

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning OCT 1, 2002 **and ending** SEP 30, 2003

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>TEEN MISSIONS INTERNATIONAL, INC.</u>		D Employer identification number <u>23-7125177</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>885 EAST HALL ROAD</u>		E Telephone number <u>321-453-0350</u>
		City or town, state or country, and ZIP + 4 <u>MERRITT ISLAND, FL 32953-8443</u>		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ _____ H(c) Are all affiliates included? <u>N/A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Enter 4-digit GEN ▶ _____

G Web site: N/A

J Organization type (check only one) ▶ 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,410,541.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	<u>2,619,862.</u>	
	b Indirect public support	1b	<u>312,739.</u>	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ <u>2,932,601.</u> noncash \$ _____)	1d		<u>2,932,601.</u>
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		<u>98,026.</u>
	5 Dividends and interest from securities	5		
	6 a Gross rents SEE STATEMENT 1	6a	<u>116,229.</u>	
	b Less: rental expenses SEE STATEMENT 2	6b	<u>61,625.</u>	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		<u>54,604.</u>
7 Other investment income (describe ▶ NOTE RECEIVABLE INTEREST)	7		<u>151,280.</u>	
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
	8a		<u>69,900.</u>	
	8b Less: cost or other basis and sales expenses	8b	<u>73,474.</u>	
	8c Gain or (loss) (attach schedule)	8c	<u><3,574.></u>	
d Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 3	8d <u><3,574.></u>	
9 Gross revenue (not including reported on line 10a) of contributions	9a			
	9b Less: direct expenses other than fundraising expenses	9b		
	9c Net income or (loss) from special events (subtract line 9b from line 9a)			
10 a Gross sales of inventory, less returns and allowances	10a	<u>35,429.</u>		
	10b Less: cost of goods sold STATEMENT 5	10b	<u>81,786.</u>	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 4	10c		<u><46,357.></u>
11 Other revenue (from Part VII, line 103)	11		<u>7,076.</u>	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>3,193,656.</u>	
Expenses	13 Program services (from line 44, column (B))	13	<u>2,027,092.</u>	
	14 Management and general (from line 44, column (C))	14	<u>531,693.</u>	
	15 Fundraising (from line 44, column (D))	15	<u>64,221.</u>	
	16 Payments to affiliates (attach schedule) SEE STATEMENT 6	16	<u>848,273.</u>	
	17 Total expenses (add lines 16 and 44, column (A))	17		<u>3,471,279.</u>
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u><277,623.></u>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>5,754,863.</u>	
	20 Other changes in net assets or fund balances (attach explanation)	20	<u>0.</u>	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>5,477,240.</u>

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Part II Statement of Functional Expenses

All organizations must complete column (A), (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)					
	cash \$ _____ noncash \$ _____					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	33,849.	0.	33,849.	0.	
26	Other salaries and wages	466,935.	466,935.			
27	Pension plan contributions					
28	Other employee benefits	35,369.		35,369.		
29	Payroll taxes	38,234.	38,234.			
30	Professional fundraising fees					
31	Accounting fees	13,500.		13,500.		
32	Legal fees	7,020.		7,020.		
33	Supplies	140,977.	96,799.	44,178.		
34	Telephone	9,046.		9,046.		
35	Postage and shipping	30,267.	30,267.			
36	Occupancy	62,489.	40,294.	22,195.		
37	Equipment rental and maintenance	24,689.	20,542.	4,147.		
38	Printing and publications	29,776.	14,288.	15,488.		
39	Travel	806,880.	787,322.	19,558.		
40	Conferences, conventions, and meetings	10,099.	10,099.			
41	Interest					
42	Depreciation, depletion, etc. (attach schedule)	124,453.	97,315.	23,945.	3,193.	
43	Other expenses not covered above (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 7	43e	789,423.	424,997.	303,398.	61,028.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,623,006.	2,027,092.	531,693.	64,221.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **TEEN INTERNATIONAL MISSIONARY WORK**

