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 black lung benefit trust or private foundation)

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

<u>A</u>	For the	2008 ca	iendar year, or tax year beginning APR 1, 2008 and	ending M	<u>AR 31, 2009</u>							
В	Check if applicabl	e Please use IRS	C Name of organization		D Employer identific	cation number						
Г	Addre chang	ss label or	TEEN CHALLENGE INTERNATIONAL, USA									
F	Name chang	type	Doing Business As		43-1	353323						
一	Initiai Preturn	See		Room/suite								
〒	Termir	Canada	PO BOX 1015	TTOOTH/Suite	417-862-6969							
〒	⊒ation Amend		City or town, state or country, and ZIP + 4		G Gross receipts \$ 1,664,373.							
F	□return □Applic □tion	a-	SPRINGFIELD, MO 65801-1015		H(a) Is this a group re							
_	pendir	na I	ne and address of principal officer.		for affiliates?	Yes X No						
		1 144	and address of principal cinedi.		H(b) Are all affiliates inc							
	Tay-ey	emnt stati	us· X 501(c) (3			list (see instructions)						
			W. TEENCHALLENGEUSA. COM		H(c) Group exemption							
			n: X Corporation Trust Association Other	L Year		State of legal domicile: MO						
	art I	Summ		12 100	01 10111dation: 250 4 14	, otato or logal dominato, 220						
	1		scribe the organization's mission or most significant activities. TO HI	ELP YO	UNG PEOPLE	עד יידע TrH						
Activities & Governance	1		CONTROLLING PROBLEMS BY OFFERING SP									
rna	1		s box Fig. 1 if the organization discontinued its operations or dispos									
Ş	1		f voting members of the governing body (Part VI, line 1a)		3	19						
Ğ	1		f independent voting members of the governing body (Part VI, line 1b)		4	_ 16						
es &	5	Total num	ber of employees (Part V, line 2a)		5	9						
ξį	6	Total num	ber of volunteers (estimate if necessary)		6	0						
Ę	7a	Total gros	s unrelated business revenue from Part VIII, line 12, column (C)		7a	36,490.						
_	b	Net unrela	ated business taxable income from Form 990-T, line 34		. 7b	0.						
					Prior Year	Current Year						
<u>a</u>	8	Contributi	ons and grants (Part VIII, line 1h)		403,763.	587,358.						
Pu	9	Program s	service revenue (Part VIII, line 2g)		237,139.	303,950.						
Revenue	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)		62,636.	36,490.						
ш	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		216,978.	284,964.						
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		920,516.	1,212,762.						
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)		_							
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)									
es	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	495,898.	<u>527,566.</u>						
ŠŲ	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)			<u> 25,110.</u>						
Expenses	b	Total fund	Iraising expenses (Part IX, column (D) line 25)	<u> 10. </u>								
ш	17/	Other exp	enses (Part IX, column (A), lines 11a-11d, (17.24)	ļ	553,607.	444,551.						
	18	Total expe	enses. Add lines 13-17 (must equal Part IX. duna (A) [in 25]		1,049,505.	997,227.						
	19	Revenue I			<128,989.	<u>> 215,535.</u>						
500			ets (Part X, line 16)		Beginning of Year	End of Year						
	20		ets (Part X, line 16)		1,575,881.	1,999,825.						
Net Missels or Find Ralances	21		Ities (Part X, line 26)		109,996.	503,464.						
	art II		s or fund balances. Subtract line 21 from the 20 1		1,465,885.	1,496,361.						
-			ture Block Ities of perjury, I declare that I have examined this return, including accompanying schedules an	d stataments .								
ր∩∀Sig		and comple	te Declaration of preparer (others han officer) is based on all information of which preparer has a	ny knowledge	and to the best of my knowledg	ge and belief, it is true, correct,						
₹.		. V/	Market Market Market		v 7-2	29-09						
Sig	n	Sinn	lature of officer	• 0	/ Date	<u> </u>						
He		Sign		side								
		Type	e or print name and title	219(E)	<u> </u>							
Z Z Z		Droparor's	Date	TChe	eck If Prepare	r's identifying number						
Pai	đ	Preparer's signature	1 Will Division CPA 11 al	self		tructions)						
Pre	parer's	Firm's name	. 9010-	V 1 6111	EIN D							
Use	Only	yours if self-employ	N 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		LIIV							
		address, an ZIP + 4	SPRINGFIELD, MO 65804		Phone no A	17-877-0505						
_ Ma	v the IF		s this return with the preparer shown above? (see instructions)		I HOHE HU. P 4.	X Yes No						
	01 12-1		A For Privacy Act and Paperwork Reduction Act Notice, see the se	parate inst	tructions.	Form 990 (2008)						

