Form 990-EZ

Short Form 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 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form OMB No 1545-1150

Open to Public

Department of the Treasury

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspections: For the 2009 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Please use IRS X Address label or Name change print or TEEN CHALLENGE JOB TRAINING, INC 59-3319814 type Initial Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Specific Termir 15 WEST '10TH STREET 706-596-8731 Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption COLUMBUS. GA 31901 Number > Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: { Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check > X if the organization is not Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Check X If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Part it Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 5a Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue Gross revenue (not including \$ of contributions reported on line 1) 6a 6b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c Other revenue (describe 8 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 SO 10 Grants and similar amounts paid (attach schedule) 10 Salaries, other compensation, and employed benefits 17 2010 11 11 12 12 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe 16 16 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 Set Other changes in net assets or fund balances (attach explanation) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 22 22 Cash, savings, and investments Land and buildings 23 23 24 Other assets (describe 24 25 25 Total assets 26 Total liabilities (describe 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form **990-EZ** (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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P	art III	Stater	ment of Prog	ram Service	Accom	plishme	n ts (See the instru	ctions for	Part III.)		E)	penses
Wh	at is the (organizatio	n's primary exemp	t purpose?_SEE	STA	PEMENT	3					r section 501(c)(3)
Des	scribe w	hat was a	chieved in carry	ing out the organ	ization's	exempt pur	poses. In a clear a	and conc	ise manner, desci	nbe) organizations and 7(a)(1) trusts, optional
the	service	s provide	d, the number of	persons benefite	ed, and ot	her relevan	t information for e	ach prog	gram title.		for others)	
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22			entico evnence	es (add lines 28a			parits, check here	<u>' </u>			32	
9 <u>2</u>	art IV	List of	Officers. Di	rectors. Trus	tees. a	nd Kev E	mployees. List	each one e	on if not componented	(See the		for Port IV)
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							(b) Title and avera	ge hours	(c) Compensation	(, ,	employee	(e) Expense
			(a) Name a	and address			per week devo	ted to	(If not paid, enter	bene	fit plans &	account and
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33 Use organization engage in any activity not previously reported to the IRSP II "res," attach a defaulted description of each activity. Were any changes made to the organization governing documents? II "res," attach a conformed copy of the changes If I'the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. But the organization have unrelated business gross concered 51,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax regurements? If "res," has it field a fair return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "res," complete applicable parts of Sch. N. If "res," has the did a fair return on Form 990-T for this year? If the organization of political expenditures, direct or indirect, as described in the instructions. If the organization of political expenditures, direct or indirect, as described in the instructions. If the organization of political expenditures, direct or indirect, as described in the instructions. If the organization form 120-POL for this year? If "res," complete Schedule I, Part II and emiter the total amount who led a price organization of the organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or discribing the proposition of the organizations and the organization or that imposed on organization managers or discribing depressor during the year under selections 4912. 950-5, and 4958 d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or discribing depressor during the year under selections 4912. 950-5, and 4958 d. Section 501(c)(3) and 501(c)(4) organizations. Enter a	۲å	IT: V. Other Information (Note the statement requirements in the instructions for Part V.)			
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Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.			-		
Did th	e organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	andidates for public		Yes	s No
	P If "Yes," complete Schedule C, Part I				46	X
Did th	e organization engage in lobbying activities? If "Yes," complete Sci	hedule C, Part II			47	X
Is the	organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule E			48	X
a Did th	e organization make any transfers to an exempt non-charitable related	d organization?			49a	X
b If "Yes	s," was the related organization a section 527 organization?				49b	
•	elete this table for the organization's five highest compensated employed \$100,000 of compensation from the organization. If there is none, ente	•	s, trustees and key er	mployees) who ea	ach received	j more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e) Ext	nt and
Comp	number of other employees paid over \$100,000 blete this table for the organization's five highest compensated indeper ization. If there is none, enter "None." NONE	ndent contractors who each recen	ved more than \$100	,000 of compens	ation from t	he
	(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of ser	rvice (e	c) Compens	ation
					<u>.</u>	
						