TEEN INTERNATIONAL MISSIONARY WORK

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a WORK AND EVANGELISTIC MINISTRY: PROVIDE OPPORTUNITIES FOR TEENAGERS TO PERFORM CHRISTIAN MISSIONARY WORK IN VARIOUS FOREIGN COUNTRIES. (Grants and allocations \$ _____)	1,903,345.
b OVERSEAS DEVELOPMENT MINISTRY: TO ASSIST THE CITIZENS OF CERTAIN UNDERDEVELOPED COUNTRIES IN THEIR CHRISTIAN MISSIONARY PROGRAMS. (Grants and allocations \$ _____)	87,196.
c AUXILIARY ACTIVITIES: SEMINARS AND SCHOOL TO EDUCATE TEAM LEADERS AND OTHERS IN THE CHRISTIAN MISSIONARY WORK. (Grants and allocations \$ _____)	36,551.
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,027,092.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	133,458.	45	151,330.
	46 Savings and temporary cash investments	626,210.	46	573,816.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a 3,259,378.		
	b Less: allowance for doubtful accounts	51b 1,395,000.	2,141,983.	51c 1,864,378.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		11,401.	53 16,857.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 6,196,904.			
b Less: accumulated depreciation	57b 3,330,285.	2,850,648.	57c 2,866,619.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		32,859.	58 50,265.	
59 Total assets (add lines 45 through 58) (must equal line 74)		5,796,559.	59 5,523,265.	
Liabilities	60 Accounts payable and accrued expenses	41,696.	60	46,025.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)		41,696.	66 46,025.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	5,685,073.	67	5,388,736.
	68 Temporarily restricted	69,790.	68	88,504.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		5,754,863.	73 5,477,240.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		5,796,559.	74 5,523,265.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a <u>3,340,640.</u></p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify): \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b <u>0.</u></p> <p>c Line a minus line b ▶ c <u>3,340,640.</u></p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): STMT 10 \$ <u><146,984.></u></p> <p>Add amounts on lines (1) and (2) ▶ d <u><146,984.></u></p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e <u>3,193,656.</u></p>	<p>a Total expenses and losses per audited financial statements ▶ a <u>3,618,262.</u></p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify): STMT 9 \$ <u>146,983.</u></p> <p>Add amounts on lines (1) through (4) ▶ b <u>146,983.</u></p> <p>c Line a minus line b ▶ c <u>3,471,279.</u></p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d <u>0.</u></p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e <u>3,471,279.</u></p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT M. BLAND 293 LAUREN MERRITT ISLAND, FL	PRESIDENT 40	9,040.	0.	0.
BERNICE BLAND 293 LAUREN MERRITT ISLAND, FL	DIRECTOR 40	9,040.	0.	0.
ROBERT LANE 305 BAHAMA MERRITT ISLAND, FL	VICE PRES. 40	330.	0.	0.
GAYLE WILL 491 SEACREST MERRITT ISLAND, FL	SEC/TREAS 40	15,109.	0.	0.
BETTY LANE 305 BAHAMA MERRITT ISLAND, FL	DIRECTOR 40	330.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ▶ Yes No Form 990 (2002)

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 11 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 37		
91	The books are in care of GAYLE WILL Telephone no. 407-453-0350		
	Located at 885 EAST HALL ROAD, MERRITT ISLAND, FL ZIP + 4 32953-8443		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 N/A and enter the amount of tax-exempt interest received or accrued during the tax year		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	98,026.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	54,604.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	151,280.	
100 Gain or (loss) from sales of assets other than inventory			18	<3,574.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					<46,357.>
103 Other revenue:					
a <u>LAUNDRY</u>			03	3,684.	
b <u>MISC. INCOME</u>					3,392.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0.	304,020.	<42,965.>
105 Total (add line 104, columns (B), (D), and (E))					261,055.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated

(a) Did the organization, during the year, receive any funds, directly or indirectly,
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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

Signature of officer: *[Signature]* Date: *7-13-19*

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4:
**AVERETT, WARMUS, ET AL,
 1417 E. CONCORD STREET
 ORLANDO, FL 32803**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

Name of the organization

TEEN MISSIONS INTERNATIONAL, INC.

Employer identification number

23 7125177

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				

Total number of other employees paid over \$50,000 ▶		0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶		0

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,018,493.	3,835,973.	4,417,876.	4,989,778.	16,262,120.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	40,548.	63,421.	77,120.	120,156.	301,245.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	184,530.	248,302.	407,696.	319,365.	1,159,893.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,243,571.	4,147,696.	4,902,692.	5,429,299.	17,723,258.
24 Line 23 minus line 17	3,203,023.	4,084,275.	4,825,572.	5,309,143.	17,422,013.
25 Enter 1% of line 23	32,436.	41,477.	49,027.	54,293.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 348,440.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 17,422,013.
d Add: Amounts from column (e) for lines: 18 <u>1,159,893.</u> 19 _____ 22 _____ 26b _____					26d 1,159,893.
e Public support (line 26c minus line 26d total)					26e 16,262,120.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.3424%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	
38 Total lobbying expenditures (add lines 36 and 37)		38	
39 Other exempt purpose expenditures		39	
40 Total exempt purpose expenditures (add lines 38 and 39)		40	
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000	42	
42 Grassroots nontaxable amount (enter 25% of line 41)		42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Depreciation and Amortization (Including Information on Listed Property)

