S/L	1,042	113
50	TILE FOR SHOWER	4/16/06	838				838	30	MO S/L	255	28
51	SHOWER DRAINS	4/19/06	3,175				3,175	30	MO S/L	1,007	105
52	SHOWER DOORS PH 1	7/18/06	1,609				1,609	15	MO S/L	951	107
53	TELEPHONE SYSTEM	4/05/07	3,900				3,900	7	MO S/L	3,900	0
54	ARCHITECTUAL	6/30/07	3,500				3,500	30	MO S/L	912	117
55	ENGINEERING - CDH	6/30/07	7,575				7,575	30	MO S/L	1,967	253

58-1915156

AMT Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
56	ARCHITECT - PARKE	6/30/07	6,115			6,115	30 MO S/L	1,592	203
57	BLUE PRINTS	6/30/07	83			83	30 MO S/L	23	2
58	LAUNDRY RM - CORK HOWARD	4/10/08	690			690	30 MO S/L	135	23
59	FRONT OFF- CORK HOWARD	4/17/08	1,160			1,160	30 MO S/L	228	39
60	LAUNDRY RM- CORK HOWARD	4/21/08	5,604			5,604	30 MO S/L	1,103	186
61	RESTROOM- CORK HOWARD	4/30/08	9,060			9,060	30 MO S/L	1,786	302
62	LNDRY RM- CORK HOWARD	5/31/08	2,490			2,490	30 MO S/L	484	83
63	M RENOV- CORK HOWARD	6/18/08	2,930			2,930	30 MO S/L	563	98
64	PHONE SYSTEM	5/01/09	4,000			4,000	7 MO S/L	3,501	499
66	SOFA PULLEY	5/01/09	1,399			1,399	7 MO S/L	1,237	162
67	SIGN A RAMA	5/01/09	736			736	5 MO S/L	736	0
68	SIGN A RAMA STONE	5/01/09	2,036			2,036	30 MO S/L	416	68
69	KITCHEN EQUIPMENT	5/01/09	1,120			1,120	10 MO S/L	686	112
70	OFFICE FURNITURE	5/01/09	1,717			1,717	5 MO S/L	1,717	0
71	KITCHEN EQUIPMENT	5/01/09	1,730			1,730	10 MO S/L	1,060	173
72	COMPUTERS	5/01/09	1,260			1,260	5 MO S/L	1,260	0
74	FURNISHINGS	5/01/09	7,586			7,586	7 MO S/L	6,638	948
75	MATRESSES	5/01/09	5,016			5,016	7 MO S/L	4,390	626
76	BUILDING - HOLIDAY ST	5/01/09	329,283			329,283	30 MO S/L	46,811	7,642
77	RENOVATIONS	5/01/09	457,188			457,188	30 MO S/L	93,339	15,240
78	2009 FORD VAN	10/08/09	25,506			25,506	5 MO S/L	25,506	0
79	COPIER	12/10/09	2,883			2,883	5 MO S/L	2,883	0
80	ELECTRICAL UPGRADE	1/05/10	3,519			3,519	30 MO S/L	645	117
81	FREEZER	1/19/10	1,351			1,351	10 MO S/L	743	135
82	REFRIGERATOR	1/19/10	2,422			2,422	10 MO S/L	1,331	243
84	GARDEN - HOLIDAY	6/17/11	9,061			9,061	7 MO S/L	5,340	1,294
88	25 TEMPURPEDIC MATRESSES	10/24/12	19,709			19,709	5 MO S/L	10,512	3,941
89	BLD IMPROVEMENTS - RATS WOMEN	10/01/13	2,375			2,375	10 MO S/L	416	237
90	BLD IMPROVEMENTS PHASE 1 RATS	10/29/13	2,800			2,800	10 MO S/L	461	280
91	3 TOILETS PHASE II	2/10/14	3,103			3,103	5 MO S/L	879	621
92	WATER TANK PHASE 1	6/09/14	5,244			5,244	10 MO S/L	568	525
93	PAVING -WOMEN'S	6/30/14	42,450			42,450	10 MO S/L	5,663	4,245
94	AIR CONDITIONER PHASE I	6/30/14	13,407			13,407	10 MO S/L	1,560	1,340
96	Conduit - Women's	1/15/14	1,500			1,500	10 MO S/L	225	150
100	LAND	3/16/16	124,639			124,639	0 -- Land	0	0
Total Other Depreciation			2,781,634			2,781,634		913,749	92,899
Total ACRS and Other Depreciation			2,781,634			2,781,634		913,749	92,899
Listed Property:									
98	1997 TOYOTA CAMRY - WOMEN	5/01/16	1,118			1,118	3 HY 150DB	0	62
			<u>1,118</u>			<u>1,118</u>		<u>0</u>	<u>62</u>
Grand Totals			2,797,932			2,797,419		913,934	93,843
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			2,797,932			2,797,419		913,934	93,843

