efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493214000098 OMB No 1545-0047

Open to Public Inspection

129,771

2,336,533

2,306,688

Department of the Treasure Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www IRS gov/form990

A For the 2017 calendar year, or tax year beginning 04-01-2017 , and ending 03-31-2018 Name of organization TEEN CHALLENGE INTERNATIONAL USA D Employer identification number B Check if applicable ☐ Address change 43-1353323 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return PO BOX 249 ☐ Application pending (417) 581-2181 City or town, state or province, country, and ZIP or foreign postal code OZARK, MO 65721 G Gross receipts \$ 1,412,927 F Name and address of principal officer H(a) Is this a group return for DR JOSEPH S BATLUCK SR ☐Yes ☑No subordinates? 5250 N TOWNE CENTRE H(b) Are all subordinates OZARK, MO 65721 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TEENCHALLENGEUSA COM L Year of formation 1984 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 11 Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 654,452 8 Contributions and grants (Part VIII, line 1h) . . 522,862 9 Program service revenue (Part VIII, line 2g) 472,889 363,326 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 12,541 31,930 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 184,218 155,141 1,192,510 1,204,849 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 567,625 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 522,718 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶24,623 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 620,283 607,379 1,143,001 1,175,004 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 49,509 29,845 Assets or d Balances **End of Year Beginning of Current Year** 2,360,209 2,466,304 20 Total assets (Part X, line 16) .

Part III Signature Block

21 Total liabilities (Part X, line 26) .

Under penalties of perjury, I declare that I have examined this return, inclu-knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge

22 Net assets or fund balances Subtract line 21 from line 20 .

Sign Here

Signature of officer DR JOSEPH S BATLUCK SR PRESIDENT Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name DARIN C RAMLOW CPA Preparer's signature DARIN C RAMLOW CPA Firm's name BRS CPAS & ADVISORS PC Firm's address ▶ 3854 SOUTH AVE

SPRINGFIELD, MO 65807

May the IRS discuss this return with the preparer shown above? (see instru

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servic	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganızatıon's mıssıon				
AS T 60 YI PRO\ GOAI	HE MOST SUCCESSFUI EAR LEGACY BY SERVI /IDE STRATEGIC LEAD	., RESIDENTIAL, LONG NG THOSE IN NEED RE ERSHIP WHILE FUNCTI ALLENGE CENTERS ACC	TERM RESTORA GARDLESS OF I ONING AS A VI	ATION MINISTRY IN THE RACE, RELIGION, COLO SIONARY RESOURCE AG	D IN ADDICTION, THROUGH THE GO E WORLD, TEEN CHALLENGE CONT R OR ETHNICITY THE NATIONAL C GENCY FOR TEEN CHALLENGE CEN' RY SERVICES, EVANGELISM AND I	INUES TO BUILD ON ITS OFFICE EXISTS TO TERS IN THE U S A OUR
2	Did the organization the prior Form 990 o		nt program ser	vices during the year w	hich were not listed on	□ Yes ☑ No
	•					□ Yes 🛂 No
3	•	se new services on Sch				
3	-		-	changes in how it condi	icts, any program	☐ Yes 🗹 No
		se changes on Schedul				⊔ Yes 🖭 No
4	Section $501(c)(3)$ an		ns are required	to report the amount of	largest program services, as measing grants and allocations to others,	
4a	(Code) (Expenses \$	204.300	including grants of \$) (Revenue \$	363,326)
	See Additional Data					
4b	(Code) (Expenses \$	241,253	including grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	159,501	including grants of \$) (Revenue \$)
	See Additional Data					
	(Code) (Expenses \$	146,181	including grants of \$) (Revenue \$)
	THE OTHER PROGRAM V	VAS INFORMATION SERVIC	ES RELATED EXPE	ENSES		
4d		ces (Describe in Schedu	•) (D	
	(Expenses \$	146,181 ınclı		') (Revenue \$	J
4e	Total program serv	rice expenses ►	751,2	35		

or X as applicable

Section 501(c)(3) organizations.

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰 . . .

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

2 Yes 3

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 😼

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Page 4

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35h

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Yes

Yes

Form **990** (2017)

orm !	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
		2b	Yes	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			110
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13-		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	in 163, has to med a norm 720 to report these payments in 180, provide an explanation in schedule O		orm 99	0 (201

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·		
Se	Check If Schedule O contains a response or note to any line in this Part VI			✓
1a	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10Ь	Yes	
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4.2		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	.,	No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			. .
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	AR , AZ , FL , GA , IL , MD , MN , NC , TN Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	, UT , V	vA , WI	
	available for public inspection. Indicate how you made these available. Check all that apply			
19	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶DR JOSEPH S BATLUCK SR 5250 N TOWNE CENTRE OZARK, MO 65721 (417) 581-2181			

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, or 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

• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	m the	organ	ızat	ıon	and a	ny r	elated organization:	S	
List persons in the following order individual trus compensated employees, and former such perso		rs, insti	itutioi	nal t	rusi	ees,	offic	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	pers and	an on on is	e bo boti ecto	t chox, u h an or/tr	inless office ustee	er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	`MISC)	`MISC)	related organizations
(1) DR JOSEPH S BATLUCK SR PRESIDENT	40 00	x		x				48,964	0	98,564
(2) MALCOLM BURLEIGH DIRECTOR	5 00	x						0	0	0
(3) DR MARK MAYNARD SECRETARY	8 00	x		х				0	0	0
(4) PATRICK N WOOD DIRECTOR	5 00	x		x				0	0	0
(5) GARY BLACKARD CHAIRMAN	10 00	х						0	0	0
(6) JOHN ROSSI DIRECTOR	5 00	x						0	0	0
(7) WAYNE GRAY S CENTRAL RE	5 00	х						0	0	0
(8) BETH GRECO NE REGIONAL	5 00	х						0	0	0
(9) GARY BENTLEY GULF REGIONA	5 00	×						0	0	0
(10) JAY MARTIN DIRECTOR	5 00	х						0	0	0
(11) CHARLES MARVIN	5 00									

(A)

Name and Title

compensation from the organization ▶

Part VII

(F) Estimated

(E)

Reportable

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		hours per week (list any hours for related			n of tor/t	ficer	r and a	a	compensation from the organization 2/1099-MIS	(W-	compensation from relate organization (W- 2/1099	ed ns	amount of comper from organization	sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptovee	Former	2/1099 MIS		MISC)		relai organiz	:ed
(18)	ERIC VAGLE	5 00	×							0		0		(
V CE	NTRAL RE		••••									\dashv		
												_		
												-		
	Sub-Total				•	,	` -		+			+		
	Total (add lines 1b and 1c)	•				,			48,964			+		98,56
2	Total number of individuals (including bi of reportable compensation from the org	ut not limited to				/e) v	vho re	ceıv	ed more than s	\$100	,000			
													Yes	No
3	Did the organization list any former off							nighe	est compensate	ed er	nployee on			
	line 1a? If "Yes," complete Schedule J fo			•	•	•		•		•		3		No
4	For any individual listed on line 1a, is the organization and related organizations gundividual	reater than \$150	0,000?	f "Ye	es," (com	plete S				ne 	4		No
5	Did any person listed on line 1a receive	or accrue compe	nsation	from	n anv	y un	related	dor	ganization or ir	ndivid	lual for	Ť		
	services rendered to the organization? If											5		No
s	ection B. Independent Contractor	s												
1	Complete this table for your five highest from the organization Report compensation											npen	sation	
		(A)	idai ye	ui Cil	unig	, wit	11 OI W	rei III	T		(B)	$\overline{}$	(0	
	Name and	business address							De	scrip	ion of services	\dashv	Comper	isation
												\neg		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