2003

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.
Business or activity to which this form relates

Attachment
Sequence No 67

Name(s) shown on return
TEEN MISSIONS INTERNATIONAL IN

Identifying number
25-7125177

Part I Election To Expense Certain Tangible Property Under Section 179

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

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24000.00
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	77402.24
3	Threshold cost of section 179 property before reduction in limitation	3	200000.00
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0.00
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	24000.00
	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		0 00	0.00
		0 00	0 00
7	Listed property Enter amount from line 29	7	0.00
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0.00
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0.00
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	0 00
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	24000 00
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0.00
13	Carryover of disallowed deduction to 2004 Add lines 9 and 10, less line 12	▶ 13	0.00

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	18686 90
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	0.00
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	40788 44

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	68928.25
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		0.00	3.0 yrs	HY	200DB	0 00
b	5-year property		13314.49	5 0 yrs	HY	200DB	2662 90
c	7-year property		25284.95	7.0 yrs	HY	200DB	3612.14
d	10-year property		0 00	10 0 yrs	HY	200DB	0.00
e	15-year property		0 00	15.0 yrs	HY	150DB	0.00
f	20-year property		0 00	20.0 yrs	HY	150DB	0 00
g	25-year property		0 00	25 yrs	HY	S/L	0.00
h	Residential rental property	(attachment)	138376 57	27 5 yrs	MM	S/L	0.00
i	Nonresidential real property		0.00	39 yrs	MM	S/L	2242.66
			0.00		MM	S/L	0 00

Section C—Assets Placed in service During 2003 Tax Year Using the Alternative Depreciation System

20a	Class life	0 00		S/L		0.00
b	12-year	0 00	12 0 yrs		S/L	0 00
c	40-year	0.00	40 0 yrs	MM	S/L	0.00

Part IV Summary (see page 6 of the instructions)

21	Listed property Enter amount from line 28	21	22710.00
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	159631.29
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0.00

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

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

Section A—Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

24a		Do you have evidence to support the business/investment use claimed?		Yes	No	24b		If "Yes," is the evidence written?		Yes	No	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)				
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected section 179 cost				
25	Special depreciation allowance for qualified listed property placed in service during the tax year, and used more than 50% in a qualified business use (see page 6 of the instructions)						25	10057.95				
26	Property used more than 50% in a qualified business use (see page 6 of the instructions)											
		%	0.00	0.00			0.00				0.00	
		%	0.00	0.00			0.00				0.00	
(attachment)		%	194673.19	184615.24			12652.05				0.00	
27	Property used 50% or less in a qualified business use (see page 6 of the instructions)											
		%	0.00	0.00			0.00					
		%	0.00	0.00			0.00					
		%	0.00	0.00			0.00					
28	Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	22710.00				
29	Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			0.00

Section B—Information on Use of Vehicles

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

30	(a)		(b)		(c)		(d)		(e)		(f)		
Total business/investment miles driven during the year (do not include commuting miles—see page 2 of the instructions)	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6							
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of instructions.)		

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

Part VI Amortization

	(a)	(b)	(c)	(d)	(e)	(f)
	Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42	Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions)					
			0.00			0.00
			0.00			0.00
43	Amortization of costs that began before your 2003 tax year					
					43	0.00
44	Total. Add amounts in column (f). See page 9 of the instructions for where to report					
					44	0.00

Depreciation and Amortization
Attachment

19 General Depreciation System (GDS):

(a) Classification of property	(b) Date	(c) Basis for depreciation	(d) Rec period	(e) Con- vention	(f) Method	(g) Depreciation deduction
h Residential	04/01/2003	27376.57	27.5	MM	S/L	456.28
h Residential	01/17/2003	38000.00	27.5	MM	S/L	978.79
h Residential	04/01/2003	38000.00	27.5	MM	S/L	633.34
h Residential	07/30/2003	20000.00	27.5	MM	S/L	151.52
h Residential	09/30/2003	15000.00	27.5	MM	S/L	22.73
		----- 138376.57 =====				----- 2242.66 =====