	990 (2008) TEEN CHALLENGE INTERNATIONAL, USA	43-1353323	Page 2
	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION	ANTO	
	TO PROVIDE YOUTH, ADULTS AND FAMILIES WITH AN EFFECTIVE COMPREHENSIVE CHRISTIAN FAITH-BASED SOLUTION TO LIFE-CON		ITC
	AND ALCOHOL PROBLEMS IN ORDER TO BECOME PRODUCTIVE MEMBE		
	BY APPLYING BIBLICAL PRINCIPALS, TEEN CHALLENGE ENDEAVOR		111.
2	Did the organization undertake any significant program services during the year which were not listed on	<u>.b 10 111111</u>	
2	the prior Form 990 or 990-EZ?	Ves	X No
	If "Yes", describe these new services on Schedule O	L ies	LAS IND
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	If "Yes", describe these changes on Schedule O.	1es	LALINO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	oneae	
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	Tarito aria	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
42	(Code) (Expenses \$ 107,435. including grants of \$) (Rev	venue \$ 303,	950.)
	ACCREDITATION - 13 NEW PROGRAMS PROVISIONALLY ACCREDITED		
	REVIEWED ON SITE, NUMEROUS UPDATES TO ACCREDITATION STAN		440
	MEVIEWED ON BITE, NORDHOOD GIDNIED TO MCCMEDITATION DIAM	DIMIDD.	
		 -	
4b	(Code.) (Expenses \$ 100,568 • including grants of \$) (Ret	venue \$	
	TRAINING - NEW DIRECTOR'S CONFERENCE, 2 TEACHER TRAINING		s.
	LAUNCH OF DRUG PREVENTION PROGRAM (STAY SHARP) AND LEADE		
	DEVELOPMENT PROGRAM (EMERGING LEADERS)		
	DEVELOTION TO THE TOTAL CONTROL OF THE PROPERTY OF THE PROPERT		
			
		 	
40	(Code) (Expenses \$ 148,518. including grants of \$) (Rev	venue \$ 272,	807.)
-10	CURRICULUM - DEVELOP CURRICULUM AND STUDY MATERIALS SUCH		007.
	STUDIES FOR NEW CHRISTIANS, PERSONAL STUDIES FOR NEW CHR		
	PRINCIPALS OF BIBLICAL COUNSELING.	TOITMID,	
	FRINCIPADS OF BIBLICAL COONSEDING.		
		<u> </u>	
			
			_
			
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ 211,700. including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶\$ 568,221. (Must equal Part IX, Line 25, column (B).)		
83200	2	Form 9	90 (2008)

	·		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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		_ _
_		-		-
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
•	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
16 14a`		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		x
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			- 21
15	located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	oxdot	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		Form	990 (2008)

Form 990 (2008) TEEN CHALLENGE INTERNATIONAL, USA
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	,	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		X
		_	000	

Form **990** (2008)

2008) TEEN CHALLENGE INTERNATIONAL, USA Statements Regarding Other IRS Filings and Tax Compliance Part V

	•	ı	t		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	_1a_		7		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	<u> </u>	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible gaming			
	(gambling) winnings to prize winners?	J		1c	ļ	X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			_2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	_3a_	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_3b_	-	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			- [
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country. ►	<u> </u>		.		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	and			
_	Financial Accounts]	· v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•	5a	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 8886 T. Displaying by Tay Support			5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Tax Shelter Transaction?	negai	aing Pronibited			
60	Did the organization solicit any contributions that were not tax deductible?			5c 6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions	ions o	r aifts	Ua		
Ü	were not tax deductible?		, girts	6b		
7	Organizations that may receive deductible contributions under section 170(c).			- 52		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than	\$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			
	to file Form 8282?		_	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	al			
	benefit contract?			7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7 f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7g		_X_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as re	quired?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganiza	ation, have			
	excess business holdings at any time during the year?			8		<u>X</u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				İ	
а	Did the organization make any taxable distributions under section 4966?			9a		<u>X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		_X_
10	Section 501(c)(7) organizations. Enter: N/A	۱	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		\dashv		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv		
11	Section 501(c)(12) organizations. Enter. N/A		1			
a	Gross income from members or shareholders	11a		\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	İ	128		
<u> </u>	in 165, enter the amount of tax-exampt interest received of accided during the year.	1 120	·	Form	990 (2008)
				. 0.111	(

Form 990 (2008) TEEN CHALLENGE INTERNATIONAL, USA 43-1353323 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 19			
b	Enter the number of voting members that are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2	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?	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	_6_		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>7b</u>		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Does the organization have local chapters, branches, or affiliates?	9a	X	····-
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		<u>X</u>
sec	tion B. Policies			
	a 16 BAIa N an An Ima 40		Yes	No_
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this is done	12c	X	- -
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		
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:	4=		v
	The organization's CEO, Executive Director, or top management official?	15a		<u>X</u>
b	Other officers or key employees of the organization?	15b		
40	Describe the process in Schedule O. (see instructions)			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		X
	taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	and the wild and the same of t	16h		
Soc	exempt status with respect to such arrangements?	16b_		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
10	public inspection. Indicate how you make these available. Check all that apply.	.01		
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	id fina	ncial	
19	statements available to the public.	11110	. ioidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion 🕨	•	
20	NIVE HODGES MED DADIM 417 E01 2101			
	5250 N TOWNE CENTRE, OZARK, MO 65721			
3200		Form	aan /	2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

