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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: TEAM COORDINATING AGENCY, INC.  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 76 WINTER STREET  
 City or town, state or province, country, and ZIP or foreign postal code: HAVERHILL, MA 01831

**D** Employer identification number: 04-2474141

**E** Telephone number: (978) 373-3333

**F** Name and address of principal officer: STEVE HAHN  
26 HOWLEY STREET PEABODY, MA 01960

**G** Gross receipts \$: 4,250,290.

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

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

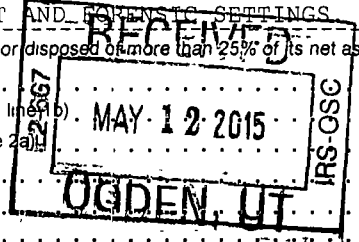
**J** Website: TEAMCA.NET

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

**L** Year of formation: 1970 **M** State of legal domicile: MA

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<u>TCA PROVIDES SERVICES THAT INCLUDE PREVENTION AND TREATMENT OF ADDICTION, CHILDREN'S SERVICES, AND MENTAL HEALTH TREATMENT IN RESIDENTIAL, OUTPATIENT AND INPATIENT SETTINGS</u>	
	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)	<u>3</u>	<u>7.</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>6.</u>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>155.</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>12.</u>
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>
	7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>2,350.</u>	<u>2,500.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>322,862.</u>	<u>13,175.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,692,089.</u>	<u>4,250,290.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>4,141,474.</u>	<u>4,051,201.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>809,636.</u>	<u>848,238.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>4,951,110.</u>	<u>4,899,439.</u>
	19	Revenue less expenses Subtract line 18 from line 12	<u>-259,021.</u>	<u>-649,149.</u>
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	<u>542,903.</u>	<u>492,584.</u>
22		Net assets or fund balances Subtract line 21 from line 20	<u>679,569.</u>	<u>1,278,399.</u>
			<u>-136,666.</u>	<u>-785,815.</u>



**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: Pamela S. Rocha  
 Date: 5/4/2015  
 Type or print name and title: Pamela S. Rocha Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name: TARA D'AGOSTINO  
 Preparer's signature: Tara D'Agostino  
 Date: 05/04/15  
 Check  if self-employed PTIN: P01245482  
 Firm's name: KPMG LLP  
 Firm's EIN: 13-5565207  
 Firm's address: 60 SOUTH STREET BOSTON, MA 02111  
 Phone no: 617-988-1000

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

For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2013)

SCANNED JUN 05 2015

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TCA PROVIDES A RANGE OF SERVICES THAT INCLUDE PREVENTION AND TREATMENT OF ADDICTION, CHILDREN'S SERVICES, AND MENTAL HEALTH TREATMENT IN RESIDENTIAL, OUTPATIENT AND FORENSIC SETTINGS. SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 \$ 2,451,578 including grants of \$ ) (Revenue \$ 2,555,580 )

RESIDENTIAL BEHAVIORAL HEALTH - PROVIDES RESIDENTIAL BEHAVIORAL HEALTH PROGRAMS FOR LATENCY-AGED CHILDREN AND ADOLESCENTS. SERVICES INCLUDE 24-HOUR EMERGENCY COVERAGE, CLINICAL ASSESSMENT, INDIVIDUALIZED TREATMENT PLANS, FAMILY INVOLVEMENT, AND COMMUNITY-BASED SUPPORT SERVICES.

4b (Code ) (Expenses \$ 1,140,352 including grants of \$ ) (Revenue \$ 910,498 )

AMBULATORY SERVICES - PROVIDES VARIETY OF SERVICES ON AN OUTPATIENT BASIS INCLUDING INDIVIDUAL, FAMILY AND GROUP COUNSELING, AND SUBSTANCE ABUSE TREATMENT. SPECIALTIES INCLUDE GAMBLING TREATMENT, MANDATED CLIENTS, TRAUMA AND RELAPSE PREVENTION.

4c (Code ) (Expenses \$ 628,121 including grants of \$ ) (Revenue \$ 781,712 )

FORENSIC SERVICES - IN COURTHOUSES TCA ASSISTS COURTS WITH SUCH ISSUES AS COMPETENCY TO STAND TRIAL, CRIMINAL RESPONSIBILITY AND DANGEROUSNESS DUE TO MENTAL ILLNESS OR DEFECT.