Depreciation and Amortization
Attachment

26 Property used more than 50% in a qualified business use:

(a) Type of property	(b) Placed in service	(c) Bus use %	(d) Cost or other Basis	(e) Basis for depreciation	(f) Recov period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected 179 cost
1992 Mercu	05/05/92	100	19104.23	19104.23	05 00	MF200	0.00	0.00
1997 MERCU	06/12/97	100	24000.00	24000.00	05 00	MF200	1775.00	0.00
2002 MERCU	07/09/02	100	24411.30	24411.30	05 00	MF200	4900.00	0.00
2002 MERCU	09/29/03	100	20115.90	10057.95	05 00	MA200	652.05	0.00
94 MERCURY	03/19/94	100	18893.31	18893.31	05 00	MF200	0.00	0.00
Ford Truck	05/31/00	100	32643.55	32643.55	05 00	MF200	1775.00	0.00
Ford Truck	05/31/00	100	32643.55	32643.55	05 00	MF200	1775.00	0.00
Ford Truck	05/31/00	100	22861.35	22861.35	05 00	MF200	1775.00	0.00
			-----	-----			-----	-----
			194673.19	184615.24			12652.05	0.00
			=====	=====			=====	=====

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RETREAT CENTER INCOME	1	116,229.
TOTAL TO FORM 990, PART I, LINE 6A		116,229.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		30,000.	
RETREAT CENTER OPERATION		31,625.	
- SUBTOTAL -	1		61,625.
TOTAL TO FORM 990, PART I, LINE 6B			61,625.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLES, TRAILER, LAND	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	69,900.	81,755.	0.	8,281.	<3,574.>
TO FM 990, PART I, LN 8	69,900.	81,755.	0.	8,281.	<3,574.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 4

INCOME

1. GROSS RECEIPTS	35,429	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		35,429
4. COST OF GOODS SOLD (LINE 13)	81,786	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<46,357>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	8,871	
10. OTHER COSTS	72,915	
11. ADD LINES 6 THROUGH 10		81,786
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		81,786

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	6
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AFFILIATE'S NAME

AFFILIATE'S ADDRESS

SEE ATTACHED STATEMENT #13

PURPOSE OF PAYMENT

AMOUNT

PAYMENTS TO AFFILIATES

848,273.

TOTAL TO FORM 990, PART I, LINE 16

848,273.

FORM 990	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
SOFTWARE MAINTENANCE BUILDING	11,803.	11,803.		
CONTRIBUTION	38,829.	38,829.		
INSURANCE	48,219.	48,219.		
TAXES AND LICENSES	37,888.	37,888.		
OPERATING COSTS	16,355.	16,355.		
TEAM EXPENSES	113,029.	113,029.		
TRAINING MATERIALS	58,875.	58,875.		
CLINIC	567.	567.		
REPAIRS AND MAINTENANCE	54,956.	54,956.		
ADVERTISING	44,476.	44,476.		
OTHER EXPENSES - MANAGEMENT	<30,000.>		<30,000.>	
INSURANCE	65,276.		65,276.	
OPERATING COSTS	46,089.		46,089.	
REPAIRS AND MAINTENANCE	7,033.		7,033.	
BAD DEBT EXPENSE	215,000.		215,000.	
FUNDRAISING	61,028.			61,028.
TOTAL TO FM 990, LN 43	789,423.	424,997.	303,398.	61,028.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
ACCRUED INTEREST RECEIVABLE	50,265.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	50,265.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD - INVENTORY SALES	81,786.
RENTAL EXPENSES	61,625.
LOSS ON SALE OF ASSETS	3,573.
ROUNDING	<1.>
TOTAL TO FORM 990, PART IV-B	146,983.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD - INVENTORY SALES+	<81,786.>
RENTAL EXPENSES	<61,625.>
LOSS ON SALE OF ASSETS	<3,573.>
TOTAL TO FORM 990, PART IV-A	<146,984.>

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	11
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
AIDS ORPHANS AND STREET CHILDREN, INC.	X	
HONDURAS BIBLE SCHOOL	X	
THE REGISTERED TRUSTEES OF TEEN MISSIONS INTERNATIONAL (MALAWI)	X	
TEEN MISSION FOUNDATION, INDONESIA	X	
TEEN MISSION INTERNATIONAL, ZAMBIA	X	
TEEN MISSION SOCIETY, ALBERTA	X	
TEEN MISSIONS (AUSTRALIA) LIMITED	X	
TEEN MISSIONS, BRAZIL	X	
TEEN MISSIONS OF ECUADOR FOUNDATION	X	
TEEN MISSIONS, HOLLAND	X	

TEEN MISSIONS INTERNATIONAL, INC.