L Officer this box if the organization did flot of	omponouto un	7.0	11001	,		,	4011	o, or key employee.	r···	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	_(c	hecl	c all	that	app	oly)	compensation	compensation	amount of
	per week	ctor						from the	from related organizations	other compensation
	Week	ğ.				ted		organization	(W-2/1099-MISC)	from the
		stee	rruste			bens		(W-2/1099-MISC)	(,	organization
		la E	lonal		ploye	15 8 16 9 16 9 16 9 16 9 16 9 16 9 16 9 16 9				and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Por me			organizations
ZOLLIE SMITH		<u> </u>		_			F			
CHAIRMAN	10.00	X						0.	0.	0.
DR. KENNETH ISOM										
VICE PRESIDENT	10.00	X				<u> </u>		0.	0.	0.
TERENCE M. MATHIS										
SECRETARY	10.00	X						0.	0.	0.
TIM CULBRETH										
TREASURER GULF REGIONAL	10.00	X	ļ		ļ	_	_	0.	0.	0.
CLAYTON ARP										
GREAT LAKES REGIONAL REP	10.00	X	<u> </u>		ļ	<u> </u>		0.	0.	0.
JOHN BENTON									_	
NORTEAST REGIONAL REP.	10.00	Х	<u> </u>	ļ	_		_	0.	0.	0.
PAUL ECKER	40.00									
SOUTH CENTRAL REGIONAL R	10.00	X	-		-	-		0.	0.	0.
GREG HAMMOND	40.00									•
SOUTHEAST REGIONAL REP.	10.00	X	-		-	-	-	0.	0.	0.
CHRIS HODGES	10 00	٦,							0	_
NORTHWEST REGIONAL REP.	10.00	X	\vdash		\vdash	\vdash	-	0.	0.	0.
H.C. JAY MARTIN BOARD MEMBER	10.00	J.						0.	0.	0.
DR. THOMAS MATTA	10.00	X	\vdash				\vdash			<u> </u>
BOARD MEMBER	10.00	х						0.	0.	0.
DR. JERRY NANCE	10.00			<u> </u>	 	 	+-	- 0.	0.	
GLOBAL TEEN CHALLENGE	10.00	х						0.	0.	0.
SNOW PEABODY	10:00					1	 	 		
SOUTHWEST REGIONAL REP.	10.00	x						0.	0.	0.
J. TODD P'POOL		-								
BOARD MEMBER	10.00	x						0.	0.	0.
DAVID L. PHILLIPS					Ì	Ì -				
BOARD MEMBER	10.00	x						0.	0.	0.
RICH SCHERBER						1		•		
NORTH CENTRAL REGIONAL R	10.00	X		L.			L	_0.	0.	0.
DR. NEIL SKEA										
BOARD MEMBER	10.00	X						0.	0.	0.
832007 12-18-08										Form 990 (2008)

832007 12-18-08

Form 990 (2008)

Part VII Section A. Officers, Directors, Tru	stees, Key Er	npl	oyee	s, a	and	High	est	Compensated Employ	ees (continued)			
· (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	Position						Reportable	Reportable		Estimate	ed
•	hours	(c	heck	(all	that	t app	ly)	compensation	compensation		amount	
	per	喜						from	from related	i	other	
	week	ndividual trustee or director				-B	ł	the	organizations (W-2/1099-MISC)	C	ompensa	
		ig i	nstee			155		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	٫ ا	from th organizat	
		量	institutional trustee		Key employee	Highest compensated employee		(** 27 1000 141100)		- 1	and relat	
		Me	Hotel Hotel	Officer	Ē	plest	mer				rganızat	
		뎔	<u>se</u>	통	ē.	물등	호					
LAURA MANSKE												
BOARD MEMBER	10.00	x						0.	0	_		0.
BARRY MEGUIAR						Ì						
BOARD MEMBER	10.00	x						0.	0			0.
STEPHEN RHOADES												
BOARD MEMBER	10.00	x						0.	0			0.
MIKE HODGES					1	1				Ť		
PRESIDENT	40.00			X				128,904.	0			0.
TRESTOURT	10.00		\vdash		†	 		120/3010		1		
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			ł									
41- 7-1-1		l	<u> </u>	<u> </u>	1	_	L	128,904.	0	+		0.
1b Total2 Total number of individuals (including those						¢1	00			•		<u> </u>
	in Ta) who re	Celv	еап	nore	tna	ın ֆı	υυ,	000 in reportable	_			1
compensation from the organization						_		<u></u>			Yes	No
O Did the average bet any favor of feet	d	-+	. ادما		1-			numbers commenced and	anlavaa an		+	-
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		Stee	э, ке	y en	npio	yee,	or i	nignest compensated en	npioyee on		.	v
										3	i	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	١.		v
										4	·	X
5 Did any person listed on line 1a receive or a				ron	ı any	y unr	elai	ted organization for servi	ces rendered to	_ ا		v
the organization? If "Yes," complete Sched	ule a loi sucri	Ders	OH				—			5		<u> </u>
Section B. Independent Contractors								that recovered was at	¢100 000 of oom		n fra	
Complete this table for your five highest co	mpensated ind	1ep	enae	ent c	cont	racto	ors	mat received more than	\$100,000 of comper	isatio	ri irom	
the organization.								(D)			(0)	
(A) Name and business	address							(B) Description of s	ervices	Comi	(C) pensatio	n .
Trains and seemess								Dodding troit or o				
								· -				
												