4d Other program services (Describe in Schedule O )

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

4e Total program service expenses 4,220,051.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Description, and Yes/No checkboxes. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .		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? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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, Part II, III, or IV, and Part V, line 1 . . . . .	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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

Main form table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sub-sections for 7 Organizations that may receive deductible contributions, 8 Sponsoring organizations, and 9 Sponsoring organizations.

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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
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
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, physical address, and telephone number of the person who possesses the books and records of the organization: HILDEGARDE PARIS 26 HOWLEY STREET PEABODY, MA 01960 978-882-4878

**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) JOHN CLEARY TREASURER/DIRECTOR	.23	X		X			0	0	0	
(2) GLENN STRAUSS CLERK/DIRECTOR	.23	X		X			0	0	0	
(3) PAUL COMO DIRECTOR	.23	X					0	0	0	
(4) ROBERTA GEORGE DIRECTOR	.23	X					0	0	0	
(5) SHARON FREEMAN DIRECTOR	.23	X					0	0	0	
(6) DR. BARBARA VINICK CLERK/DIRECTOR	.23 .69	X		X			0	0	0	
(7) JAMES ZAFRIS CHAIRMAN OF THE BOARD	.23 1.15	X		X			0	0	0	
(8) HOWARD RICH DIRECTOR	.23 1.15	X					0	0	0	
(9) ROGER MARCORELLE DIRECTOR	.23 1.00	X					0	0	0	
(10) BARNET WEINSTEIN DIRECTOR	.23 .69	X					0	0	0	
(11) KATHERINE TURNER DIRECTOR	.23 .46	X					0	0	0	
(12) DANIEL NAKAMOTO TREASURER/ASST CLERK	.23 43.16	X		X			0	107,862.	7,534.	
(13) FREDERICK MALCOM BOARD PRESIDENT	.23			X			0	0	0	
(14) STEVE HAHN EXECUTIVE DIRECTOR	0 40.00			X			0	122,350.	2,786.	



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	2,500			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			2,500		
<b>Program Service Revenue</b>			<b>Business Code</b>			
	<b>2a</b> CONTRACTED REVENUE . . . . .	623990	4,234,615	4,234,615		
	<b>b</b> . . . . .					
	<b>c</b> . . . . .					
	<b>d</b> . . . . .					
	<b>e</b> . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .			4,234,615			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		0			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .		0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> CLOTHING, BIRTHDAY, HOLIDAY MONEY . . . . .	900099	7,893	7,893			
<b>b</b> MISCELLANEOUS . . . . .	900099	5,282	5,282			
<b>c</b> . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		13,175				
<b>12</b> <b>Total revenue.</b> See instructions . . . . .		4,250,290	4,247,790			

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	208,316.		208,316.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	3,111,653.	2,945,085.	166,568.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	486,703.	402,189.	84,514.	
10 Payroll taxes . . . . .	244,529.	217,341.	27,188.	
11 Fees for services (non-employees)				
a Management . . . . .	32,892.		32,892.	
b Legal . . . . .	0			
c Accounting . . . . .	0			
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees . . . . .	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). . . . .	47,801.	23,827.	23,974.	
12 Advertising and promotion . . . . .	1,963.	825.	1,138.	
13 Office expenses . . . . .	18,309.	13,008.	5,301.	
14 Information technology . . . . .	6,128.	5,314.	814.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	293,333.	251,626.	41,707.	
17 Travel . . . . .	54,478.	47,690.	6,788.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	24,603.	2,887.	21,716.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	19,018.	18,522.	496.	
23 Insurance . . . . .	89,822.	57,485.	32,337.	
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 CONSUMABLES . . . . .	121,324.	121,324.		
b ALLOWANCE FOR DOUBTFUL ACCTS . . . . .	52,925.	52,925.		
c TELECOMMUNICATIONS . . . . .	31,439.	25,791.	5,648.	
d EQUIPMENT . . . . .	28,636.	21,712.	6,924.	
e All other expenses . . . . .	25,567.	12,500.	13,067.	
<b>25 Total functional expenses</b> Add lines 1 through 24e	<b>4,899,439.</b>	<b>4,220,051.</b>	<b>679,388.</b>	
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) . . . . .	0			