d Total	number of other independent contractors each receiving over \$100,00	00	>			
gn	Under penalties of perjugat declare that have examined this return, including a correct, and complete declaration of preparer (other than officer) is based on all	accompanying schedules and statemer I information of which preparer has any	nts, and to the best of m knowledge	y knowledge and be	lief, it is true,	
ere	TIMOTHY STRICKLAND, CFO Type or print name and title			Date		
id eparer's se Only	Preparer's signature	€ 13-10 em	eck if self- ployed Prej	parer's identifying n	13	
e Uniy	d self-employed), P.O. BOX 4299	MPANY, P.C.	Phor no.	•	74 304	·
	COLIOMBOS, GR 51914				<u>24-54</u>	
ay the IR	S discuss this return with the preparer shown above? See instructions	5			X Yes form 990-E	Z (200

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Inspection

Name	of the	organia	アコキルヘア

Name of	the organizat		ALLENGE TOD	MID A TAI	TNO	TNO		E		lentification num	nber
Part I	Reason	for Public Char	ALLENGE JOB ity Status (All organiz	zations mu	st complet	INC. e this par	t) See inst	tructions	39	<u>-3319814</u>	
			because it is: (For lines			_		il delions			
1 🗀			s, or association of chur	-		•	•	١.			
2 🗀			0(b)(1)(A)(ii). (Attach So								
з 🗀			tal service organization			170(b)(1)	(A)(iii).				
4 🔲	A medical re	search organization (operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	e hospital's name	Э,
	city, and stat	te:									
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	erated by	a governi	nental uni	t described	d in	
		(b)(1)(A)(iv). (Comple									
6			ent or governmental uni								
7 📖			eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic described in	1
		(b)(1)(A)(vi). (Comple	•								
8			ection 170(b)(1)(A)(vi).						4		
9 📖			eives: (1) more than 33							-	
			actions - subject to certa exable income (less sec							-	
		509(a)(2). (Complete		uon o i i ta	x) 110111 bu	311103303 6	icquired b	y the orga	unzauon ai	ter ourie 30, 1975	٠.
10			erated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	I).			
11 X			erated exclusively for the					-	v out the p	urposes of one o	r
			tions described in secti							•	
			organization and compl					,			
	a X Type	I ь 🗀] Type II 💢	с 🔲 Тур	e III - Func	tionally int	egrated		d 🗌	Type III - Other	
е 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one o	more dise	qualified po	ersons other than	1
	foundation m	nanagers and other ti	nan one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or se	ection 509(a)(2)	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check th	• •								
g	_		rganization accepted ar			•		•		[]	
		-	rectly controls, either al	one or tog	etner with	persons o	lescribed	n (ii) and (iii) below,		No
	-		ipported organization? i described in (i) above?	,						11g(i)	X
		•	person described in (i)		2	•				11g(ii) 11g(iii)	$\frac{\Lambda}{X}$
h		•	about the supported or	` '						() 'g(''')	
••		one many mornianem	about the supported of	gamzanom	(0)						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	ı notify the	(vi) ls	s the	(vii) Amount of	-
	inization	(,	organization (described on lines 1-9		sted in your			organizáti (i) organiz	ed in the	support	
			above or IRC section		document?	(i) of your	support	U.S	5.7		
			(see instructions))	Yes	No	Yes	No	Yes	No		
TEEN		50 045000	_						1		_
CHALL	ENGE OF	59-2479228	7	X			Х		X		0.
				 	 						