(C)
Position (do not check more

(D) Reportable

(B) Average

Part		Statement of Rever	nue					rage 3
		Check if Schedule O con		onse or note to any	/ line in this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	Federated campaigns .	. 1a			revenue		512-514
nts nts		b Membership dues	1b	1				
irai 10 u		c Fundraising events	1c					
s. C An		d Related organizations	1d	<u> </u>				
er Siff		e Government grants (contribution	<u> </u>	<u> </u>				
S, (All other contributions, gifts, gr	<u> </u>	1				
ion r S		and similar amounts not include above		654,452				
Contributions, Giffs, Grants and Other Similar Amounts		Noncash contributions inclu	ıded					
E G		in lines 1a-1f \$						
S a	ŀ	Total.Add lines 1a-1f		•	654,452			
<u> </u>				Business	s Code			
ษน	2 a	MEMBERSHIP DUES			30	53,326 363	,326	
á	ь							
ACE	c							
Ser	d	l 						
E	e							
Program Service Revenue	f	All other program service re	venue	L	363,326	1	ı	
\$	g	Total.Add lines 2a-2f		<u> </u>				
		Investment income (including		interest, and other	31,930	31,930		
		Income from investment of ta		ond proceeds				
		Royalties			•			
		(1	ı) Real	(II) Personal				
	6a	Gross rents						
	Ŀ	Less rental expenses						
	•	Rental income or (loss)						
	c	Net rental income or (loss)			_			
		(ı) S	Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	ı	Less cost or			_			
	٠	other basis and sales expenses						
	•	Gain or (loss)						
	c	Net gain or (loss)						
.	8a	Gross income from fundraisi (not including \$						
nue		contributions reported on lin	e 1c)					
eve		See Part IV, line 18						
Ä		Less direct expenses : Net income or (loss) from fu						
Other Revenue		Gross income from gaming a	_	vents •	1			
Ö		See Part IV, line 19						
			a					
		Less direct expenses : Net income or (loss) from ga						
		Gross sales of inventory, les	=	ues				
		returns and allowances .	•					
			ā		⊣			
		Less cost of goods sold .			<u>' </u>	143,460		
	_	Net income or (loss) from sa Miscellaneous Revenu		Business Code				
	11	·aGAIN (LOSS) ON SALE OF A			8,406	8,406		
	Ŀ	OTHER REVENUE			3,275	3,275	i	
		· ·- · - · · · ·						
	(:						
	c	All other revenue						
		Total. Add lines 11a-11d			44.504			
	12	. Total revenue. See Instruc	tions		11,681			
					1,204,849	550,397		Form 990 (2017)

	rt IX Statement of Functional Expenses				Page 10
	ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>	<u></u>	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	48,964		48,964	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	324,259	256,962	67,297	
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	180,020	86,464	93,556	
10	Payroll taxes	14,382	11,565	2,817	
	Fees for services (non-employees)				
	Management				
	Legal	19,253		19,253	
	Accounting	44,394	35,515	8,879	
	Lobbying	,	,	,	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	52,516	43,115	9,401	
_	(A) amount, list line 11g expenses on Schedule O)	·	·	9,401	
	Advertising and promotion	122,694	122,694		
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	12,213	9,770	2,443	
17	Travel	127,640	61,640	66,000	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,723	26,178	6,545	
23	Insurance	22,596	18,077	4,519	
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 OTHER EXPENSES - G&A	37,904		37,904	
	b OTHER EXPENSES - PROGRAM	28,547	28,547		
	c FUNDRAISING	24,623			24,623
,	d BANK FEES	16,957		16,957	
	e All other expenses	65,319	50,708	14,611	
25	Total functional expenses. Add lines 1 through 24e	1,175,004	751,235	399,146	24,623
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

11

12

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17

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

iabilities 22

Fund Balances

Assets or

Net

(B) End of year

Page **11**

188,865

78.813

108,139

151,161

807,332

733,590

924

129,771

2.233.872

59.491

43,170

2,336,533

2.466.304 Form **990** (2017)

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

(A) Beginning of year 582,003 1 Cash-non-interest-bearing . 2

2 Savings and temporary cash investments . . . 3 3 Pledges and grants receivable, net . . 40.849 4 Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 . . .

Notes and loans receivable, net . . .

Investments—publicly traded securities .

Intangible assets

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Assets

Inventories for sale or use .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ 🔲 and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Secured mortgages and notes payable to unrelated third parties . . .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

10a basis Complete Part VI of Schedule D 10b **b** Less accumulated depreciation

1,117,704

310,372

174,249

10c 11 12

5

6

7

8

452 9

808,700

680.476

73.480

53.010

511 25

53.521

2.207.390

56.128

43.170

2,306,688

2.360.209

26

27

28

29

30

31

32

33

34

2.360.209

13 14 15 398.404 2.466.304 16 17 77,294 18 19 51.553 20 21

22 23 24 If the organization changed its method of accounting from a prior year or checked "Other." explain in

Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3а

3b

Yes

Yes

No

Nο

Form 990 (2017)

Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 43-1353323

Name: TEEN CHALLENGE INTERNATIONAL USA

Form 990 (2017)