23-7125177

TEEN MISSIONS OF ECUADOR FOUNDATION	13,852.
TEEN MISSIONS INTERNATIONAL, MOZAMBIQUE	65,920.
TEEN MISSIONS IN INDIA, INC.	15,357.
TEEN MISSIONS INTERNATIONAL/USA, UGANDA	36,165.
TEEN MISSIONS MADAGASCAR	65,569.
TEEN MISSIONS (PHILS.), INC.	54,502.
THIRD WORLD MISSIONS, INC.	147,557.
THE REGISTERED TRUSTEES OF TEEN MISSIONS	46,318.
TEEN MISSIONS SOUTH AFRICA INCORPORATED	22,432.
TEEN MISSIONS MONGOLIA	1,315.
OTHER ORGANIZATION	26,828.
AIDS ORPHANS AND STREET CHILDREN, INC.	79,841.
TOTAL	848,273.

FORM 990 - PAGE 3, LINE 57A AND B
LAND, BUILDINGS, AND EQUIPMENT:

LAND AND IMPROVEMENTS	1,421,079.
BUILDINGS AND IMPROVEMENTS	2,239,354.
EQUIPMENT AND VEHICLES	2,536,471.
	<hr/>
	6,196,904.
ACCUMULATED DEPRECIATION	<3,330,285.>
	<hr/>
	28,666,619.
	<hr/> <hr/>

TEEN MISSIONS INTERNATIONAL, INC.
Officers and Governing Board—2003

9/30/03

Name	Address	Position	Church Affiliation	History
ert M. Bland	293 S. Lauren Ct Merritt Island, FL 32953	* President	Christian Union	—pastor, former union plumber, former YFC director, graduated from Arizona Bible School, father of two
ice M. Bland	293 S. Lauren Ct Merritt Island, FL 32953	* Member	Christian Union	—housewife, mother of two, grandmother of four,
ert G. Lane	305 Bahama Dr. Merritt Island, FL 32952	* Vice Pres.	Southern Baptist	—born in Tampa, retired as captain after 22 1/2 years on Tampa Fire Dept., is an ordained southern Baptist minister, led teams until 1978 when he joined staff, father of three
y Lane	305 Bahama Dr. Merritt Island, FL 32952	Member	Southern Baptist	—born in Jacksonville, FL, was a homemaker until 1978 when she joined staff,
e Will	491 Seacrest Ave. Merritt Island, FL 32952	* Secretary/ Treasurer	Christian Union	—mother of two, grandmother of seven
ard Stevens	1425 Faye Ave. Lakeland, FL 33803	** Member		—retired pastor of 30 years in Ohio, on TMI staff from 1975-1988; TMI team leader and volunteer
s Stevens	1425 Faye Ave. Lakeland, FL 33803	Member		—retired housewife and shoe worker, on staff with Teen Missions from 1975-1988; TMI volunteer
a Stimmel	360 Belair Dr. Merritt Island, FL 32953	** Member		—housewife, owner and operator of general store, antique collector
abeth Little	128 Spencer Rd. R. D. 5 Rotorua, NEW ZEALAND	Member	Baptist	—mother of four, grandmother, from New Zealand where currently assigned,
bara Kramer	2384 Blain Hwy. Waverly, OH	** Member		—housewife, and child care provider, office worker for a short time, mother of 4, head cook at Boot Camp,
y Denney	971 Richmond Ave. Marion, OH 43302	** Member		—retired pastor's wife for 27 years, worked as clerk at Woolworth for 16 years, and a housewife, and mother of 2,
on Max Teeter	465 State Road 14 Lyons, KS 67554	** Member		—former US Air Force Pilot, Kansas farmer, on board of directors for Haiti Love and Faith
ifred Teeter	465 State Road 14 Lyons, KS 67554	Member		—mother of 5 and grandmother of 12, homemaker, former kindergarten and Sunday School teacher, on the board of Haiti Love and Faith
mas D. Maher	890 East Hall Road Merritt Island, FL 32953	** Member	Nazarene	—former mechanical draftsman in Aurora, IL, former candidate school member, first team India 1977, joined staff 1978, met and married Linda in 1980, currently computer programmer and software developer, father of four
da Maher	890 East Hall Road Merritt Island, FL 32953	Member	Nazarene	—grew up in Pennsylvania, first team Venezuela 1977, did to travel teams in '78, and '79, member of first Staff Travel Team in 1979, currently works as editor of the Launch Pad.
hony R. Myers	890 East Hall Road Merritt Island, FL 32953	** Member	Christian Missionary Alliance	—born in Pennsylvania, first team was in 1989, joined staff in 1991, formerly an electrician, he is now head of the Print Shop and a father of 2.
wna B. Myers	890 East Hall Road Merritt Island, FL 32953	Member	Christian Missionary Alliance	—Born in Ontario, Canada, her first team was in 1980, and joined staff in 1983, she has led 9 teams and 1 TMO, treasurer for Teen Missions Canada, she is also a mother of 2,

