

Form **990**

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

2004

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 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

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 TEEN MISSIONS INTERNATIONAL, INC.	D Employer identification number 23-7125177
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 885 EAST HALL ROAD	E Telephone number 321-453-0350
		City or town, state or country, and ZIP + 4 MERRITT ISLAND, FL 32953-8443	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? Yes No

H(b) If "Yes," enter number of affiliates **▶**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **▶**

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

G Website: **▶ N/A**

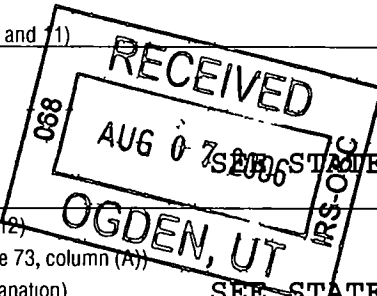
J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

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 **▶ 3,922,910.**

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	3,517,293.		
	b Indirect public support	1b	101,314.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 3,618,607. noncash \$ _____)	1d			3,618,607.
	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			6,215.
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 1	6a	19,850.		
	b Less: rental expenses SEE STATEMENT 2	6b	62,490.		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			<42,640.>
7 Other investment income (describe ▶ NOTE RECEIVABLE INTEREST)	7			243,071.	
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d				
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10 a Gross sales of inventory, less returns and allowances	10a	33,206.		
	b Less: cost of goods sold STATEMENT 4	10b	91,164.		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 3	10c			<57,958.>
11 Other revenue (from Part VII, line 103)	11			1,961.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			3,769,256.	
Net Assets	13 Program services (from line 44, column (B))	13			2,328,368.
	14 Management and general (from line 44, column (C))	14			355,900.
	15 Fundraising (from line 44, column (D))	15			95,462.
	16 Payments to affiliates (attach schedule)	16			1,169,139.
	17 Total expenses (add lines 16 and 44, column (A))	17			3,948,869.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			<179,613.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			5,247,117.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6	20			<171,687.>	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			4,895,817.	



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (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.	25,644.	0.	25,644.	0.	
26	Other salaries and wages	467,335.	467,335.			
27	Pension plan contributions					
28	Other employee benefits	48,116.		48,116.		
29	Payroll taxes	36,146.	36,146.			
30	Professional fundraising fees					
31	Accounting fees	15,000.		15,000.		
32	Legal fees	1,609.		1,609.		
33	Supplies	114,555.	84,263.	30,292.		
34	Telephone	8,048.		8,048.		
35	Postage and shipping	41,224.	41,224.			
36	Occupancy	55,450.	34,303.	21,147.		
37	Equipment rental and maintenance	38,853.	37,992.	861.		
38	Printing and publications	28,134.	10,534.	17,600.		
39	Travel	1,164,958.	1,152,595.	12,363.		
40	Conferences, conventions, and meetings	10,973.	10,973.			
41	Interest					
42	Depreciation, depletion, etc. (attach schedule)	104,016.	78,153.	22,820.	3,043.	
43	Other expenses not covered above (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 7	43e	619,669.	374,850.	152,400.	92,419.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,779,730.	2,328,368.	355,900.	95,462.

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	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 \$ _____)	2,220,214.
b OVERSEAS DEVELOPMENT MINISTRY: TO ASSIST THE CITIZENS OF CERTAIN UNDERDEVELOPED COUNTRIES IN THEIR CHRISTIAN MISSIONARY PROGRAMS. (Grants and allocations \$ _____)	73,315.
c AUXILIARY ACTIVITIES: SEMINARS AND SCHOOL TO EDUCATE TEAM LEADERS AND OTHERS IN THE CHRISTIAN MISSIONARY WORK. (Grants and allocations \$ _____)	34,839.
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)	2,328,368.

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	144,563.	45	83,507.
	46 Savings and temporary cash investments	347,202.	46	229,488.
	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 3,860,755.		
	b Less: allowance for doubtful accounts	51b 1,395,000.	2,704,347.	51c 2,465,755.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	22,313.	53	17,435.
	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 5,686,088.			
b Less: accumulated depreciation	57b 3,554,836.	2,044,302.	57c 2,131,252.	
58 Other assets (describe ▶ ACCRUED INTEREST RECEIVABLE)		32,228.	58 34,145.	
59 Total assets (add lines 45 through 58) (must equal line 74)		5,294,955.	59 4,961,582.	
Liabilities	60 Accounts payable and accrued expenses	47,838.	60	65,765.
	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 ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)		47,838.	66 65,765.	
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	5,168,064.	67	4,832,517.
	68 Temporarily restricted	79,053.	68	63,300.
	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)		5,247,117.	73 4,895,817.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		5,294,955.	74 4,961,582.	

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

a	Total revenue, gains, and other support per audited financial statements	a	3,922,910.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	3,922,910.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): STMT 9 \$ <153,654.>		
	Add amounts on lines (1) and (2)	d	<153,654.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,769,256.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	4,102,523.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): STMT 8 \$ 153,654.		
	Add amounts on lines (1) through (4)	b	153,654.
c	Line a minus line b	c	3,948,869.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,948,869.