Form 990, Part III, Line 4a:

CURRICULUM THREE NEW CURRICULUM COURSES WRITTEN FOR MALE STUDENTS AND THREE NEW CURRICULUM COURSES WRITTEN FOR FEMALE STUDENTS ONLINE TRAINING RELAUNCHED THE FOUNDATIONS COURSE INTO SIX SEPARATE SMALLER COURSES AND RELAUNCHED ALL ANNUAL COURSES. ELP COURSES WERE REORGANIZED AND ALL COURSES ARE NOW AVAILABLE ONLINE CORRESPONDENCE COURSES 117 NEW PSNC TEACHERS - 63 RECERTIFIED AS PSNC TEACHERS. 19 INDIVIDUALS COMPLETED PRINCIPLES OF BIBLICAL COUNSELING, AND 3 FINISHED COMMITTED TO FREEDOM

TRAINING FOUR REGIONAL CONFERENCES HELD - CONNECT TO THE LEGACY - TOTAL OF 457 INDIVIDUALS ATTENDED ONE OF THE REGIONAL CONFERENCES NEW DIRECTORS CONFERENCE HELD IN MARCH OF 2018 DEVELOPING TEN KEY AREAS OF RESPONSIBILITY FOR EVERY DIRECTOR THREE TEACHER AND STAFF TRAINING CONFERENCES HELD IN THE LAST PART OF 2017 MYTEENCHALLENGE COM - CONTINUE TO UPDATE AND PROVIDE RESOURCES TO CENTERS ACROSS THE UNITED

Form 990, Part III, Line 4b:

STATES

Form 990, Part III, Line 4c: ACCREDITATION 42 SITE VISITS MADE TO ADULT AND TEEN CHALLENGE PROGRAMS. THREE NEW ADULT AND TEEN CHALLENGE PROGRAMS OPENED, ASSISTED IN PROVIDING INFORMATION TO INDIVIDUALS AND ENTITIES SEEKING TO START NEW PROGRAMS. PARTICIPATED IN TRAINING AT THE FOUR REGIONAL CONFERENCES AND

ALSO NEW DIRECTORS CONFERENCE CONTINUTING INTENSIVE WORK ON REVISION OF ACCREDITATION STANDARDS

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493214000098			
SCI	H ED m 99	ULE A		Public (olic Charity Status and Public Support f the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.							
		f the Treasury	► Infe	ormation abou	ıt Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public Inspection			
Nam	e of th	nie Service he organiza			<u>www.irs.g</u>	ov/form990.		Employer identific	<u> </u>			
TEEN	CHALLE	ENGE INTERNA	FIONAL USA					43-1353323				
	rt I				us (All organization			See instructions.				
	organız —				it is (For lines 1 thro							
1	Ш	•		·	sociation of churches							
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))					
3		·	•	·	vice organization desc			•				
4		name, city,	and state _		ed in conjunction with							
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6		•	·	-	governmental unit de							
7	✓			mally receives (vi). (Complete	a substantial part of it : Part II)	s support from a	governmental u	init or from the genera	al public described in			
8		A communi	ty trust descr	ibed in section	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ictions—subject to cer ess taxable income (learnplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su				
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se c	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting o nt of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ted with, its			
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ızatıon operated fy a distribution i	in connection wi requirement and	th its supported orgar	· ,			
e		Check this	, box if the org	ianization receiv	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter			on-functionally lorganizations	integrated supporting	organization						
g				-	ipported organization((c)		_				
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota			Maria de la State	• • • • •	nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9				

instructions

(b)(1)(A)(ix)