												
									_			
			4.									
2 Total number of independent contractors (i		ın	1) wi	no r	ecei	ived	mo	re than \$100,000 in com	pensation			
from the organization	0										_m 99ຄ (
										Lor		21 IL 1943

Part VIII Statement of Revenue					<u> E INTERN</u>	<u>IATIONAL, U</u>	SA	43-1353	323 Page 9
Begging 1 a Federated campaigns to measure the second process of t	Pa	rt VII	II Statement of Reve	nue		_			
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c			•				Related or exempt function	Unrelated business	excluded from tax under sections 512,
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	इध	1 a	Federated campaigns	1a					
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	E E	b	Membership dues	1b					1
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	s, c	С	Fundraising events	1c					
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	<u>a</u>	d	Related organizations	1d					
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	S.E	е	Government grants (contribut	tions) 1e					
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	tion S S	f	All other contributions, gifts, gran	nts, and					
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	the sta		similar amounts not included abo	ove 1f	587,358.				
Business Code 2 a PROG. SERV.REVENUE—RELA b c c c c c c c c c c c c c c c c c c	E D	g	Noncash contributions included in lines	s 1a-1f \$					
2 a PROG_SERV.REVENUE—RELA b d d d d d d d d d d d d d d d d d dother program service revenue g Total. Add lines 2a:21 All other program service revenue g Total. Add lines 2a:21 All other program service revenue g Total. Add lines 2a:21 All other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties G Royalties (i) Real (ii) Personal 6 a Gross Rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net gain or (loss) b A g Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) B a Gross neome from fundraising events (not including \$	<u>8</u> 0	h	Total. Add lines 1a-1f		<u> </u>	587,358.			
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b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$									
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		b	Less. cost or other basis						
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			and sales expenses						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		С	•						
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b	-				Business Code	•			
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		_		4 5 6 4 7 4 6 6 6	_		588 914	36 490	0
	83200		. Jan. Horando. Add lines in, 2g, 3,	<u>-, 5, 50, 70, 60, 80, 1</u>	oo, and the			20,2000	Form 990 (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

D-	All other organizations must complete include amounts reported on lines 6b,			(C)	
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			-	
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ü	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		··········
5	Compensation of current officers, directors,				····
Ū	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	355,054.	188,156.	166,898.	-
8	Pension plan contributions (include section 401(k)	222,022	200,100.		
J	and section 403(b) employer contributions)				
9	Other employee benefits	161,040.	85,941.	75,099.	
10	Payroll taxes	11,472.	8,938.	2,534.	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)		0,555	= 1,55 2.1	
''	Management				
b	Legal				
c	Accounting	36,518.	20,170.	16,348.	
	Lobbying	3373233			
e	Professional fundraising services. See Part IV, line 17	25,110.			25,110.
f	Investment management fees				
g	Other	3,448.	454.	2,994.	
12	Advertising and promotion			_,	
13	Office expenses	22,801.	15,861.	6,940.	
14	Information technology	==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,5 = 3	
15	Royalties				
16	Occupancy	27,420.	18,097.	9,323.	·
17	Travel	62,644.	40,392.	22,252.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	158,444.	115,941.	42,503.	
20	Interest	1,004.		1,004.	
21	Payments to affiliates			_,	•
22	Depreciation, depletion, and amortization	8,940.	7,152.	1,788.	
23	Insurance	9,161.	6,286.	2,875.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PROMOTIONS - PROGRAM SE	38,098.	38,098.		-
b	ADMINISTRATIVE FEE - MA	25,170.		25,170.	
c	BANK SERVICES - MANAGEM	10,613.		10,613.	
d	RESEARCH AND EDUCATION	10,000.	10,000.		
e	MISCELLANEOUS EXPENSE -	8,618.		8,618.	
f	All other expenses	21,672.	12,735.	8,937.	
25	Total functional expenses Add lines 1 through 24f	997,227.	568,221.	403,896.	25,110
26	Joint Costs. Check here I I I following				
_0	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
		 			Form QQ1 (2009)

832010 12-18-08

Form 990 (2008)