**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
<b>Assets</b>	1 Cash - non-interest-bearing	26,228.	1	10,970.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	460,409.	4	455,554.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	21,557.	9	2,420.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 31,931.		
	b Less accumulated depreciation	10b 9,941.	34,709.	10c 21,990.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	1,650.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	542,903.	16	492,584.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	211,592.	17	252,806.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties <b>ATCH 1</b>	467,977.	23	14,734.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	1,010,859.
	26 <b>Total liabilities.</b> Add lines 17 through 25	679,569.	26	1,278,399.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-136,666.	27	-785,815.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	-136,666.	33	-785,815.	
34 <b>Total liabilities and net assets/fund balances.</b>	542,903.	34	492,584.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	4,250,290.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	4,899,439.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-649,149.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-136,666.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	0
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	-785,815.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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
- 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? . . . . .
- 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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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.

OMB No 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>TEAM COORDINATING AGENCY, INC.</b>	Employer identification number <b>04-2474141</b>
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**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)
  - 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 that describes the type of supporting organization and complete lines 11e through 11h
    - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	X
(ii) A family member of a person described in (i) above? .....	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	X

h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 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) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,415	3,875	4,500	2,350	2,500	15,640
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	6,490,322	6,425,395	6,282,137	4,689,739	4,234,615	28,122,208
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	6,492,737	6,429,270	6,286,637	4,692,089	4,237,115	28,137,848
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						28,137,848

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	6,492,737	6,429,270	6,286,637	4,692,089	4,237,115	28,137,848
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7	84	40			131
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	7	84	40			131
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1					13,175	13,175
13 Total support. (Add lines 9, 10c, 11, and 12)	6,492,744	6,429,354	6,286,677	4,692,089	4,250,290	28,151,154
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						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.95%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013 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 - 2012. 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** Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
OTHER INCOME					13,175	13,175
<b>TOTALS</b>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>13,175</u>	<u>13,175</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization: TEAM COORDINATING AGENCY, INC.

Employer identification number: 04-2474141

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two questions about donor/donor advisor notification.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, number of easements, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule D (Form 990) 2013

JSA 3E1268 2 000

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages in 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
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (E), line 10(c)).

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) LINE OF CREDIT	880,000.
(3) DUE TO AFFILIATE	130,859.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,010,859.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,250,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,250,290.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,250,290.

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

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

1	Total expenses and losses per audited financial statements		1	4,899,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,899,439.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,899,439.

**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.

FIN 48 (ASC 740)

PART X, LINE 2

TCA IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC) AND IS GENERALLY EXEMPT FROM INCOME TAXES UNDER IRC

SECTION 501(A). TCA HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**Part XIII** Supplemental Information *(continued)*

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

TEAM COORDINATING AGENCY, INC.

04-2474141

MISSION STATEMENT

FORM 990, PART III, LINE 1

TCA PROVIDES A RANGE OF SERVICES THAT INCLUDE PREVENTION AND TREATMENT OF ADDICTION, CHILDREN'S SERVICES, AND MENTAL HEALTH TREATMENT IN RESIDENTIAL, OUTPATIENT AND FORENSIC SETTINGS. TCA REMAINS COMMITTED TO ITS FOUNDING MISSION OF PROVIDING QUALITY SERVICES BY RESPONDING TO THE CHANGING NEEDS OF THE COMMUNITY BY PROVIDING ADVOCACY, EDUCATION, AND TREATMENT TO PROMOTE PERSONAL DEVELOPMENT AND GROWTH THAT EMPOWERS INDIVIDUALS TO LEAD PERSONALLY SATISFYING, MEANINGFUL AND PRODUCTIVE LIVES.

MANAGEMENT DUTIES

FORM 990, PART VI SECTION A, QUESTION 3

NFI MASSACHUSETTS, INC. (NFI), AN AFFILIATE, CHARGES AN ADMINISTRATIVE MANAGEMENT FEE AND AN ESTIMATED PROPERTY USAGE FEE FOR SUPPORTING SERVICE COSTS THAT NFI INCURS ON BEHALF OF THE SUBSIDIARY. THESE ALLOCATED COSTS AMOUNTED TO \$68,960 FOR THE YEAR ENDED JUNE 30, 2014 AND HAVE BEEN INCLUDED IN SUPPORTING SERVICES IN THE ACCOMPANYING STATEMENT OF ACTIVITIES AND FUNCTIONAL EXPENSES.