Page 2

	(Complete only if you che III. If the organization fa						l to qualify	under Part
S	ection A. Public Support	no co quanty art	acr the tests hat	ea selett, pieast	o complete rail			
	Calendar year	(-) 2012	(1.) 2014	() 2015	(1) 2016	(-)	2017	(C) T-1-1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	759,425	615,904	577,785	522,862		654,452	3,130,428
	include any "unusual grant ")							
	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	759,425	615,904	577,785	522,862		654,452	3,130,428
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
	Public support. Subtract line 5 from							3,130,428
	line 4							
S	ection B. Total Support							
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e):	2017	(f)Total
	(or fiscal year beginning in) ▶					(0).		
7	Amounts from line 4	759,425	615,904	577,785	522,862		654,452	3,130,428
8	Gross income from interest,							
	dividends, payments received on	19,651	22,134	15,311	12,541		31,930	101,567
	securities loans, rents, royalties and	15,051	22,134	15,511	12,541		31,550	101,507
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain or							
	loss from the sale of capital assets	20,787	128,273	27,053	116,581			292,694
	(Explain in Part VI)							
11	Total support. Add lines 7 through							3,524,689
	10	h	>			1		
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	l	758,475
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501	(c)(3) orga	nızatıon,
	check this box and stop here						▶□	
	ection C. Computation of Public							
	Public support percentage for 2017 (lin			aluman (f))		1		
14			•	olumn (1))		14		88 810 %
15	Public support percentage for 2016 Sch					15		86 880 %
16a	33 1/3% support test—2017. If the	organızatıon dıd n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, c	heck this b	OX
	and stop here. The organization qualif	ies as a publicly s	upported organizat	tion				▶ 🗹
b	33 1/3% support test-2016. If the				nd line 15 is 33 1/	'3% or n	nore, check	this
_	hay and stop here. The organization	auglifica ac a publ	lick supported ara	anization			•	▶ □
	box and stop here. The organization 10%-facts-and-circumstances test				12 162 or 16h	and line	. 14	
17a	is 10% or more, and if the organization							
	in Part VI how the organization meets t			•	•			
		.ne races-and-che	ambiances test	ine organization q	aannes as a publi	Liy supp	J. LEU	. □
	organization							▶□
Ь	10%-facts-and-circumstances tes						nd line	
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization	n meets the "facts	-and-circumstance	es" test. The organ	iization qualifies a	s a publ	ıcly	
	supported organization							ightharpoons
4.0	Private foundation If the organization	n did not obook a	hay on line 12 16	a 16h 17a or 17	h shock this how	and coo		

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

20

Р	art III Support Schedule for	Organization	s Described in	Section 509(a	a)(2)						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If										
_	the organization fails to	qualify under t	the tests listed I	pelow, please co	omplete Part II.)						
Se	ection A. Public Support										
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20)17	(f) Total			
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	include any "unusual grants ")						\longrightarrow				
2	Gross receipts from admissions, merchandise sold or services										
	performed, or facilities furnished in										
	any activity that is related to the										
	organization's tax-exempt purpose										
3	Gross receipts from activities that are										
	not an unrelated trade or business										
4	under section 513 Tax revenues levied for the						+				
4	organization's benefit and either paid										
	to or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to										
_	the organization without charge										
6	Total. Add lines 1 through 5										
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
Ь	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										
_	Add lines 7a and 7b						-				
8	Public support. (Subtract line 7c						-				
•	from line 6)										
Se	ction B. Total Support										
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	117	(f) Total			
_	(or fiscal year beginning in) ▶	(4) 2013	(5) 2011	(0, 2013	(4) 2010	(0) 2.		(1) 10ta			
9	Amounts from line 6										
0a	Gross income from interest,										
	dividends, payments received on securities loans, rents, royalties and										
	income from similar sources										
b	Unrelated business taxable income										
	(less section 511 taxes) from										
	businesses acquired after June 30, 1975										
С	Add lines 10a and 10b										
11	Net income from unrelated business										
	activities not included in line 10b,										
	whether or not the business is										
	regularly carried on										
12	Other income Do not include gain or loss from the sale of capital assets										
	(Explain in Part VI)										
13	Total support. (Add lines 9, 10c,										
	11, and 12)	u Hara a sura di di			<u> </u>	5011	-)(2)				
L4	First five years. If the Form 990 is for	r the organization	is first, second, th	nira, fourth, or fift	n tax year as a sect	on 501(c)(3) org	_			
e-	check this box and stop here ection C. Computation of Public S	Support Bores	ntage					▶□			
<u> </u>	Public support percentage for 2017 (lin			column (f))		15					
15 16	Public support percentage from 2016 S										
		•	•			16					
	ection D. Computation of Investi Investment income percentage for 201			line 13 column (f))	1 4 1					
L7	investment income percentage for 201	is (iiiie toc, colul	iii (i) aivided by	mie 15, column (1	//	17					

Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 331/3% support tests—2017. 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—2016. 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

