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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
MISS AMERICA'S OUTSTANDING TEEN, INC.
9028 GREAT HERON CR.
ORLANDO, FL 32836

D Employer identification number
20-1820671

E Telephone number
407-876-1698

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► WWW.MAOTEEN.ORG

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 642,867.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	274,618.
	2	Program service revenue including government fees and contracts	2	368,249.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ►)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	642,867.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See Statement 1	10	135,119.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	88,463.
	13	Professional fees and other payments to independent contractors	13	1,198.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See Statement 2)	16	419,611.
	17	**Total expenses** (add lines 10 through 16) ►	17	644,391.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,524.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	4,280.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	2,756.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	4,280.	22	2,756.
23 Land and buildings		23	
24 Other assets (describe ►)		24	
25 **Total assets**	4,280.	25	2,756.
26 **Total liabilities** (describe ►)	0.	26	0.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	4,280.	27	2,756.

99 17

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 3

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28	(Grants $ 135,119.) If this amount includes foreign grants, check here ► ☐	28a	551,924.
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	551,924.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
DONNA BOZARTH 9028 GREAT HERON CIRCLE ORLANDO, FL 32836	Chairman 20.00	0.	0.	0.
ART MCMASTER 222 NEW ROAD, SUITE 700 LINWOOD, NJ 08221	Director 5.00	0.	0.	0.
CORBIN SARCHET 107 LAKE DARBY PLACE GOTHA, FL 34734	Secretary/Treas 5.00	0.	0.	0.
WINTLEY PHIPPS 50 SOUTHAMPTON TERRACE VERO BEACH, FL 32963	Director 5.00	0.	0.	0.
HARRIS ROSEN 8798 LAKE TIBET COURT ORLANDO, FL 32836	Director 5.00	0.	0.	0.
SHAWNTEL SMITH WUERCH 10805 ASHLAND MILL COURT RALEIGH, NC 27617	Director 5.00	0.	0.	0.
REBECCA KING DREMAN 3704 SOUTH QUINCE STREET DENVER, CO 80237	Director 5.00	0.	0.	0.
STACEY SCHIEFFELIN 157 EAST 57TH STREET NEW YORK, NY 10022	Director 5.00	0.	0.	0.
KIM PARRISH 12840 STANWYCK CIRCLE TAMPA, FL 33626	President 20.00	51,200.	0.	0.
PATRICK MENTON 550 MADISON AVE., 11TH FLOOR NEW YORK, NY 10022	Director 5.00	0.	0.	0.
MARY BOCCHICCHIO 331 N. QUAIL DRIVE MARMORA, NJ 08223	Director 5.00	0.	0.	0.
JENNIFER CRAWFORD 6001 PRINTERY STREET, #103 TAMPA, FL 33606	Director 5.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	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 (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,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► None			

42a The books are in care of ► DONNA BOZARTH Telephone no. ► 407-876-1698

Located at ► 9028 GREAT HERON CIRCLE ORLANDO FL ZIP + 4 ► 32836

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 4

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ►		

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 of which preparer has any knowledge

► Donna C. Bozarth 11/15/10
Signature of officer Date

► DONNA C. BOZARTH, CHAIRMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Christine T. Henns CPA	Date 11-15-10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) P00292051
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	KANE & ASSOCIATES 670 W. FAIRBANKS AVE WINTER PARK, FL 32789		EIN ► 59-2780018 Phone no ► (407) 644-6066	

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
MISS AMERICA'S OUTSTANDING TEEN, INC.	20-1820671