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION A, QUESTION 4

TEAM COORDINATING AGENCY, INC. (TCA) ENTERED INTO AN AMENDED AND RESTATED AGREEMENT TO AFFILIATE, WHERE NFI MASSACHUSETTS, INC. (NFI) BECAME THE

Name of the organization TEAM COORDINATING AGENCY, INC.	Employer identification number 04-2474141
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SOLE MEMBER OF TCA. NFI AND TCA ENTERED INTO AN AGREEMENT PURSUANT TO WHICH TEAM COORDINATING AGENCY, HOLDINGS, INC. WAS TERMINATED AND ITS ASSETS AND LIABILITIES WERE ASSUMED BY NFI AS THE SURVIVING CORPORATION. BOTH AGREEMENTS WERE EFFECTIVE AS OF FEBRUARY 1, 2014.

#### ORGANIZATION MEMBERS

FORM 990, PART VI SECTION A, QUESTION 6-7B

NFI MASSACHUSETTS, INC. (NFI) IS THE SOLE MEMBER OF TEAM COORDINATING AGENCY, INC. AND MAY ELECT MEMBERS OF THE GOVERNING BOARD. AGENCY, INC. AND MAY ELECT MEMBERS OF THE GOVERNING BOARD.

#### REVIEW PROCESS

FORM 990, PART VI, SECTION B, QUESTION 10

INFORMATION IS GATHERED FROM THE BUSINESS OFFICE/EXECUTIVE DIRECTOR BY THE CHIEF FINANCIAL OFFICER AND USED TO POPULATE THE FORM 990 IN CONJUNCTION WITH INDEPENDENT TAX AUDITORS. ONCE COMPLETED, THE DRAFT FORM IS REVIEWED AND FORWARDED BY THE CFO TO THE DESIGNATED COMMITTEE FOR REVIEW PRIOR TO ITS SUBMISSION. THE DESIGNATED COMMITTEE HAS BEEN AUTHORIZED TO REVIEW AND APPROVE THE FORM 990 ON BEHALF OF THE BOARD OF DIRECTORS. A FILING COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

#### CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, QUESTION 12C

IN ADDITION TO SUBMISSION OF SIGNED BOARD MEMBER ANNUAL STATEMENT AFFIRMING RECEIPT OF THE CONFLICT OF INTEREST POLICY, THAT THEY HAVE READ

Name of the organization TEAM COORDINATING AGENCY, INC.	Employer identification number 04-2474141
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AND UNDERSTAND THE POLICY, THAT THEY AGREE TO COMPLY WITH THE POLICY AND UNDERSTAND THAT THE CORPORATION IS CHARITABLE AND MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ITS CHARITABLE PURPOSES, BOARD MEMBERS HAVE A DUTY TO DISCLOSE POSSIBLE CONFLICTS OF INTEREST. WHEN SUCH A DISCLOSURE IS MADE, THE BOARD OF DIRECTORS WILL DISCUSS THE ISSUE WITH THE INTERESTED PARTY. THE INTERESTED PARTY WILL THEN LEAVE THE BOARD MEETING WHILE A DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.

IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR HAS FAILED TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST, THE BOARD WILL AFFORD THAT DIRECTOR AN OPPORTUNITY TO EXPLAIN. THE BOARD WILL CONDUCT FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES. THAT DIRECTOR WILL BE RECUSED FROM THE BOARD MEETING WHILE A DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. IF THE BOARD DETERMINES THAT THE BOARD MEMBER FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

#### COMPENSATION POLICY

FORM 990, PART VI, SECTION B, QUESTION 15

EXECUTIVE DIRECTOR'S COMPENSATION IS PROVIDED THROUGH THE MANAGEMENT AGREEMENT WITH NFI MASSACHUSETTS, INC. (NFI). NFI MASSACHUSETTS'S BOARD OF DIRECTORS IN CONJUNCTION WITH THE NAFI EXECUTIVE MANAGEMENT REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SALARY ON AN ANNUAL BASIS.

NFI MASSACHUSETTS AND NAFI UTILIZE THE COMPENSATION POLICY SHOWN BELOW.