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

ightharpoons

Part I. complete Sections A and C. If you checked 12c of Part I. complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	they describe in the supported organizations are designated by state or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

		~	l 1	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination	3b				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or					

	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?							
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use							
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you							
	checked 12a or 12b in Part I, answer (b) and (c) below							
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported							
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations							
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections							
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support							
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes							
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported							

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

	art IV Supporting Organizations (continued)		<u>'</u>	age 3	
ı C	Supporting Organizations (continued)		Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
S	Section B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization	2			
S	Section C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
_	Section D. All Type III Supporting Organizations				
	ection b. An Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3			
_	Section E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons)			
	a The organization satisfied the Activities Test Complete line 2 below	•			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)		
			/		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	ΣU			
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b			

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	ust on I	Nov 20, 1970 (explain in	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	tegrat		ganization (see

4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	_
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	

7 Total annual distributions. Add lines 1				
8 Distributions to attentive supported orga details in Part VI) See instructions				
9 Distributable amount for 2017 from Sect				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocation instructions)	ons (see	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017

7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to who details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2017			

Schedule A (Form 990 or 990-EZ) (2017)

b From 2013. c From 2014. e From 2016. f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. d Excess from 2016. e Excess from 2017.

Schedule A (Form 990 or 990-EZ) 2017 Page 8							
Part VI	Section A, lines 1, 2 Part IV, Section D, I	ormation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V 5, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See							
	Facts And Circumstances Test								
000 Schoo	lulo A. Suppleme	ental Information							
990 Schet	iule A, Suppleme	intal Information							
Ret	urn Reference	Explanation							
PART II, LIN	NE 10	CONFERENCES 292,694							

Schedule A (Form 990 or 990-EZ) 2017

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Supplemental Financial Statements

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

DLN: 93493214000098 OMB No 1545-0047

> Open to Public **Inspection**

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** TEEN CHALLENGE INTERNATIONAL USA 43-1353323 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2h 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	t III	Organizations Mai	intaining Col	lections o	f Art, His	torical '	Γreas	ures, or	Other	Similar A	ssets (con	tınued)	
3		ng the organization's acqui ns (check all that apply)	sition, accession	n, and other	records, c	neck any c	f the fo	ollowing t	hat are a	significant	use of its co	llection	
а		Public exhibition				d 🗌	Loar	or excha	ange prog	rams			
b		Scholarly research				e 🗌	Othe	er					
С		Preservation for future of	generations										
4		vide a description of the or XIII	ganızatıon's col	lections and	explain ho	w they fur	ther th	ie organiz	ation's ex	empt purp	ose in		
5		ing the year, did the orgar ets to be sold to raise fund								ılar	☐ Yes	□ No)
Pa	rt IV	Escrow and Custo Complete if the orga X, line 21.			' on Form	990, Pai	t IV, I	ıne 9, or	reporte	d an amo	unt on For	m 990, I	Part
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No)			
ь	If "Y	res," explain the arrangem	nent in Part XIII	and comple	te the follo	wing table		ſ			Amount		-
c		inning balance	Tone III I die Alle	and comple		Trining Carbin		ŀ	1c				_
d	_	itions during the year						ŀ	1d				_
е		ributions during the year							1e				_
f		ing balance							1f				-
2 a		the organization include a	n amount on Fo	rm 990. Par	t X. line 21	. for escro	w or ci	ו ustodial a	ccount lia	bility?	П,		-
b		es," explain the arrangem		•	•	•				,	⊔ Yes)
Pā	irt V	Endowment Funds	s. Complete ıf	the organi	zation an	swered "	Yes" o			-			
				(a)Curren	t year	(b)Prior ye	ar	(c)Two ye	ears back	(d)Three ye	ears back (e)Four year	s back_
	_	ining of year balance .											
		ibutions											
		nvestment earnings, gains											
		s or scholarships											
	and p	r expenditures for facilities programs	i										
		nistrative expenses											
g	End o	of year balance											
2	Prov	vide the estimated percent	age of the curre	ent year end	balance (I	ne 1g, col	umn (a	a)) held as	s				
а	Boa	rd designated or quasi-end	dowment 🟲										
b	Perr	manent endowment 🕨											
c	Tem	porarily restricted endowr	ment 🟲										
		percentages on lines 2a, 2	•	•									
3а		there endowment funds no anization by	ot in the posses	sion of the c	organizatio	n that are	held ar	nd admını	stered fo	r the		Yes	No
		unrelated organizations .									3a(i		
b	Ìf "Y	related organizations . 'es" on 3a(II), are the relat	-					• •			3a(ii . 3b)	
4		cribe in Part XIII the inten			n's endown	nent funds							
Pa	rt VI				l	000 D-	± T\ ()		C F	000 D	V l	10	
	Desc	Complete If the orga	anization answ (a) Cost or oth (investme	ner basis	(b) Cost or					m 990, Palepreciation		10. Book value	:
1a	Land												
b	Buildi	ngs				1,	023,008	3		232,836			790,172
c	Lease	ehold improvements											
d	Equip	ment					94,696	<u> </u>		77,536			17,160
е	<u>Other</u>	·											
Tot:	Δda	Lines 1a through 1e (Coli	umn (d) must e	gual Form 9	90 Part Y	column (F	() line	10(c))		<u> </u>			907 222