58-1915156

Bonus Depreciation Report

FYE: 6/30/2016

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
89	BLD IMPROVEMENTS - RATS WOMEN	10/01/13	2,375		0	0	0	2,375
101	CONCRETE STEPS PH 1	2/15/16	4,250		0	59	0	4,191
99	SERVER	3/28/16	9,085		0	454	0	8,631
	Form 990, Page 1		<u>15,710</u>		<u>0</u>	<u>513</u>	<u>0</u>	<u>15,197</u>
	Grand Total		<u>15,710</u>		<u>0</u>	<u>513</u>	<u>0</u>	<u>15,197</u>

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	98	1997 TOYOTA CAMRY - WOMEN	62	62	0
Page 1	1	99	SERVER	454	454	0
Page 1	1	101	CONCRETE STEPS PH 1	59	59	0
				<u>575</u>	<u>575</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
99	SERVER	3/28/16	9,085	3,452	3,452
101	CONCRETE STEPS PH 1	2/15/16	4,250	105	105
			<u>13,335</u>	<u>3,557</u>	<u>3,557</u>
Other Depreciation:					
1	BUILDING IMPROVEMENT	3/15/94	37,818	0	2,521
2	LAND CHURCH ST EXT	1/01/95	87,890	0	0
3	CHURCH ST EXTENSION	1/01/95	200,000	6,667	6,667
4	AIR CONDITION UNIT	7/14/98	1,675	67	67
5	KITCHEN EQUIPMENT	5/21/01	13,908	616	927
7	LANDSCAPING LAWN	6/30/01	920	0	0
8	LANDSCAPING	6/30/01	950	0	0
9	30 CHESTER DRAWERS	7/03/01	1,500	0	0
10	CHAIRS	8/29/01	7,053	0	0
12	NEW BUILDING	1/01/02	1,123,917	37,464	37,464
13	FRONT FACADE	4/02/02	21,522	861	861
14	OFFICE FURNITURE	10/23/01	378	0	0
15	REHAB FLOORING	2/15/03	4,000	267	267
16	REFRIGERATOR	6/13/03	2,543	0	0
17	SCREEN ANS CART	6/16/03	300	1	1
18	REHAB OLD	6/24/03	7,000	233	233
19	REHAB OLD BUILDING	6/24/03	9,070	302	302
20	DOOR	6/24/03	849	56	56
21	REHAB	6/24/03	1,530	51	51
22	REPLC DOOR	6/24/03	100	7	7
23	REPLC DOOR	6/24/03	59	4	4
24	REHAB OLD	6/24/03	32,158	1,072	1,072
25	REHAB OLD BUILDING	6/30/03	1,740	58	58
26	VAN WINKLE OLD BLD	9/01/03	40,000	1,333	1,333
27	ROBERT LINNULT	9/01/03	1,500	50	50
28	CDGH PARTNERS	9/01/03	3,000	100	100
31	OLD BUILDING IMPROVEMENTS	4/30/04	4,424	147	148
32	COMPUTER NETWORKS	6/15/04	3,504	0	0
33	FIRE PROTECTION	7/31/04	444	0	0
34	BATHROOM IMPROVEMENTS	7/31/04	1,061	0	0
35	ELECTRICAL PH 1	8/31/04	321	0	0
36	CHAIRS	9/03/04	796	0	0
37	CHAIRS	9/03/04	1,264	0	0
38	TILE - BENNISON	9/29/04	450	0	0
39	FLOORING - DENNISON	9/29/04	550	0	0
40	FLOORING - BENNISON	10/20/04	2,850	0	0
41	SPRINKLER SYSTEM	10/29/04	1,195	40	40
42	FLOORING	12/21/04	2,112	0	211
43	FLOORING - BENNISON	12/31/04	8,500	0	0
44	IMPROVEMENTS PH 1	12/31/04	965	0	0
45	PAINTING PH 2	12/31/04	1,000	0	0
46	COMPUTER EQUIPMENT	6/20/05	20,070	0	0
47	LIGHTS	10/10/05	1,946	64	64
48	CAMP MATS	11/10/05	2,608	0	0
49	SHOWERS	4/14/06	4,425	114	114
50	TILE FOR SHOWER	4/16/06	838	28	28
51	SHOWER DRAINS	4/19/06	3,175	106	106
52	SHOWER DOORS PH 1	7/18/06	1,609	107	107
53	TELEPHONE SYSTEM	4/05/07	3,900	0	0
54	ARCHITECTUAL	6/30/07	3,500	117	117
55	ENGINEERING - CDH	6/30/07	7,575	252	252
56	ARCHITECT - PARKE	6/30/07	6,115	204	204
57	BLUE PRINTS	6/30/07	83	3	3
58	LAUNDRY RM - CORK HOWARD	4/10/08	690	23	23
59	FRONT OFF- CORK HOWARD	4/17/08	1,160	39	39
60	LAUNDRY RM- CORK HOWARD	4/21/08	5,604	187	187
61	RESTROOM- CORK HOWARD	4/30/08	9,060	302	302
62	LNDRY RM- CORK HOWARD	5/31/08	2,490	83	83
63	M RENOV- CORK HOWARD	6/18/08	2,930	98	98