Name of the organization TEAM COORDINATING AGENCY, INC.	Employer identification number 04-2474141
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NORTH AMERICAN FAMILY INSTITUTE, INC. HAS INSTITUTED A PROCESS TO REVIEW THE COMPENSATION PAID TO ITS EXECUTIVES AND FOLLOWS THE REBUTTABLE PRESUMPTION RULES OF SECTION 53.4958-6 OF THE IRS TREASURY REGULATIONS. THE EXECUTIVE DIRECTOR COMPLETES A SELF EVALUATION REFLECTING ON ACCOMPLISHMENTS, AREAS OF GROWTH AND GOALS FOR THE COMING YEAR. THE CEO OF THE PARENT ORGANIZATION COMPLETES AN EVALUATION SUMMARY WHICH IS REVIEWED, DISCUSSED AND APPROVED AT AN EXECUTIVE SESSION OF THE BOARD OF DIRECTORS. SALARY CONSIDERATIONS ARE PART OF THIS PROCESS AND INCLUDE APPROVALS, IN ADVANCE OF ANY COMPENSATION PAYOUTS, BY THE CEO OF THE PARENT ORGANIZATION AND THE BOARD OF DIRECTORS WHO ARE INDEPENDENT OF MANAGEMENT AND FREE OF ANY CONFLICTS THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGMENT. OTHER KEY EMPLOYEES OF THE ORGANIZATION ARE REVIEWED BY THE EXECUTIVE DIRECTOR USING A SIMILAR PROCESS AND SALARY CONSIDERATIONS ARE A PART OF THE OVERALL BUDGET APPROVED BY THE BOARD OF DIRECTORS.

NAFI CONDUCTS PERIODIC ANALYSIS OF LIKE POSITIONS AT COMPARABLE HUMAN SERVICE ORGANIZATIONS AND IS CONSIDERED WHEN DETERMINING COMPENSATION. ONCE COMPENSATION IS DETERMINED, IT IS ADEQUATELY DOCUMENTED BY THE CEO AND BOARD OF DIRECTORS.

#### DISCLOSURE OF DOCUMENTS

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST. THE FORM

Name of the organization TEAM COORDINATING AGENCY, INC.	Employer identification number 04-2474141
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990 IS ALSO POSTED ON THE WEBSITE OF THE MASSACHUSETTS'S ATTORNEY GENERAL  
AND WWW.GUIDESTAR.ORG.

ATTACHMENT 1

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: PENTUCKET BANK  
 ORIGINAL AMOUNT: 10,000.  
 INTEREST RATE: 4.500000  
 DATE OF NOTE: 03/20/2012  
 MATURITY DATE: 03/20/2016  
 SECURITY PROVIDED: VEHICLE  
 PURPOSE OF LOAN: VEHICLE PURCHASED

BEGINNING BALANCE DUE .....	5,643.
ENDING BALANCE DUE .....	<u>4,601.</u>

LENDER: PENTUCKET BANK  
 ORIGINAL AMOUNT: 16,000.  
 INTEREST RATE: 5.500000  
 DATE OF NOTE: 10/15/2010  
 MATURITY DATE: 10/15/2014  
 SECURITY PROVIDED: VEHICLE  
 PURPOSE OF LOAN: VEHICLE PURCHASED

BEGINNING BALANCE DUE .....	3,279.
ENDING BALANCE DUE .....	<u>1,474.</u>

Name of the organization TEAM COORDINATING AGENCY, INC.	Employer identification number 04-2474141
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ATTACHMENT 1 (CONT'D)

LENDER: PENTUCKET BANK  
ORIGINAL AMOUNT: 18,000.  
INTEREST RATE: 4.500000  
DATE OF NOTE: 04/06/2012  
MATURITY DATE: 04/06/2016  
SECURITY PROVIDED: VEHICLE  
PURPOSE OF LOAN: VEHICLE PURCHASED

BEGINNING BALANCE DUE .....	10,529.
ENDING BALANCE DUE .....	<u>8,659.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>19,451.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>14,734.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ▶ Attach to Form 990. ▶ See separate instructions.  
 ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization

Employer identification number

TEAM COORDINATING AGENCY, INC.

