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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCTOBER 01 , 2008, and ending SEPTEMBER 30, 2009

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 Name of organization CHARITY CHALLENGE INC

Doing Business As

Number and street (or P.O box if mail is not delivered to street address) Room/suite: 378 CENTRE POINTE CIR 1238

City or town, state or country, and ZIP + 4: ALTAMONTE SPRINGS FL 32701

D Employer identification number: 59-2944549

E Telephone number: (407) 339-0442

G Gross receipts $ 290,769

F Name and address of principal officer: SEE ATTACHMENT #1

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1989

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FUND RAISING ACTIVITIES TO BENEFIT LOCAL CHARITIES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	292,956	290,031
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	323	738
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	293,279	290,769
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	258,496	247,490
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17,228	41,084
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	275,724	288,574
19	Revenue less expenses. Subtract line 18 from line 12	17,555	2,195

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	114,963	117,158
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	114,963	117,158

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SCANNED JUL 29 2010

Part II Signature Block

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

Sign Here

Signature of officer — Date: 6/10/10

D LEE CONSTANTINE PRESIDENT/DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: DANIEL C FREEMAN JR — Date: 06-11-2010 — Check if self-employed ▶ ☒ — Preparer's identifying number (see instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4: DANIEL C. FREEMAN, JR., C.P.A.
128 OXFORD ROAD
CASSELBERRRY, FL 32730-2115

EIN ▶

Phone no. ▶ (407) 831-2890

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

JVA 08 99012 TWF 26866 Copyright Forms (Software Only) - 2008 TW

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Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:
FUND RAISING ACTIVITIES TO BENEFIT LOCAL CHARITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code.) (Expenses $ 247,490 including grants of $) (Revenue $)
SEE ATTACHMENT #2 SCHEDULE I

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 247,490 (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . N/A	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? N/A	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? N/A	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			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	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	***Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.***				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	1a	6		
b	Enter the number of voting members that are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a			X
b	Each committee with authority to act on behalf of the governing body?	8b			X
9a	Does the organization have local chapters, branches, or affiliates?	9a			X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10			X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11			X

Section B. Policies

				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a			X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A	12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A	12c			
13	Does the organization have a written whistleblower policy?	13			X
14	Does the organization have a written document retention and destruction policy?	14			X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				
a	The organization's CEO, Executive Director, or top management official?	15a			X
b	Other officers or key employees of the organization?	15b			X
	Describe the process in Schedule O. (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ SEE ATTACHMENT #3

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
D LEE CONSTANTINE DIRECTOR & PRESIDENT	5.00	X		X					0	0	0
MARIANN LANSING DIRECTOR & SECRETARY	2.00	X		X					0	0	0
JOSEPH DURSO DIRECTOR	1.00	X							0	0	0
PAUL FINELLI DIRECTOR	1.00	X							0	0	0
DEAN MONACO DIRECTOR	1.00	X							0	0	0
DEREK RILEY DIRECTOR	1.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
1b **Total** ▶									0	0	0

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	290,031				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, & similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f ▶			290,031			
PROGRAM SERVICE REVENUE			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶						
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts) ▶			738	738		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			290,769	738		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	247,490	247,490		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	12,500	12,500		
12 Advertising and promotion				
13 Office expenses	11,862	8,897	2,965	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	6,921	6,921		
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TELEPHONE	5,336	2,668	2,668	
b SOUND EQUIPMENT	3,245	3,245		
c BUSINESS MEALS	600	300	300	
d POSTAGE	483	435	48	
e TAXES & LICENSES	137		137	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	288,574	282,456	6,118	
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest bearing	14,719	1	16,198
	2	Savings and temporary cash investments	100,244	2	100,960
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis (10a)			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D (10b)		10c	
	11	Investments -- publicly traded securities		11	
	12	Investments -- other securities See Part IV, line 11		12	
	13	Investments -- program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	114,963	16	117,158
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	114,963	32	117,158
	33	Total net assets or fund balances	114,963	33	117,158
	34	Total liabilities and net assets/fund balances	114,963	34	117,158