	Investments—Other Securities. Complete if the	or garriza.	ion and	vered les on forms	90, Part IV, lille IID.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		od of valuation f-year market value
• •	l derivatives	: :			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on For	m 990, P	art IV, lı	ne 11c. See Form 990	, Part X, line 13.
	(a) Description of investment		ook value	(c) Meth	od of valuation f-year market value
(1)					,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	m 990, Pa	rt IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1) INVESTM					329,164 68,553
(3) OTHER L	ONG TERM ASSETS				687
(4)					
(5)					
(5)					
(5) (6) (7)					
(5) (6) (7) (8)					
(5) (6) (7) (8) (9) Total. (Columnia)					398,404
(5) (6) (7) (8) (9) Total. (Colu.	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.		es' on Fo	rm 990, Part IV, line 1	
(5) (6) (7) (8) (9) Total. (Column Part X)	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability		es' on Fo		
(5) (6) (7) (8) (9) Total. (Columnation X 1. (1) Federal (1)	Other Liabilities. Complete If the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes		es' on Fo	rm 990, Part IV, line 1	
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II TAXES PAYA OTHER CURF	Other Liabilities. Complete If the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes		es' on Fo	ook value	
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II TAXES PAYA OTHER CURF (3)	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes BLE		es' on Fo	ook value	
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II TAXES PAYA OTHER CURF (3) (4)	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes BLE		es' on Fo	ook value	
(5) (6) (7) (8) (9) Total. (Colu. Part X 1. (1) Federal I TAXES PAYA OTHER CURF (3) (4) (5)	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes BLE		es' on Fo	ook value	
(5) (6) (7) (8) (9) Total. (Colu. Part X 1. (1) Federal I TAXES PAYA OTHER CURF (3) (4) (5) (6)	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes BLE		es' on Fo	ook value	
(5) (6) (7) (8) (9) Total. (Columbration Columbration Co	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes BLE		es' on Fo	ook value	
(5) (6) (7) (8) (9) Total. (Columnation of the columnation of the col	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes BLE		es' on Fo	ook value	
(5) (6) (7) (8) (9) Total. (Columbration of the columbration of t	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability ncome taxes BLE		es' on Fo	ook value	

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a 2h h

2a

2h

2с 2d

20 2d 26

3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4

Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII) 4h

Add lines **4a** and **4b**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Explanation

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

5 Part XII

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

Add lines 2a through 2d

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

4c 5

Schedule D (Form 990) 2017

4c

1

2e

3

Page 4

1,204,849

1.204.849

1.204.849

1,175,004

1,175,004

1,175,004

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

Return Reference

Schedule D (Form 990) 2017

Part XI

2

3

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b

5

Schedule D (Form 990) 2017 Part XIII Supplemental Information (continued)								
Return Reference		Explanation						
			Schedule D (Form 990) 2017					