			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing		1						
	2	Savings and temporary cash investments	562,201.	2	463,782.					
	3	Pledges and grants receivable, net	30272011	3	100//02:					
}	4	Accounts receivable, net	57,200.	4	98,953.					
	5	Receivables from current and former officers, directors, trustees, key								
	•	employees, or other related parties. Complete Part II of Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section	•							
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete								
		Part II of Schedule L		6						
உ	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use	198,940.	8	208,003.					
۲	9	Prepaid expenses and deferred charges	1,057.	9	30,000.					
	10a	Land, buildings, and equipment: cost basis 10a 1,077,762.								
	b	Less. accumulated depreciation. Complete								
		Part VI of Schedule D 10b 46,774.	36,494.		1,030,988.					
	11	Investments - publicly traded securities	540,899.	11	3.					
	12	Investments - other securities. See Part IV, line 11		12						
	13	Investments - program-related. See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11	179,090.		168,096.					
\rightarrow	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,575,881.		1,999,825.					
	17	Accounts payable and accrued expenses	53,531.	17	65,248.					
	18	Grants payable		18						
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20	·					
ies	21	Escrow account liability. Complete Part IV of Schedule D	-	21						
ii l	22	Payables to current and former officers, directors, trustees, key employees,								
Liabilities		highest compensated employees, and disqualified persons. Complete Part II								
_		of Schedule L	22 245	22	438,216.					
	23	Secured mortgages and notes payable to unrelated third parties	22,345.	23	430,410.					
	24	Unsecured notes and loans payable	34,120.	24	0.					
	25	Other liabilities Complete Part X of Schedule D	109,996.	25 26	503,464.					
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	109,990.	_20_	303,404.					
,,		-								
ces	97	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,307,042.	27	1,328,315.					
la	27 28	Temporarily restricted net assets	141,354.	28	150,405.					
Ä	29	Permanently restricted net assets	17,489.	29	17,641.					
5	23	Organizations that do not follow SFAS 117, check here and	2112001		27,70220					
Net Assets or Fund Baland		complete lines 30 through 34.								
ts	30	Capital stock or trust principal, or current funds		30						
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-					
¥	32	Retained earnings, endowment, accumulated income, or other funds		32						
ž	33	Total net assets or fund balances	1,465,885.	33	1,496,361.					
	34	Total liabilities and net assets/fund balances	1,575,881.	34	1,999,825.					
Par	t XI	Financial Statements and Reporting								
			_		Yes No					
1	Acco	ounting method used to prepare the Form 990. 🌅 Cash 🛛 🗶 Accrual 🗀	Other							
2a	Were	the organization's financial statements compiled or reviewed by an independent a	accountant?		2a X					
b	Were	the organization's financial statements audited by an independent accountant?			2b X					
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of the	audıt						
	revie	w, or compilation of its financial statements and selection of an independent accor	untant?		2c X					
За	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?									
		3a X								
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?			3b					
B3201	1 12-18	-08			Form 990 (2008)					

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of	tne organizat							=	mpioyer id			
	,		IALLENGE INTE						43	<u>-1353</u>	<u> 323</u>	
Part I	Reason	for Public Chai	rity Status (All organi	zations mu	ist comple	te this par	t.) (see ins	tructions)				
The organ	ization is not	a private foundation	because it is. (Please ch	heck only o	ne organi	zation)						
1 🖳	A church, co	nvention of churche	s, or association of chui	rches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.)	1							
з 🗔	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
4 🗀	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s e	ection 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	1 0 ,
	city, and stat	te ⁻										
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t described	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 🔲	A federal, sta	ate, or local governm	ent or governmental un	ıt describe	d in sectio	n 170(b)(1)(A)(v).					
7 X		_	ceives a substantial part					or from the	general pu	ublic desc	ribed i	n
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	•		ceives: (1) more than 33		•	rom contr	butions, n	nembershij	p fees, and	d gross red	ceipts :	from
	_		nctions - subject to certa				•			•	•	
		•	axable income (less sec	•		•				•		
	See section	509(a)(2). (Complete	e the Part III.)		•		•	, ,			•	
10			perated exclusively to te	est for publ	ic safety. S	See sect io	n 509(a)(4	4). (see ins	tructions)			
11 🔲	An organizat	ion organized and o	perated exclusively for t	he benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the p	urposes o	of one	or
	more publicly	y supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509(a	a)(3). Chec	k the box	that	
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	11h	•	•				
	a Type		¬ - `		e III - Fund		tegrated		d 🔲	Type III - (Other	
е 🗀			at the organization is not			-	_	r more disc	gualified pe	ersons oth	er tha	.n
		•	than one or more publicl		•	-	•		•			
f		-	tten determination from		_				. , ,			
	_	rganization, check tl			,	, , ,,	, ,,					
g		•	organization accepted a	nv aift or c	ontribution	from anv	of the foll	owina pers	sons?			
J			lirectly controls, either a								Yes	No
			upported organization?	_					, ,	11g(i)		
			n described in (i) above?							11g(ii)		
		•	person described in (i)		e?					11g(iii)		
h	` '	-	about the organizations	• •		pports.				C. Strike	1	
		g		.								
/!\ Nome	of our posted	(::) FIN	(iii) Type of	(iv) Is the (organization	(v) Did voi	ı notify the	(vi) Is	the	(::) A~		
	of supported anization	(ii) EIN	organization		sted in your	organizat	ion in col.	organizátic	n in col.	(vii) Am	port	ı
Oi go	mzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organize U.S.	?	Jup	יוטק	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	<u> </u>			1 -								
			İ									
				1					 			
							 -					
Total												
	Privacy Act ar	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for I	orm 990.		Schedule	e A (Form	990 or 99	0-EZ1	2008