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	5,610.	0.	5,310.
BERNICE BLAND 293 LAUREN MERRITT ISLAND, FL	DIRECTOR 40	5,610.	0.	5,310.
ROBERT LANE 305 BAHAMA MERRITT ISLAND, FL	VICE PRES. 40	330.	0.	0.
GAYLE WILL 491 SEACREST MERRITT ISLAND, FL	SEC/TREAS 40	13,764.	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

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	76		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.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80a	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 10 _____ 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?	81b		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?	82a		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?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		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	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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. N/A	85b		
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	85g		
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	85h		
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	88		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	89b		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, 2004 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
and enter the amount of tax-exempt interest received or accrued during the tax year **92** | _____ **N/A**

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	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	
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	6,215.	
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	<42,640.>	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	243,071.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					<57,958.>
103 Other revenue:					
a <u>LAUNDRY</u>			03	3,117.	
b <u>MISC. INCOME</u>			03	<1,156.>	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0.	208,607.	<57,958.>
105 Total (add line 104, columns (B), (D), and (E))					150,649.

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 34 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 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 info.

Signature of officer: *Jaqueline Hill* Date: *April 4, 2019*

Paid Preparer's Use Only

Preparer's signature: *Tan Duckee CPA*

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

423181 01-13-05

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,193,717.	2,932,601.	3,018,493.	3,835,973.	12,980,784.
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	80,308.	69,900.	40,548.	63,421.	254,177.
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	233,728.	214,255.	184,530.	248,302.	880,815.
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	3,507,753.	3,216,756.	3,243,571.	4,147,696.	14,115,776.
24 Line 23 minus line 17	3,427,445.	3,146,856.	3,203,023.	4,084,275.	13,861,599.
25 Enter 1% of line 23	35,078.	32,168.	32,436.	41,477.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 277,232.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 13,861,599.
d Add: Amounts from column (e) for lines: 18 880,815. 19 _____ 22 _____ 26b _____					26d 880,815.
e Public support (line 26c minus line 26d total)					26e 12,980,784.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.6456%
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 (2003) (2002) (2001) (2000)					
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 (2003) (2002) (2001) (2000)					
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 2000 through 2003, 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.

NONE

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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

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 (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		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 -	41													
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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
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														
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	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 (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
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)

Department of the Treasury
Internal Revenue Service

▶ See separate Instructions. ▶ Attach to your tax return.

Name(s) shown on return TEEN MISSIONS INTERNATIONAL IN	Business or activity to which this form relates	Identifying number
--	---	--------------------

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 the instructions for a higher limit for certain businesses	1	102000.00																											
2 Total cost of section 179 property placed in service (see instructions)	2	194615.75																											
3 Threshold cost of section 179 property before reduction in limitation	3	410000.00																											
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 instructions	5	102000.00																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 20%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>7 Listed property. Enter the amount from line 29</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td></td> <td style="text-align: right;">102000.00</td> </tr> <tr> <td>12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12</td> <td style="text-align: center;">▶ 13</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6	0.00	0.00	7 Listed property. Enter the amount from line 29	0.00	0.00	8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		0.00	9 Tentative deduction. Enter the smaller of line 5 or line 8		0.00	10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562		0.00	11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		102000.00	12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		0.00	13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	▶ 13	0.00
(a) Description of property	(b) Cost (business use only)	(c) Elected cost																											
6	0.00	0.00																											
7 Listed property. Enter the amount from line 29	0.00	0.00																											
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		0.00																											
9 Tentative deduction. Enter the smaller of line 5 or line 8		0.00																											
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562		0.00																											
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		102000.00																											
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		0.00																											
13 Carryover of disallowed deduction to 2006. 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.) (See Instructions.)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty Zone property (other than listed property) placed in service during the tax year	14	0.00
15 Property subject to section 168(f)(1) election	15	0.00
16 Other depreciation (including ACRS)	16	31906.09

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	72629.38
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2005 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				0.00
b 5-year property		153508.25	5 0 yrs	HY	200DB	30701.65
c 7-year property		4825.00	7 0 yrs	HY	200DB	689.29
d 10-year property		0.00				0.00
e 15-year property		36282.50	15.0 yrs	HY	150DB	1814.13
f 20-year property		0.00				0.00
g 25-year property		0.00	25 yrs		S/L	0.00
h Residential rental property		0.00	27.5 yrs	MM	S/L	0.00
i Nonresidential real property		0.00	27.5 yrs	MM	S/L	0.00
		0.00	39 yrs	MM	S/L	0.00

Section C—Assets Placed in Service During 2005 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 instructions)