	<u>-</u>			<u> </u>							
			· 2-7 320 73	ļ			ļ				
Takal			5. M		18 78 0800 1000 15 1000 15	,	,	·			^

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

Pa	Support Schedule for (Complete only if you checke			Sections 170	(D)(1)(A)(IV) and	3 170(D)(1)(A)(VI)
50	ction A. Public Support	d the box off life t	, r, or o or Farting				·
		(-) 000E	# > 000C	4) 0007	4 0 0000	4 3 0000	(0 T . 1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					-	
2	Tax revenues levied for the organ-						
	ization'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	550 15 1 9050			70 3 5 W 3 5 W 4 W 4 W 7		
5	The portion of total contributions		Sold Charles				
	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)			The second			
	Public support. Subtract line 5 from line 4			4. Y. A			
Sec	ction B. Total Support		T		T		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	ļ					
	or loss from the sale of capital					}	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	Maria Karak	ment from the) <u></u>	. 18 . 1. 17 (44) 18 18 . 16 18	\$4.000 B	
12	Gross receipts from related activities	, etc. (see ınstructı	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and sto						. ▶∟_
	ction C. Computation of Publ					r	
	Public support percentage for 2009 (=	column (f))		14	%
	Public support percentage from 2008					15	. %
16a	33 1/3% support test - 2009.If the c	•			14 is 33 1/3% or m	iore, check this box	and
	stop here. The organization qualifies	. ,	•				. ▶∟
b	33 1/3% support test - 2008. If the o	•		•	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qua	. ,			10.10 10		لسا⊾ .
17a	10% -facts-and-circumstances tes	=					
	and if the organization meets the "fac			•	•	rt IV how the organi	zation
	meets the "facts-and-circumstances"	_	•		· ·		▶ L
b	10% -facts-and-circumstances tes	_					0% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir-	cumstances" test.	The organization of	qualifies as a publi	cly supported org	anization .	▶
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2009

Partilla Support Schedule for O						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(6) 2000	(0) 2000	(6) 200.	(a) 2000	(0, 2000	(1) 10:01
membership fees received. (Do not				1	1	
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						į
iness under section 513	·			ļ <u> </u>		
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf	·				 	
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
* h	·			 	-	
6 Total. Add lines 1 through 5	-	<u> </u>		-		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	·					
	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	101 2 138			
Section B. Total Support	** / · · · · · · · · · · · · · · · · · ·	<u> </u>	77,844	1 24 2 4 4 3 30 30 30	12 co. 30 4000 500 0	~ × × 1
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		1 197=33	(6) = 5 :	(0) = 0.0	107.200	(7)
dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses		1				
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)		ļ				
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>		<u></u>
14 First five years. If the Form 990 is for t	the organization	's first, second, thii	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) org	anization,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2009 (lir	ne 8, column (f) o	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2008 Section D. Computation of Inves			*******		16	%
17 Investment income percentage for 200			ne 13 column (fil		17	
· · · · · · · · · · · · · · · · · · ·	-	•	ne 13, column (I))	•	17	9/
18 Investment income percentage from 2			on line 14 and to	a 16 je mara th	18 33 1/3% and b	9/ no 17 is not
19a 33 1/3% support tests - 2009. If the of more than 33 1/3%, check this box an	=					HE IT IS HOL
b 33 1/3% support tests - 2008. If the c	•			• • •		
line 18 is not more than 33 1/3%, chec	k this box ands	top here. The oras	inization qualifies	as a publicly sup	ported organizat	ion 🕨 🗔
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization		=			-	ion

FORM '990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT 1				
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO	
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [}	YES	[X]	NO	

990-EZ PG 2

STATEMENT

WORK-RELATED DUTIES AT CAR WASH AND OTHER SITES IN CONJUNCTION WITH FAITH BASED RESIDENTIAL DRUG AND ALCOHOL DEPENDENCY PROGRAM. DOZENS OF PERSONS PARTICIPATE IN THE WORK PORTION OF THE PROGRAM AT THIS LOCATION.

990-EZ PG 2 STATEMENT 3

TO SUPPORT THE ACTIVITIES OF TEEN CHALLENGE OF FLORIDA