Asset	Description	Date In Service	Cost	Tax	AMT
64	PHONE SYSTEM	5/01/09	4,000	2	0
66	SOFA PULLEY	5/01/09	1,399	0	0
67	SIGN A RAMA	5/01/09	736	0	0
68	SIGN A RAMA STONE	5/01/09	2,036	67	67
69	KITCHEN EQUIPMENT	5/01/09	1,120	112	112
70	OFFICE FURNITURE	5/01/09	1,717	0	0
71	KITCHEN EQUIPMENT	5/01/09	1,730	173	173
72	COMPUTERS	5/01/09	1,260	0	0
74	FURNISHINGS	5/01/09	7,586	0	0
75	MATRESSES	5/01/09	5,016	0	0
76	BUILDING - HOLIDAY ST	5/01/09	329,283	7,643	7,643
77	RENOVATIONS	5/01/09	457,188	15,240	15,239
78	2009 FORD VAN	10/08/09	25,506	0	0
79	COPIER	12/10/09	2,883	0	0
80	ELECTRICAL UPGRADE	1/05/10	3,519	117	117
81	FREEZER	1/19/10	1,351	135	135
82	REFRIGERATOR	1/19/10	2,422	242	242
84	GARDEN - HOLIDAY	6/17/11	9,061	1,295	1,295
88	25 TEMPURPEDIC MATRESSES	10/24/12	19,709	3,942	3,942
89	BLD IMPROVEMENTS - RATS WOMEN	10/01/13	2,375	238	238
90	BLD IMPROVEMENTS PHASE 1 RATS	10/29/13	2,800	280	280
91	3 TOILETS PHASE II	2/10/14	3,103	621	620
92	WATER TANK PHASE 1	6/09/14	5,244	524	524
93	PAVING -WOMEN'S	6/30/14	42,540	4,254	4,245
94	AIR CONDITIONER PHASE I	6/30/14	13,407	1,341	1,341
96	Conduit - Women's	1/15/14	1,500	150	150
97	TABLE TOPS - MEN'S	8/27/14	1,845	369	369
100	LAND	3/16/16	124,639	0	0
Total Other Depreciation			<u>2,783,569</u>	<u>87,868</u>	<u>90,899</u>
Total ACRS and Other Depreciation			<u>2,783,569</u>	<u>87,868</u>	<u>90,899</u>
Listed Property:					
98	1997 TOYOTA CAMRY - WOMEN	5/01/16	<u>1,118</u>	<u>704</u>	<u>528</u>
			<u>1,118</u>	<u>704</u>	<u>528</u>
Amortization:					
95	WEBSITE	1/21/14	<u>5,500</u>	<u>917</u>	<u>917</u>
			<u>5,500</u>	<u>917</u>	<u>917</u>
Grand Totals			<u>2,803,522</u>	<u>93,046</u>	<u>95,901</u>