21 Listed property. Enter amount from line 28	21	14390.71
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	152131.25
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 the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	0 00	
26 Property used more than 50% in a qualified business use									
		%	0 00	0 00			0 00	0 00	
		%	0 00	0 00			0 00	0 00	
(attachment)		%	204855 35	194797 40			14390 71	0 00	
27 Property used 50% or less in a qualified business use									
		%	0 00	0 00	S/L -		0 00		
		%	0 00	0 00	S/L -		0 00		
		%	0 00	0 00	S/L -		0 00		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	14390 71	
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 Total business/investment miles driven during the year (do not include commuting miles)	(a)		(b)		(c)		(d)		(e)		(f)	
	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 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 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 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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions)					
		0 00			0 00
		0 00			0 00
43 Amortization of costs that began before your 2005 tax year					0 00
44 Total. Add amounts in column (f) See the instructions for where to report					0 00

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	1775.00	0.00
2002 MERCU	09/29/03	100	20115.90	10057.95	05 00	MA200	2257.42	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
Pick Up Tr	05/24/04	100	10182.16	10182.16	05 00	MF200	3258.29	0.00
			-----	-----			-----	-----
			204855.35	194797.40			14390.71	0.00
			=====	=====			=====	=====

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
RETREAT CENTER INCOME	1	19,850.	
	3		
	4		
TOTAL TO FORM 990, PART I, LINE 6A		19,850.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		57,870.	
RETREAT CENTER OPERATION		4,620.	
- SUBTOTAL -	1		62,490.
TOTAL TO FORM 990, PART I, LINE 6B			62,490.

FORM 990

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS	33,206	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		33,206
4. COST OF GOODS SOLD (LINE 13)	91,164	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<57,958>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	7,630	
10. OTHER COSTS	83,534	
11. ADD LINES 6 THROUGH 10		91,164
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		91,164

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	4
DESCRIPTION		AMOUNT	
VIDEO EQUIPMENT MAINTENANCE		35,418.	
DEPRECIATION		48,116.	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		83,534.	

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	5
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AFFILIATE'S NAME

AFFILIATE'S ADDRESS

SEE ATTACHED STATEMENT #13

PURPOSE OF PAYMENT

AMOUNT

PAYMENTS TO AFFILIATES

1,169,139.

TOTAL TO FORM 990, PART I, LINE 16

1,169,139.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
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DESCRIPTION

AMOUNT

REMOVE DEFERRED REVENUE RECOGNIZED IN 09/30/04

<171,687.>

TOTAL TO FORM 990, PART I, LINE 20

<171,687.>

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 CONTRIBUTION	9,325.	9,325.		
INSURANCE	48,229.	48,229.	125,635.	
TAXES AND LICENSES	138,186.	12,551.		
OPERATING COSTS	20,911.	20,911.	45,256.	
TEAM EXPENSES	58,891.	13,635.		
TRAINING MATERIALS	83,652.	83,652.		
CLINIC	45,734.	45,734.		
REPAIRS AND MAINTENANCE	1,313.	1,313.		
ADVERTISING	115,433.	103,924.	11,509.	
OTHER EXPENSES - MANAGEMENT	28,940.	28,940.		
FUNDRAISING	<30,000.>		<30,000.>	
INTERN PER DIEM	92,419.			92,419.
	6,636.	6,636.		
TOTAL TO FM 990, LN 43	619,669.	374,850.	152,400.	92,419.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
COST OF GOODS SOLD - INVENTORY SALES		91,164.	
RENTAL EXPENSES		62,490.	
TOTAL TO FORM 990, PART IV-B		153,654.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
COST OF GOODS SOLD - INVENTORY SALES+		<91,164.>	
RENTAL EXPENSES		<62,490.>	
TOTAL TO FORM 990, PART IV-A		<153,654.>	

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	10
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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 IN INDIA, INC.	X	
TEEN MISSIONS INTERNATIONAL, MOZAMBIQUE	X	
TEEN MISSIONS INTERNATIONAL OF TRANSKEI	X	
TEEN MISSIONS INTERNATIONAL/USA, UGANDA	X	
TEEN MISSIONS, MADAGASCAR	X	
TEEN MISSIONS INTERNATIONAL, ZIMBABWE	X	
TEEN MISSIONS, NEW ZEALAND	X	
TEEN MISSIONS (PHILS.), INC.	X	
TEEN MISSIONS SOUTH AFRICA INCORPORATED	X	
TEENS MISSIONS (PNG) LIMITED	X	
THIRD WORLD MISSIONS, INC.	X	
YOUTH FOR THE TRAINING OF HONDURAS (TEENS OF YOUTH)	X	
ZIMBABWE BIBLE SCHOOL	X	

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

LAND AND IMPROVEMENTS	1,193,796.
BUILDINGS AND IMPROVEMENTS	1,699,854.
EQUIPMENT AND VEHICLES	2,792,437.
	<hr/>
ACCUMULATED DEPRECIATION	3,554,835.
	<hr/>
	<hr/>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization TEEN MISSIONS INTERNATIONAL, INC.	Employer identification number 23-7125177
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 885 EAST HALL ROAD	
	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)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **GAYLE WILL**
 Telephone No. ▶ **407-453-0350** FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2004**, and ending **SEP 30, 2005**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. 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**

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