04-2474141

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NFI MASSACHUSETTS, INC. 26 HOWLEY STREET PEABODY, MA 01960 23-7378470	SOCIAL SVCS	MA	501(C)(3)	9	NAFI		X
(2)	NFI NORTH, INC 40 PARK LANE CONTOOCOOK, NH 03229 04-3161042	SOCIAL SVCS	NH	501(C)(3)	9	NAFI		X
(3)	NFI VERMONT, INC 30 AIRPORT RD SOUTH BURLINGTON, VT 05403 03-0304434	SOCIAL SVCS	VT	501(C)(3)	9	NAFI		X
(4)	NAFI CONNECTICUT, INC 20 BATTERSON PARK RD, STE 301 FARMINGTON, CT 06032 90-0059160	SOCIAL SVCS	CT	501(C)(3)	9	NAFI		X
(5)	NORTH AMERICAN FAMILY INSTITUTE, INC 26 HOWLEY STREET PEABODY, MA 01960 04-2921507	SOCIAL SVCS	MA	501(C)(3)	9	NAFI		X
(6)	TEAM COORDINATING AGENCY HOLDINGS, INC. PO BOX 844 HAVERHILL, MA 01831 04-3191310	HOLDING CO.	MA	501(C)(2)	N/A	N/A		X
(7)	-----	-----	-----	-----	-----	-----		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity	X	X
<b>b</b>	Gift, grant, or capital contribution to related organization(s)	X	X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	X	X
<b>d</b>	Loans or loan guarantees to or for related organization(s)	X	X
<b>e</b>	Loans or loan guarantees by related organization(s)	X	
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b>	Sharing of paid employees with related organization(s)	X	
<b>p</b>	Reimbursement paid to related organization(s) for expenses		
<b>q</b>	Reimbursement paid by related organization(s) for expenses		
<b>r</b>	Other transfer of cash or property to related organization(s)	X	
<b>s</b>	Other transfer of cash or property from related organization(s)	X	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**RELATED PARTY TRANSACTIONS**

NAFI AND AFFILIATED CORPORATIONS MAY PERIODICALLY MAKE SHORT TERM LOANS, NOT TO EXCEED ONE YEAR, TO ITS AFFILIATED CORPORATIONS, SECURED BY DOCUMENTATION EVIDENCING SUCH INDEBTEDNESS. THE DOCUMENTATION SHALL INCLUDE DATE AND AMOUNT OF REQUEST, INTEREST RATE, AND OTHER APPROPRIATE TERMS APPROVED BY THE EXECUTIVE DIRECTOR OF ADMINISTRATIVE SERVICES AND THE EXECUTIVE DIRECTOR OF THE BORROWING AFFILIATED CORPORATION. FOR THE YEAR ENDED JUNE 30, 2014, TCA PAID NAFI CONNECTICUT, INC (NAFICT), AN AFFILIATE, AN INTEREST FEE, BASED ON PRIME RATE LESS 0.50%, FOR USAGE OF CERTAIN CASH RESERVES. THE AMOUNT OF RELATED INTEREST EXPENSE RECORDED IN THE ACCOMPANYING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2014 WAS NOT SIGNIFICANT.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Form with fields: Type or print, Name of exempt organization or other filer, Employer identification number (EIN) or, Number, street, and room or suite no, Social security number (SSN), City, town or post office, state, and ZIP code. Values: TEAM COORDINATING AGENCY, INC., 04-2474141, P.O. BOX 844, HAVERHILL, MA 01831

Enter the Return code for the return that this application is for (file a separate application for each return) [0] [1]

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above).

The books are in the care of DANIEL NAKAMOTO

Telephone No 978-882-4858 FAX No

- If the organization does not have an office or place of business in the United States, check this box [ ]
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box [ ] If it is for part of the group, check this box [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 16, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for [ ] calendar year 20 or [X] tax year beginning JULY 1, 20 13, and ending JUNE 30, 20 14

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ NONE. 3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ NONE. 3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ NONE.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box . . . . .  X
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the due date for filing your return See instructions</small>	Name of exempt organization or other filer, see instructions <b>TEAM COORDINATING AGENCY, INC.</b>	Enter filer's identifying number, see instructions Employer identification number (EIN) or <b>04-2474141</b>
	Number, street, and room or suite no If a P O box, see instructions <b>76 WINTER STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>HAVERHILL, MA 01831</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  DANIEL NAKAMOTO  
Telephone No  978-882-4858 Fax No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 20 15

5 For calendar year \_\_\_\_\_, or other tax year beginning JULY 1, 20 13, and ending JUNE 30, 20 14

6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	NONE
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$	NONE

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date