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -	DLI	N: 93493214000098							
SCHEDULE O (Form 990 or 990- EZ)	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional infor Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its www.irs.gov/form990.	OMB No 1545-0047 2017 Open to Public Inspection								
Mame of the organization o		43-1353323	ntification number							
Return Reference	Explanation									
FORM 990 - ORGANIZATION'S MISSION	TEEN CHALLENGE EXISTS TO EVANGELIZE AND DISCIPLE TEENS AND ADULTS, TRAPPED IN ADDICTION, T HROUGH THE GOSPEL OF JESUS CHRIST AS THE MOST SUCCESSFUL, RESIDENTIAL, LONG TERM RESTORAT ION MINISTRY IN THE WORLD, TEEN CHALLENGE CONTINUES TO BUILD ON ITS 60 YEAR LEGACY BY SERV ING THOSE IN NEED REGARDLESS OF RACE, RELIGION, COLOR OR ETHNICITY THE NATIONAL OFFICE EX ISTS TO PROVIDE STRATEGIC LEADERSHIP WHILE FUNCTIONING AS A VISIONARY RESOURCE AGENCY FOR TEEN CHALLENGE CENTERS IN THE U S A OUR GOAL IS TO HELP TEEN CHALLENGE CENTERS ACCOMPLISH THEIR MISSION OF RECOVERY SERVICES, EVANGELISM AND DISCIPLESHIP FOR PEOPLE WITH LIFE-CONT ROLLING PROBLEMS									

Explanation Return Reference

FORM 990. THE OTHER PROGRAM WAS INFORMATION SERVICES RELATED EXPENSES PAGE 2,

PART III. LINE 4D

990 Schedule O. Supplemental Information

Return Explanation
Reference

990 Schedule O. Supplemental Information

D AS SOON AS POSSIBLE

FORM 990,
PAGE 6,
PART VI,
LINE 11B

COPIES OF THE FINAL FORM 990 AND SCHEDULES ARE PROVIDED TO EACH BOARD MEMBER PRIOR TO BEIN
G FILED WITH THE IRS BOARD MEMBERS ARE ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO CON
TACT THE RETURN PREPARER, OTHER BOARD MEMBERS, OR EXECUTIVE OFFICERS WITH ANY QUESTIONS OR
CONCERNS IN THE EVENT WE ARE UNABLE TO PROVIDE COPIES AHEAD OF FILING, THEY WERE PROVIDE

Return Explanation

990 Schedule O. Supplemental Information

FORM 990, THE POLICY IS REVIEWED ANNUALLY AND ANY CONFLICTS ARE REPORTED TO THE EXTERNAL AUDITOR PAGE 6, PART VI, LINE 12C

Explanation Return Reference

FORM 990. THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE **UPON REQUEST**

PAGE 6. PART VI.

990 Schedule O. Supplemental Information

LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493214000098 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization TEEN CHALLENGE INTERNATIONAL USA 43-1353323 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (f) (a) (b) (c) (e)

Name, address, and EIN (if applicable) of disregarded entity	Primary ac	tivity Legal dom or foreign	ıcıle (state Total ır	ncome End-of-year a	ssets Direct co ent	ntrolling
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	inization answered	"Yes" on Form 990), Part IV, line 34 be	ecause it had one or	more
(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) ASSEMBLIES OF GOD USA МО 501C3 NA No 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802 Cat No 50135Y Schedule R (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(relation unrelated excluded fit tax unde sections 5 514)	ated, d, rom er	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	(k Percer owner
									Yes	No		Yes	No	ı
														ı
														ı
Identification of Poloted Oversi	estione Touchle es a f	`		+ Camplata	.f. + la a a u a			and IIVaa	" an F		00 Down 11/		24	
Identification of Related Organiz because it had one or more related							ation answ	ereu res	on F	יפ מוזט	90, Part IV,	iine	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) _egal omicile or foreign untry)			Type (C corp	(e) of entity p, S corp, trust)	(f) hare of total income		(g) of end- year assets	of- Percer owne	ntage	(1	(ı) ection 5 13) cont entit
			und y)											Yes
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	1								1					

Sched	lule R (Form 990) 2017		Page 3
Pa	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	Ye	es No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

o Sharing of paid employees with related organization(s)					10	No
$oldsymbol{p}$ Reimbursement paid to related organization(s) for expenses					1 p	No
q Reimbursement paid by related organization(s) for expenses					1q	No
f r Other transfer of cash or property to related organization(s)					1r	No
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)					1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete this line	e, including covered r	elationships and tran	saction thresholds		
		1 (1)	1 .			
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount involv	ed

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	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	_	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ig ?	(k) Percentage ownership
		514)	Yes	No			Yes	No		Yes	No	
									Schedul	e R (Form	า 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017