Schedule A (Form 990 or 990-EZ) 2008 TEEN CHALLENGE INTERNATIONAL 43-1353323 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 489,490. 737,550. 640,902. 719,514. 874,655. 3462111. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 719,514. 737,550. 640,902. 3462111. 489,490. 874,655. 4 Total. Add lines 1 - 3 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) 3462111. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(f) Total 489,490. 719,514 737,550. 640,902. 874,655. 3462111. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 42,541 53,472. 61,320, 62,636. 36,490. 256,459. and income from similar sources Net income from unrelated husiness activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 20,092. 20,092. assets (Explain in Part IV.) 3738662. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 1,184,228. 12 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 92.60 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 83.36 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ▶ X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. 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 - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2008

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2007. 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 IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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 Sched		Described in	Section 509(a)(2) (Complete only	if you checked the bo	ox on line 9 of Part I.)		
Section A. Public Suppo	<u>rt</u>	7						
Calendar year (or fiscal year begin	nning in) (a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
 Gifts, grants, contributions, 	I				,			
membership fees received.	(Do not							
ınclude any "unusual grants	s ")							
2 Gross receipts from admiss merchandise sold or service formed, or facilities furnishe any activity that is related to organization's tax-exempt p	es per- ed in o the							
3 Gross receipts from activities	es that			1				
are not an unrelated trade o	or bus-							
iness under section 513								
4 Tax revenues levied for the ization's benefit and either j or expended on its behalf	<u> </u>							
5 The value of services or fac	ilities							
furnished by a government	al unit to							
the organization without ch	arge							
6 Total. Add lines 1 - 5								
7a Amounts included on lines 3 received from disqualified	· · ·							
b Amounts included on lines 2 and 3 refrom other than disqualified persons exceed the greater of 1% of the total 10c, 11, and 12 for the year or \$5,000	eceived that of lines 9,							
c Add lines 7a and 7b								
8 Public support (Subtract line 7c fro	om line 6)							
Section B. Total Support		<u>-</u>						
Calendar year (or fiscal year begin	nning in) (a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9 Amounts from line 6								
10a Gross income from interest, dividends, payments receiv securities loans, rents, roya and income from similar sou	ed on lities							
b Unrelated business taxable inco (less section 511 taxes) from b acquired after June 30, 1975								
c Add lines 10a and 10b 11 Net income from unrelated activities not included in line whether or not the business	e 10b,							
regularly carried on 12 Other income Do not include or loss from the sale of capitassets (Explain in Part IV)								
13 Total support (Add lines 9, 10c, 1		·		<u> </u>				
4 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 he				•				
Section C. Computation					· ·			
15 Public support percentage	• • • • • • • • • • • • • • • • • • • •	-	column (f))		15	%		
16 Public support percentage					16	%		
Section D. Computation								
17 Investment income percent	•	••			17	<u>%</u>		
· ·	age from 2007 Schedule A,				18	%		
19a 33 1/3% support tests - 20						. —		
	this box and stop here. The							
b 33 1/3% support tests - 20						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 o	organization did not check a	box on line 14, 19	a, or 19b, check th			o or 990-EZ) 2008		

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number Name of the organization TEEN CHALLENGE INTERNATIONAL, USA <u>43-1353323</u> Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 99,245. 2 Aggregate contributions to (during year) 693,424. 3 Aggregate grants from (during year) 11,341 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure 2 Complete lines 2a·2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2008

		ALLENGE IN						43-13			
3	till Organizations Maintaining C Using the organization's accession and other										
a b c	that apply) Public exhibition Scholarly research Preservation for future generations	d e	. <u> </u>	_	change progr		e or its con				
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organizat	ion's exe	empt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	ner sımıla	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's c	ollection?				Yes		No.
Par	t IV Trust, Escrow and Custodial	Arrangements	- Comple	ete if organ	nzation answ	ered "Ye	s" to Forn	n 990, Par	t IV, line :	9, or	
	reported an amount on Form 990, Par	t X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contributio	ns or other a	ssets not	t ıncluded				_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able [.]							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e	· -			
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete it	forganization answe	ered "Yes	s" to Form	990, Part IV,	line 10.					
	ļ	(a) Current year	(b) Pi	nor year	(c) Two year	ırs back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance	_									
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the year	r end balance held a	ıs								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Term endowment >	%									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	and administe	ered for t	he organiz	zation	_		
	by [.]									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations . 3a(ii)										
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?										
4	Describe in Part XIV the intended uses of the										
Par	t VI			e Form 990), Part X, line	10					
	Description of investment	(a) Cost or o basis (investi			t or other (other)	(c) C	epreciation (on	(d) Book	value)
1a	Land					<u> </u>					
þ	Buildings	986,	674.						980	5,6	<u>74.</u>
c	Leasehold improvements										
d	Equipment	91,	088.				46,7	74.	4.	4,3	<u>14.</u>
	Other .										
Total	Add lines 1a.1e. (Column (d) should equal Fo	rm 990 Part X colu	ımn (R) I	ine 10(c))					1 036	7 Q	8 8