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**	
(ii)	a family member of a person described in (i) above?	**11g (ii)**	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		345,743.	442,300.	249,625.	274,618.	1,312,286.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose			409,249.	265,963.	368,249.	1,043,461.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1-5	0.	345,743.	851,549.	515,588.	642,867.	2,355,747.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support** (Subtract line 7c from line 6.)						2,355,747.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0.	345,743.	851,549.	515,588.	642,867.	2,355,747.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 **Total support.** (add lns 9, 10c, 11, and 12)						2,355,747.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► [X]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	HANNAH JOINER	
Donee's Address:	13 CADDO CT. MAUMELL, AR 72113	
Cash Amount Given:		$ 1,563.
Donee's Name:	ERIN CLARK	
Donee's Address:	8707 REDCOAT CT LOUISVILLE, KY 40291	
Cash Amount Given:		$ 1,000.
Donee's Name:	BETHANY MOORE	
Donee's Address:	1900 DIANE DR SULPHUR, LA 70663	
Cash Amount Given:		$ 350.
Donee's Name:	ELIZABETH RYAN	
Donee's Address:	2703 RIVERSIDE DR ROSWELL, NM 88201	
Cash Amount Given:		$ 1,000.
Donee's Name:	KAYLA MORAN	
Donee's Address:	842 DEERFIELD DR MOUNT HOLLY, NC 28120	
Cash Amount Given:		$ 1,000.
Donee's Name:	MADELINE LITTRELL	
Donee's Address:	8681 TAN OAK DR GERMANTOWN, TN 38138	
Cash Amount Given:		$ 3,500.
Donee's Name:	MEGHAN MILLER	
Donee's Address:	845 BRANDYWINE BEAUMONT, TX 77706	
Cash Amount Given:		$ 18,556.
Donee's Name:	SHALANE LARANGO	
Donee's Address:	2510 NE 136TH ST VANCOUVER, WA 98686	
Cash Amount Given:		$ 3,135.
Donee's Name:	TONYA POPOWSKI	
Donee's Address:	5214 S. PACKARD AVE CUDAHY, WI 53110	
Cash Amount Given:		$ 1,000.
Donee's Name:	ABBY STEVERSON	
Donee's Address:	3 LEE RD 605 SMITHS, AL 36877	
Cash Amount Given:		$ 1,871.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	DOROTHY SHEPHERD		
Donee's Address:	3403 CHERRY ST PINE BLUFF, AR 71603		
Cash Amount Given:		$	3,069.
Donee's Name:	MELANIE SANCHEZ		
Donee's Address:	44 LUKE ST PROSPECT, CT 06712		
Cash Amount Given:		$	1,000.
Donee's Name:	LAUREN GAGLIARDINO		
Donee's Address:	313 CHATTAHOOCHEE DR BEAR, DE 19701		
Cash Amount Given:		$	1,000.
Donee's Name:	ELIZABETH PAYNE		
Donee's Address:	3518 COMMODORE BARNEY DR., NE #101 WASHINGTON, DC 20018		
Cash Amount Given:		$	1,000.
Donee's Name:	SYDNEY KEISTER		
Donee's Address:	2445 SAN DIEGO RD JACKSONVILLE, FL		
Cash Amount Given:		$	2,500.
Donee's Name:	LEANNA ROSS		
Donee's Address:	222 W. CHESTNUT ST NEW CARLISLE, IN 46552		
Cash Amount Given:		$	1,000.
Donee's Name:	ERICA MAHAN		
Donee's Address:	320 NEOSHO ST NEOSHO RAPIDS, KS 66864		
Cash Amount Given:		$	1,000.
Donee's Name:	JEREMEKA BRADLEY		
Donee's Address:	5424 SUNFLOWER CIRCLE BOSSIER CITY, LA 71112		
Cash Amount Given:		$	2,500.
Donee's Name:	MALLORY LAVOIE		
Donee's Address:	85 MAIN STREET MADAWASKA, ME 04756		
Cash Amount Given:		$	1,000.
Donee's Name:	NINA DAVULURI		
Donee's Address:	521 BRIAR BROOK RUN FAYETTEVILLE, NY 13066		
Cash Amount Given:		$	2,097.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	HOLLY MATZ		