Asset	Description	Date In Service	Cost	GA
Prior MACRS:				
99	SERVER	3/28/16	9,085	3,452
101	CONCRETE STEPS PH 1	2/15/16	4,250	106
			<u>13,335</u>	<u>3,558</u>
Other Depreciation:				
1	BUILDING IMPROVEMENT	3/15/94	37,818	0
2	LAND CHURCH ST EXT	1/01/95	87,890	0
3	CHURCH ST EXTENSION	1/01/95	200,000	6,667
4	AIR CONDITION UNIT	7/14/98	1,675	67
5	KITCHEN EQUIPMENT	5/21/01	13,908	616
7	LANDSCAPING LAWN	6/30/01	920	0
8	LANDSCAPING	6/30/01	950	0
9	30 CHESTER DRAWERS	7/03/01	1,500	0
10	CHAIRS	8/29/01	7,053	0
12	NEW BUILDING	1/01/02	1,123,917	37,464
13	FRONT FACADE	4/02/02	21,522	861
14	OFFICE FURNITURE	10/23/01	378	0
15	REHAB FLOORING	2/15/03	4,000	267
16	REFRIGERATOR	6/13/03	2,543	0
17	SCREEN ANS CART	6/16/03	300	1
18	REHAB OLD	6/24/03	7,000	233
19	REHAB OLD BUILDING	6/24/03	9,070	302
20	DOOR	6/24/03	849	56
21	REHAB	6/24/03	1,530	51
22	REPLC DOOR	6/24/03	100	7
23	REPLC DOOR	6/24/03	59	4
24	REHAB OLD	6/24/03	32,158	1,072
25	REHAB OLD BUILDING	6/30/03	1,740	58
26	VAN WINKLE OLD BLD	9/01/03	40,000	1,333
27	ROBERT LINNULT	9/01/03	1,500	50
28	CDGH PARTNERS	9/01/03	3,000	100
31	OLD BUILDING IMPROVEMENTS	4/30/04	4,424	147
32	COMPUTER NETWORKS	6/15/04	3,504	0
33	FIRE PROTECTION	7/31/04	444	0
34	BATHROOM IMPROVEMENTS	7/31/04	1,061	0
35	ELECTRICAL PH 1	8/31/04	321	0
36	CHAIRS	9/03/04	796	0
37	CHAIRS	9/03/04	1,264	0
38	TILE - BENNISON	9/29/04	450	0
39	FLOORING - DENNISON	9/29/04	550	0
40	FLOORING - BENNISON	10/20/04	2,850	0
41	SPRINKLER SYSTEM	10/29/04	1,195	40
42	FLOORING	12/21/04	2,112	0
43	FLOORING - BENNISON	12/31/04	8,500	0
44	IMPROVEMENTS PH 1	12/31/04	965	0
45	PAINTING PH 2	12/31/04	1,000	0
46	COMPUTER EQUIPMENT	6/20/05	20,070	0
47	LIGHTS	10/10/05	1,946	64
48	CAMP MATS	11/10/05	2,608	0
49	SHOWERS	4/14/06	4,425	114
50	TILE FOR SHOWER	4/16/06	838	28
51	SHOWER DRAINS	4/19/06	3,175	106
52	SHOWER DOORS PH 1	7/18/06	1,609	107
53	TELEPHONE SYSTEM	4/05/07	3,900	0
54	ARCHITECTUAL	6/30/07	3,500	117
55	ENGINEERING - CDH	6/30/07	7,575	252
56	ARCHITECT - PARKE	6/30/07	6,115	204
57	BLUE PRINTS	6/30/07	83	3
58	LAUNDRY RM - CORK HOWARD	4/10/08	690	23
59	FRONT OFF- CORK HOWARD	4/17/08	1,160	39
60	LAUNDRY RM- CORK HOWARD	4/21/08	5,604	187
61	RESTROOM- CORK HOWARD	4/30/08	9,060	302
62	LNDRY RM- CORK HOWARD	5/31/08	2,490	83
63	M RENOV- CORK HOWARD	6/18/08	2,930	98