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Ul L. Kostner	810 Australian Street Merritt Island, FL 32953	** Member	Presbyterian	—formerly employed at a small manufacturing plant, went on teams in '75, '77, '81—'83, and '85—97, met Beth on '83 team Philippines team, married in 1986, moved to FL in 1988 and* joined staff in 1990
Elizabeth A. Kostner	810 Australian Street Merritt Island, FL 32953	Member	Presbyterian	—did teams in '83, '84, and 1986—1997, formerly a Registered nurse from Chattanooga, adopted Lindsay Nov. 1995, and Colton was born January 1997, Danae born in April '98
Howard Vanderpool	240 Trails End Road Rathdrum, ID 83858	** Member		—Navy veteran carpenter, attended Bible College with Bob Bland worked with Village Missions for 18 years, pastored a church in Idaho for 5 years, began the BMW in 1988 and started to retire in 1994 when Mr. Bland asked him to head up the Tabernacle in 1995,
Mary A. Vanderpool	240 Trails End Road Rathdrum, ID 83858	Member		—housewife and retired pastor's wife, mother of 3 and grandmother of 6, volunteered at TMI as cook and secretary or wherever else needed, attend Coeur d'Alene Bible Church in ID
Ed M. Huffman	3271 W. Burt Road Camden, MI 49232	** Member		—
Shirley Huffman	3271 W. Burt Road Camden, MI 49232	Member		—
Richard D. Petersen	251 Heavenly St. (U.S.) Merritt Island, FL 32953	** Member		—
Barbara E. Petersen	P. O. Box 28 (Africa) Gwanda, Zimbabwe	Member		—
Peter Salisbury OFF OF BOD IN MAY 2000	P. O. Box 29 Tewantin, QLD 4565 AUSTRALIA	** Member		—grew up as a missionary kid in Zambia , on the staff of Teen Missions Australia
Deverly Salisbury OFF OF BOD IN MAY 2000	P. O. Box 29 Tewantin, QLD 4565 AUSTRALIA	Member		
Frank Pool	Residencial Pensiones Calle 13 Num 794 x 68y Merida 97217 Yucatan MEXICO	Member	Presbyterian	Led 6 teams and was an MTA
Lorena Pool	Residencial Pensiones Calle 13 Num 794 x 68y Merida 97217 Yucatan MEXICO	Member	Presbyterian	
Simon Mudiwa		Member		—currently runs Uganda Overseas Boot Camp;
Charity Mudiwa		Member		—currently runs Uganda Overseas Boot Camp; mother of one
William Wayne Elliott	6150 Crabtree Rd. Columbia, SC 29206-4308	Member	Christian Missionary Alliance	Led 4 teams between 1995-1998
Sam Elliott	6150 Crabtree Rd. Columbia, SC 29206-4308	Member	Christian Missionary Alliance	Led 4 teams between 1995-1998

* Those having authorized signatory power over organizational funds ** Approve budget of organization

as of February 2000

▶ ON BOD DURING FYE 9/30/00.

ENVELOPE POSTMARK DATE MAY 13 2004

0309

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization TEEN MISSIONS INTERNATIONAL, INC.	Employer identification number 23-7125177
	Number, street, and room or suite no. If a P.O. box, see instructions. 885 EAST HALL ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MERRITT ISLAND, FL 32953-8443	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

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

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

- 4 I request an additional 3-month extension of time until AUGUST 16, 2004
- 5 For calendar year _____, or other tax year beginning OCT 1, 2002 and ending SEP 30, 2003
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

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

Signature Tor Durbin Title CPA Date 5/13/04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name AVERETT, WARMUS, ET AL, CPAS
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 1417 E. CONCORD STREET
	City or town, province or state, and country (including postal or ZIP code) ORLANDO, FL 32803