Donee's Address:	3010 BIG FLAT RD MISSOULA, MT 59804		
Cash Amount Given:		$	1,000.
Donee's Name:	SHARLA SCHRIEBER		
Donee's Address:	11955-280TH STREET COLUMBUS, NE 68601		
Cash Amount Given:		$	1,000.
Donee's Name:	JANINE MITCHELL		
Donee's Address:	6 ELWOOD RD DERRY, NH 03038		
Cash Amount Given:		$	3,000.
Donee's Name:	LINDSEY PETROSH		
Donee's Address:	55 CAMPE STREET EGG HARBOR CITY, NJ 08215		
Cash Amount Given:		$	1,000.
Donee's Name:	MOLLY COLVARD		
Donee's Address:	3149 E, 58TH STREET TULSA, OK 74105		
Cash Amount Given:		$	1,309.
Donee's Name:	LINDSEY ROGERS		
Donee's Address:	23 WILLOW WAY LINCOLN, RI 02865		
Cash Amount Given:		$	1,000.
Donee's Name:	LEAH BETH BOLTON		
Donee's Address:	6 TWIN OAKS PLACE JACKSON, TN 38305		
Cash Amount Given:		$	11,500.
Donee's Name:	ESONICA VIERA		
Donee's Address:	P.O. BOX 10588 ST. THOMAS, VI 00801		
Cash Amount Given:		$	1,500.
Donee's Name:	BRITTANY YOUNG		
Donee's Address:	5363 SANTA MARIA DR MECHANICSVILLE, VA 23116		
Cash Amount Given:		$	7,144.
Donee's Name:	JORDAN KRINKLE		
Donee's Address:	167 SARATOGA AVE PLACENTA, CA 92870		
Cash Amount Given:		$	1,000.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	KAREN LINK	
Donee's Address:	22 LASSY RD TERRYVILLE, CT 06786	
Cash Amount Given:		$ 1,000.
Donee's Name:	MICHAELA LACKEY	
Donee's Address:	1351 OLD CHESTNUT WAY MARIETTA, GA 30062	
Cash Amount Given:		$ 1,000.
Donee's Name:	MERRIE BETH COX	
Donee's Address:	485 SPRINGWOOD DR ROSELLE, IL 60172	
Cash Amount Given:		$ 2,000.
Donee's Name:	TAYLAR SWARTZ	
Donee's Address:	304 N. MILES FREMONT, IA 52561	
Cash Amount Given:		$ 1,000.
Donee's Name:	ANN BLAIR THORNTON	
Donee's Address:	1434 MT AYR CIRCLE BOWLING GREEN, KY 42103	
Cash Amount Given:		$ 5,050.
Donee's Name:	LAUREN LYTLE	
Donee's Address:	329 TRANTHAM CT INMAN, SC 29349	
Cash Amount Given:		$ 2,500.
Donee's Name:	CALLIE THOMPSON	
Donee's Address:	6218 PADDLE WHEEL DR KATY, TX 77449	
Cash Amount Given:		$ 2,000.
Donee's Name:	JORDAN BOWLER	
Donee's Address:	948 CRESTVIEW DR MESQUITE, NV 89027	
Cash Amount Given:		$ 4,500.
Donee's Name:	ELLE BUNN	
Donee's Address:	2904 COUPLES CT VIRGINIA BEACH, VA 23456	
Cash Amount Given:		$ 1,000.
Donee's Name:	LINDSEY BRINTON	
Donee's Address:	1714 FORT DOUGLAS CIR SALT LAKE CITY, UT 84103	
Cash Amount Given:		$ 21,500.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	BISHARA DORRE	
Donee's Address:	4557 N. 73RD ST MILWAUKEE, WI 53218	
Cash Amount Given:		$ 4,000.
Donee's Name:	MARIA DESANTIS	
Donee's Address:	1215 TODT HILL RD STATEN ISLAND, NY 10304	
Cash Amount Given:		$ 10,975.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	$ 1,173.
Appearance Fees	1,175.
Auditorium Rental	40,000.
Awards	516.
Bank Charges	7,803.
Commissions	2,907.
Employee Training	175.
Insurance	6,000.
Judge Expense	980.
Merchandise Products	11,992.
Miscellaneous expense	31,830.
Office Expenses	4,132.
Photo Shoots	800.
Print Room	3,086.
Production Costs	211,737.
Public Relations	56,186.
Security	12,932.
Taxes & Penalties	7,891.
Travel	9,401.
Web Page Expense	8,895.
Total	$ 419,611.

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

THE PURPOSE OF THE ORGANIZATION IS TO RAISE FUNDS TO AWARD SCHOLARSHIPS FOR TEEN WOMEN THROUGH A COMPETITION.

Statement 4
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No