Asset	Description	Date In Service	Cost	GA
64	PHONE SYSTEM	5/01/09	4,000	2
66	SOFA PULLEY	5/01/09	1,399	0
67	SIGN A RAMA	5/01/09	736	0
68	SIGN A RAMA STONE	5/01/09	2,036	67
69	KITCHEN EQUIPMENT	5/01/09	1,120	112
70	OFFICE FURNITURE	5/01/09	1,717	0
71	KITCHEN EQUIPMENT	5/01/09	1,730	173
72	COMPUTERS	5/01/09	1,260	0
74	FURNISHINGS	5/01/09	7,586	0
75	MATRESSES	5/01/09	5,016	0
76	BUILDING - HOLIDAY ST	5/01/09	329,283	7,643
77	RENOVATIONS	5/01/09	457,188	15,240
78	2009 FORD VAN	10/08/09	25,506	0
79	COPIER	12/10/09	2,883	0
80	ELECTRICAL UPGRADE	1/05/10	3,519	117
81	FREEZER	1/19/10	1,351	135
82	REFRIGERATOR	1/19/10	2,422	242
84	GARDEN - HOLIDAY	6/17/11	9,061	1,295
88	25 TEMPURPEDIC MATRESSES	10/24/12	19,709	3,942
89	BLD IMPROVEMENTS - RATS WOMEN	10/01/13	2,375	238
90	BLD IMPROVEMENTS PHASE 1 RATS	10/29/13	2,800	280
91	3 TOILETS PHASE II	2/10/14	3,103	621
92	WATER TANK PHASE 1	6/09/14	5,244	524
93	PAVING -WOMEN'S	6/30/14	42,450	4,245
94	AIR CONDITIONER PHASE I	6/30/14	13,407	1,341
96	Conduit - Women's	1/15/14	1,500	150
97	TABLE TOPS - MEN'S	8/27/14	1,845	369
100	LAND	3/16/16	124,639	0
Total Other Depreciation			<u>2,783,479</u>	<u>87,859</u>
Total ACRS and Other Depreciation			<u>2,783,479</u>	<u>87,859</u>
Listed Property:				
98	1997 TOYOTA CAMRY - WOMEN	5/01/16	1,118	704
			<u>1,118</u>	<u>704</u>
Amortization:				
95	WEBSITE	1/21/14	5,500	917
			<u>5,500</u>	<u>917</u>
Grand Totals			<u>2,803,432</u>	<u>93,038</u>

Form **990****Two Year Comparison Report****2014 & 2015**For calendar year 2015, or tax year beginning **07/01/15**, ending **06/30/16**