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 TEEN CHALL	ENGE INTERNATION	NAL, USA	43-1353323 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
Financial derivatives and other financial products		, , , , , , , , , , , , , , , , , , , 	
Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	
Other			
	-	<u> </u>	
	-		
			
· · · · · · · · · · · · · · · · · · ·			
			
<u> </u>	<u> </u>		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	•		
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Me	thod of valuation.
(a) Description of investment type	(b) Book value	Cost or en	d-of-year market value
			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, Im	e 15 i) Description		(b) Book value
DUES RECEIVABLE - ASSETS HEL	`	· · · · · · ·	168,046.
DUES RECEIVABLE - ASSETS REL DEPOSITS	DINIK		50.
DEFOSIIS			
	 		
	· · · · · · · · · · · · · · · · · · ·		
			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15)		168,096 .
Part X Other Liabilities. See Form 990, Part >			_
(a) Description of liability		(b) Amount	
Federal income taxes			
Total. (Column (b) should equal Form 990, Part X, col (B)		 	
In Part XIV, provide the text of the footnote to the organization	zation's financial statements t	hat reports the organization	on's liability for uncertain tax positions
under FIN 48			
832053 12-23-08			Schedule D (Form 990) 2008

$\overline{}$	dule D (Form 990) 2008 TEEN CHALLENGE IN						<u>-1353323</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets fro	m Form 990 to	Finar	ncial State	emer	ıts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1_		1,212	
2	Total expenses (Form 990, Part IX, column (A), line 25)				2		<u>997</u>	<u>,227.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1				3		215	<u>,535.</u>
4	Net unrealized gains (losses) on investments				4			
5	Donated services and use of facilities				5			
6	Investment expenses				6_			
7	Prior period adjustments				_7_			
8	Other (Describe in Part XIV)				8			<u>,059.</u> :
9	Total adjustments (net). Add lines 4-8				9			,059.
10 Par	Excess or (deficit) for the year per financial statements. Combine t XII Reconciliation of Revenue per Audited Financial Statements.		nts W	ith Rever	10 J	er Retu		<u>,476.</u>
1	Total revenue, gains, and other support per audited financial sta				<u></u>	1		,692.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 1						700	10220
a	Net unrealized gains on investments	-	2a	<23	2.0	70.>		
h	Donated services and use of facilities		2b	<u> </u>				
c	Recoveries of prior year grants		2c					
q	Other (Describe in Part XIV)		2d					
e	Add lines 2a through 2d					26	<232	,070.
3	Subtract line 2e from line 1					3		,762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line	e 1.						<u>, , , , , , , , , , , , , , , , , , , </u>
a	Investment expenses not included on Form 990, Part VIII, line 7		4a	Ì				
b	Other (Describe in Part XIV)	-	4b	-,				
c	Add lines 4a and 4b					40	;	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990,	Part I, line 12.)				5		
	rt XIII Reconciliation of Expenses per Audited Fir	nancial Stateme	nts V	Vith Expe	nses	per Re	turn	
1	Total expenses and losses per audited financial statements			-		1	997	,226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	5						
а	Donated services and use of facilities		2a					
b	Prior year adjustments		_2b					
С	Losses reported on Form 990, Part IX, line 25		2c					
d	Other (Describe in Part XIV)		2d					
e	Add lines 2a through 2d					26	<u> </u>	0.
3	Subtract line 2e from line 1					3	997	<u>,226.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line	1.						
а	Investment expenses not included on Form 990, Part VIII, line 7	b	4a					
b	Other (Describe in Part XIV)		4b					
С	Add lines 4a and 4b					40		0.
	Total expenses Add lines 3 and 4c. (This should equal Form 99	0, Part I, line 18.)				5	997	<u>,226.</u>
~	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines		lines 1	la and 4; Pa	rt IV, lii	nes 1b an	id 2b; Part V, line	4, Part
	rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4							
OTI	HER CHANGES IN PART XI LINE 8 CON	ISIST OF:		-				
<u>UNI</u>	REALIZED LOSSES (225,111)							
PR]	OR PERIOD ADJUSTMENT 40,000							
D∩ī	JNDING 2							
KOC	DADING 2	· · · · · · · · · · · · · · · · · · ·						
TOT	TAL (185,109)						· · · · · · · ·	
								