Name

Taxpayer Identification Number

THE EXTENSION INC**58-1915156**

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1. 344,082	320,069	-24,013
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 654,541	443,452	-211,089
	4. Program service revenue	4. 152,350	167,767	15,417
	5. Investment income	5. 2,374	3,205	831
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -6,133		6,133
	8. Net income or (loss) from fundraising events	8. 8,986	1,887	-7,099
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.	3,013	3,013
	12. Total revenue. Add lines 1 through 11	12. 1,156,200	939,393	-216,807
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 504,776	501,135	-3,641
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 8,510	10,463	1,953
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 93,261	91,239	-2,022
	21. Other expenses	21. 403,589	382,414	-21,175
	22. Total expenses. Add lines 13 through 21	22. 1,010,136	985,251	-24,885
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 146,064	-45,858	-191,922
Other Information	24. Total exempt revenue	24. 1,156,200	939,393	-216,807
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 148,591	173,985	25,394
	27. Total assets	27. 2,028,291	1,989,397	-38,894
	28. Total liabilities	28. 528,977	537,671	8,694
	29. Retained earnings	29. 1,499,314	1,451,726	-47,588
	30. Number of voting members of governing body	30. 18	16	
	31. Number of independent voting members of governing body	31. 18	16	
	32. Number of employees	32. 19	18	
	33. Number of volunteers	33. 930	5868	

Form 990	Tax Return History	2015
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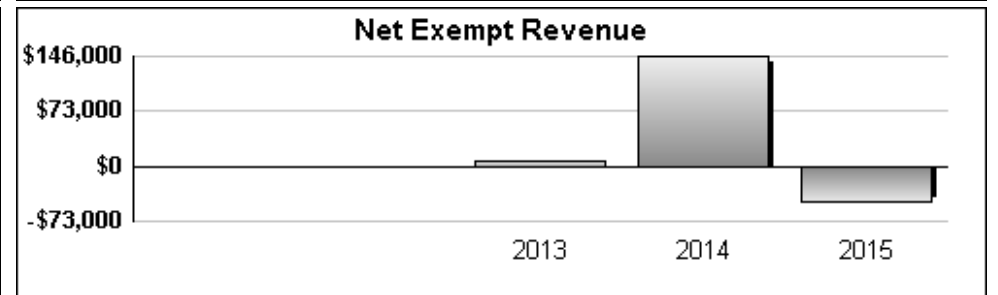
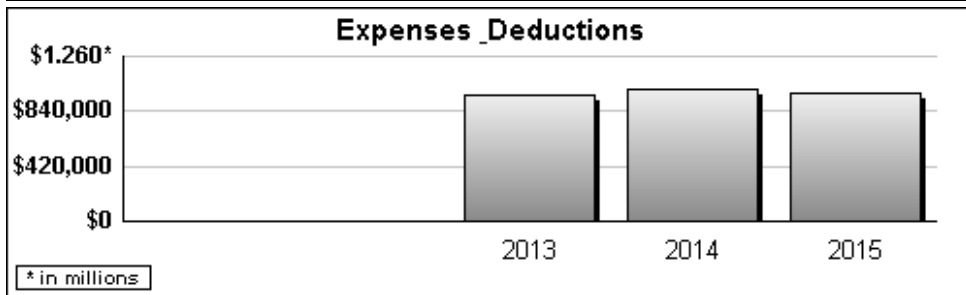
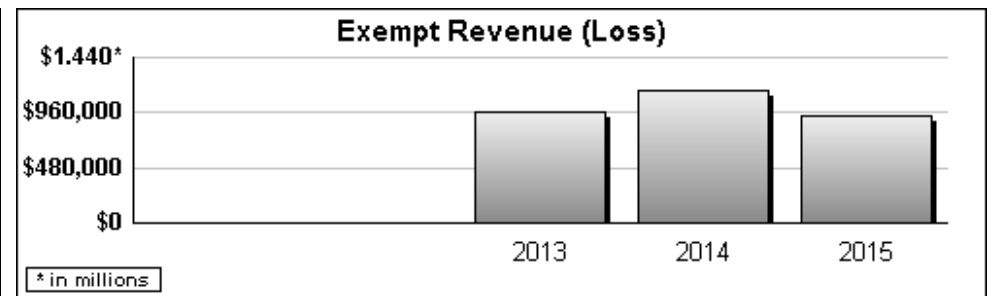
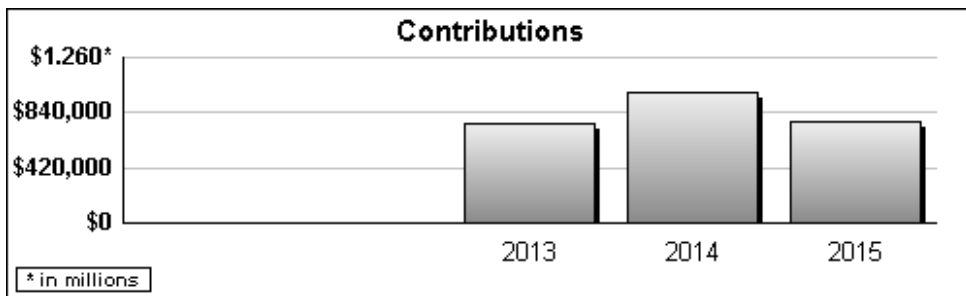
Name THE EXTENSION INC	Employer Identification Number 58-1915156
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	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants			753,313	998,623	763,521	
Membership dues						
Program service revenue			130,533	152,350	167,767	
Capital gain or loss			-1,494	-6,133		
Investment income			1,475	2,374	3,205	
Fundraising revenue (income/loss)			9,969	8,986	1,887	
Gaming revenue (income/loss)						
Other revenue			75,000		3,013	
Total revenue			968,796	1,156,200	939,393	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			504,851	504,776	501,135	
Professional fees			8,172	8,510	10,463	
Occupancy costs						
Depreciation and depletion			99,101	93,261	91,239	
Other expenses			348,993	403,589	382,414	
Total expenses			961,117	1,010,136	985,251	
Excess or (Deficit)			7,679	146,064	-45,858	
Total exempt revenue			968,796	1,156,200	939,393	
Total unrelated revenue						
Total excludable revenue			205,514	148,591	173,985	
Total Assets			2,152,251	2,028,291	1,989,397	
Total Liabilities			796,777	528,977	537,671	
Net Fund Balances			1,355,474	1,499,314	1,451,726	

Form 990T	Tax Return History	2015
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Name THE EXTENSION INC	Employer Identification Number 58-1915156
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

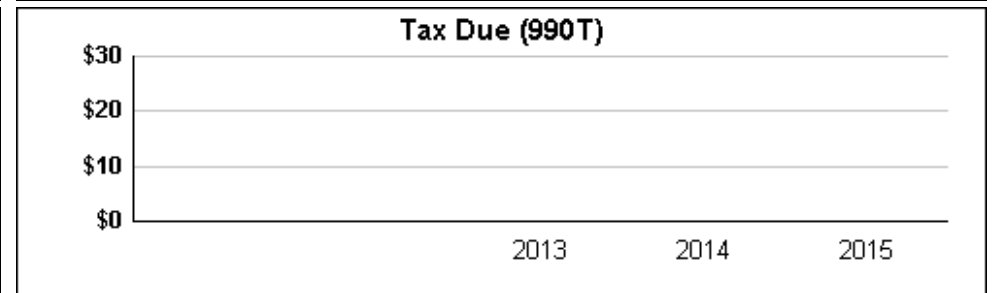
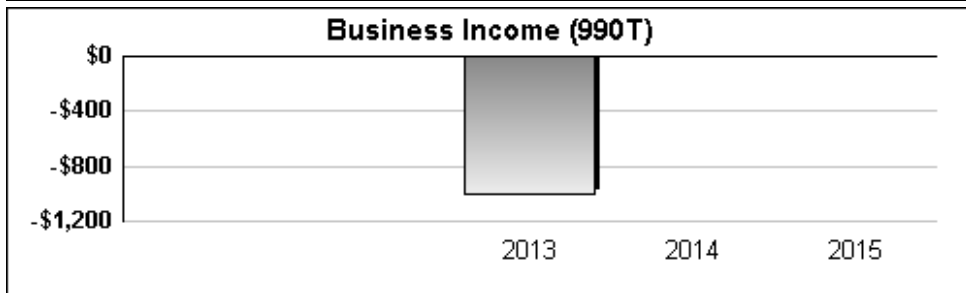
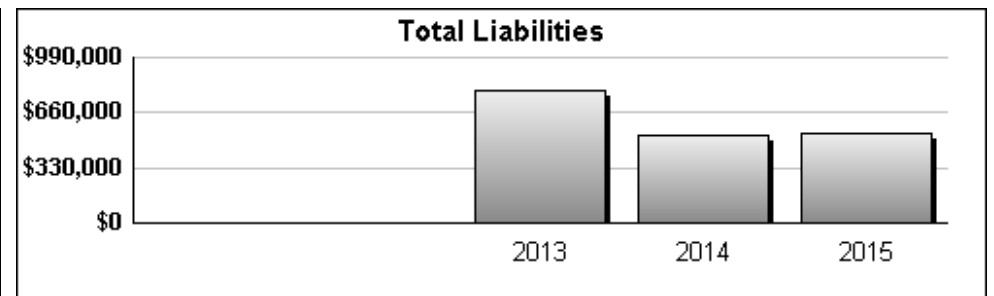
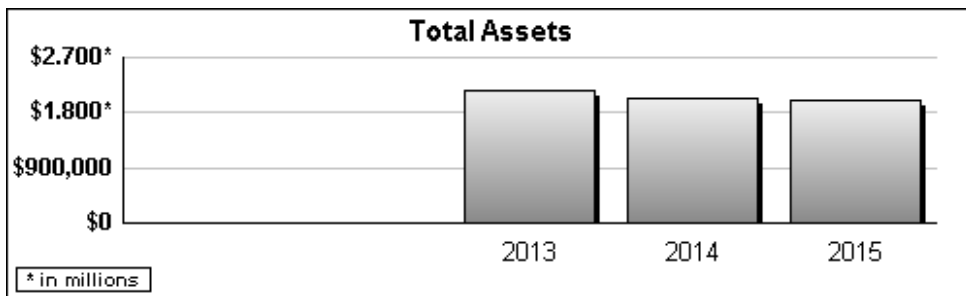