						Sob	edule D (Form 9	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

TEEN CHALLENGE INTERNATIONAL USA 43-135 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. I Indicate whether the organization raised funds through any of the following activities. Check all that apply a X Mail solicitations e Solicitation of non-government grants b Email solicitations f Solicitation of government grants g Solicitation of government grants g Solicitations g Solicitation of government grants g Solicitations g Solicitation of government grants g Solicitations g Solicitation of government grants g Solicitations g Solicitation of government grants g Solicitation of government grants g Solicitations g Solicitation of government grants g Solicitations g Solicitations g Solicitations g Solicitation of governme	3323
Indicate whether the organization raised funds through any of the following activities. Check all that apply a X Mail solicitations e Solicitation of non-government grants b Email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a 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? b if Yes, "list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is tompensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table. (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser or entity (fundraiser) (iv) Gross recepts from activity (individual or entity (fundraiser) (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Amount paid to (or retained by from activity (iv) Amount paid to (or retained by from activity (iv) Amount paid to (or retained by from activity (iv) Gross recepts from activity (iv) Amount paid to (or retained by from activity (iv) Amount paid to (or retained by from activity) (iv) Amount paid to (or retained by from activity) (iv) Amount paid to (or retained by from activity) (iv) Amount paid to (or retained by from activity) (iv) Amount paid to (or retained by from activity) (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity (iv) Gross recepts from activity from activity from activity from activity from activity from activity from activity	
a X Mail solicitations Email solicitations Femail solicitations Solicitation of government grants Solicitation of government grants Solicitations	
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name of individual or entity (fundraiser) or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity from activity from activity (v) Amount paid to (or retained by form activity from activity (vi) Amount paid to (or retained by form activity from activity from activity (vi) Amount paid to (or retained by form) from activity from activity from activity from activity from activity (vi) Amount paid to (or retained by form) from activity f	
Yes No	es X No o be
	(vi) Amount paid to (or retained by organization
ntal .	
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74d1	
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registra. LL STATES	ation or licensing.

	edu art l	le G (Form 990 or 990-EZ) 2008 TEEN C				-1353323 Page 2
		on Form 990-EZ, line 6a List events with			,	
		on on our country with	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through
en.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less. Charitable contributions			· · · · · · · · · · · · · · · · · · ·	
	3_	Gross revenue (line 1 minus line 2)				
	4	Cash prizes				
nses	5	Non-cash prizes	-			
Direct Expenses	6	Rent/facility costs				
Direc	7	Other direct expenses				
	8	Direct expense summary Add lines 4 through	h 7 ın column (d)		•	()
	9	Net income summary. Combine lines 3 and 8	un column (d)	•	·	
Pε	irt l	II Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a	т			T-11
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
<u>~</u>	1	Gross revenue .				
ses	2	Cash prizes	-			
Direct Expenses	3	Non-cash prizes				
Direct	4	Rent/facility costs			_	
	5	Other direct expenses .				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	<u>(</u>
	8	Net gaming income summary. Combine lines	1 and 7 in column (d)		. •	Yes No
9	Ent	er the state(s) in which the organization opera	ites gaming activities:			1.55 1.15
		he organization licensed to operate gaming ac No," Explain:	ctivities in each of these	states?		9a
	_				- -	
10a	We	re any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	10a
b	If "	Yes," Explain				
11	 Do	es the organization operate gaming activities v	with nonmembers?		-	11
12		he organization a grantor, beneficiary or truste minister charitable gaming?	ee of a trust or a member	of a partnership or othe	r entity formed to	12
					Schedule G (Fo	rm 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 TEEN CHALLENGE INTERNATIONAL, USA 43-135	3323	Pa	ige 3
	\	Yes	No
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility			
b An outside facility			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address [.]		1	
Name			
Address ▶			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
		ł	
Director/officer Employee Independent contractor			
17 Mandatory distributions.			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	İ		
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$		j	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

TEEN CHALLENGE INTERNATIONAL, USA

Employer identification number 43-1353323

Schedule O (Form 990) 2008

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEOPLE BECOME MENTALLY SOUND, EMOTIONALLY BALANCED, SOCIALLY ADJUSTED,
PHYSICALLY WELL, AND SPIRITUALLY ALIVE.
FORM 990, PART V, LINE 3B: UNRELATED BUSINESS INCOME CONSISTS OF INTEREST
AND DIVIDENDS.
FORM 990, PART VI, SECTION A, LINE 2: CHRIS HODGES, NORTHWEST REGIONAL
REPRESENTATIVE, IS THE SON OF MIKE HODGES, PRESIDENT.
FORM 990, PART VI, SECTION A, LINE 9B: TEEN CHALLENGE INTERNATIONAL
PROVIDES CURRICULUM AND ACCREDIDATION TO CENTERS ACROSS THE COUNTRY; THE
CENTERS HAVE NO LEGAL AFFILIATION TO TEEN CHALLENGE INTERNATIONAL.
FORM 990, PART VI, SECTION A, LINE 10: COPIES OF THE FINAL FORM 990 AND
SCHEDULES ARE E-MAILED TO EACH BOARD MEMBER PRIOR TO BEING FILED WITH THE
IRS. BOARD MEMBERS ARE ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO
CONTACT THE RETURN PREPARER, OTHER BOARD MEMBERS, OR EXECUTIVE OFFICERS
WITH ANY QUESTIONS OR CONCERNS. IN THE EVENT WE ARE UNABLE TO PROVIDE AHEAD
OF FILING, COPIES WERE PROVIDED TO EACH BOARD MEMBER AS SOON AS POSSIBLE.
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED ANNUALLY
AND ANY CONFLICTS ARE REPORTED TO THE EXTERNAL AUDITOR.
FORM 990, PART VI, SECTION C, LINE 19: CONFLICT OF INTEREST, GOVERNING
DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

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

832211 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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2008

Open to Public Inspection

Name of the organization	חבים	CUALLENCE	INTERNATIONAL,	IICA	Employer identification number 43-1353323
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