Form 990T	Tax Return History	2015
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Name THE EXTENSION INC	Employer Identification Number 58-1915156
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction			1,000			
Income after expense and deductions			-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 3,204					
INTEREST						
						1
Total	\$ <u>3,205</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PUBLIC RELATIONS	\$ 15,915	\$	\$ 1,833	\$ 14,082
SUPPLIES & PAPER PRODUCTS	10,624	10,624		
DRUG SCREEN TESTS	7,112	7,112		
RESIDENT TRANSPORTATION	6,716	6,309	234	173
PERSONNEL FEES	6,589	5,904	249	436
RESIDENT HEALTHCARE	4,492	4,492		
STAFF DEVELOPMENT	4,308	4,206		102
RESIDENT TRAINING & GED	4,201	4,201		
RESIDENT ENTERTAINMENT	4,191	4,191		
DUES AND SUBSCRIPTIONS	3,541	1,971	1,515	55
BAD DEBTS	200		200	
Total	<u>\$ 67,889</u>	<u>\$ 49,010</u>	<u>\$ 4,031</u>	<u>\$ 14,848</u>

Georgia Return Summary

For calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16**

THE EXTENSION INC

Annual Reporting Information

Federal employer identification number	<u>58-1915156</u>
Annual Reporting, Federal 990	<u>X</u>
Annual Reporting, Federal 990PF	<u> </u>
Georgia 600-T, Unrelated Business Income	<u> </u>
Return due date/ Extended due date	<u>11/15/16</u>
Amended (GA 600-T)	<u> </u>

Charitable Registration Information

Georgia registration number	<u> </u>
Initial Application	<u> </u>
Renewal	<u> </u>
Reinstatement	<u> </u>
Return due date/ Extended due date	<u> </u>
Amended (C100)	<u> </u>
C100 Registration Fee	<u> </u>

Income

Georgia taxable income (unrelated business income) =====

Tax

Tax on taxable income =====

Credits and Payments

Payments and Credits

Withholding Credits _____

Total payments =====

Net tax due /-overpayment =====

Penalties and Interest

Underpayment tax penalty

Interest and Other Penalties _____

Net amount due/-refund =====

Overpayment to be credited to next year's estimated tax =====

Balance due/-refund =====

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	_____
Total	=====