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? N/A	3b		

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
CHARITY CHALLENGE INC	59-2944549

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 a 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 to 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 it 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? N/A	11g(i)		
(ii) A family member of a person described in (i) above? N/A	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? N/A	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 any "unusual grants.")	240,362	215,385	236,715	321,934	290,031	1,304,427
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	240,362	215,385	236,715	321,934	290,031	1,304,427
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.						1,304,427

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	240,362	215,385	236,715	321,934	290,031	1,304,427
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141	124	120	102	738	1,225
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						1,305,652

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	99.91 %
15	Public support percentage from 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 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 ▶ ☐

Schedule I

Charity Challenge, Inc.
Transaction Detail - Grants Paid
October 2008 through September 2009

Type	Date	Num	Adj	Name	Memo	Amount
Oct '08 - Sep 09						
Check	7/31/2009	1346		104 1 Monstors Charity		1,000 00
Check	1/23/2009	1267		4 C's		120 00
Check	7/31/2009	1352		4 C's		1,100 00
Check	6/18/2009	1308		Action JCC LLC		240 00
Check	7/31/2009	1366		Adult Literacy League		490 00
Check	12/18/2008	1262		Altamonte Rotary		75 00
Check	7/31/2009	1367		American Cancer Society		2,500 00
Check	7/31/2009	1380		Ames Tigers		800 00
Check	7/31/2009	1368		Annunciation		1,000 00
Check	7/10/2009	1320		Anthony Luis Cerna		500 00
Check	7/31/2009	1348		Arnold Palmer Hosp		1,000 00
Check	7/31/2009	1354		Athletes for Hearts Inc		2,500 00
Check	7/31/2009	1381		Avalon Pop Warner		668 00
Check	5/20/2009	1301		Back to Nature Wildlife Preserve		500 00
Check	7/31/2009	1364		Back to Nature Wildlife Preserve		5,651 20
Check	7/3/2009	1316		Base Camp		500 00
Check	7/31/2009	1382		Bethany Christian Service		260 00
Check	7/31/2009	1349		Boy's & Girls Club		1,000 00
Check	7/31/2009	1336		Boy Scout Troop 200		2,171 00
Check	7/31/2009	1335		Boy Scouts Central Florida Council		10,000 00
Check	7/31/2009	1383		Boys Town of Central Florida		1,300.00
Check	7/31/2009	1374		Bread of Life Fellowship		580 00
Check	7/31/2009	1384		Camp Sunshine		1,000.00
Check	10/6/2008	1239		Campers Crusade for Christ		120 00
Check	7/31/2009	1326		CBC of Seminole		750 00
Check	7/31/2009	1327		CBC of Seminole		750 00
Check	7/31/2009	1375		Center for Independent Living Cent .		680 00
Check	7/31/2009	1339		Central Florida Humane Society		3,000 00
Check	7/31/2009	1385		CF Childrens Home		500 00
Check	7/31/2009	1355		Childrens Riglet Found		580 00
Check	7/31/2009	1330		Christian Help		4,449 20
Check	7/31/2009	1350		City of Life Foundation		2,500 00
Check	7/31/2009	1332		City of Orlando Charities		16,000 00
Check	7/31/2009	1358		Community Vision of Osceola Cnty		500 00
Check	7/31/2009	1356		Community Vision of Osceola Cnty		500 00
Check	7/31/2009	1387		Dating Foundation of Central Florida		500 00
Check	6/22/2009	1312		Discovery Church		1,000.00
Check	7/31/2009	1357		Discovery Church		1,000 00
Check	7/31/2009	1338		Dream Flight		6,388 00
Check	7/31/2009	1333		Epilepsy Asso of Central Fl		25,400 00
Check	7/31/2009	1404		Fl Hospital		6,000 00
Check	7/31/2009	1328		Florida Department of Health		500 00
Check	7/31/2009	1334		Florida Hospital Foundation		13,000.00
Check	7/31/2009	1376		Friends of Wekiva		500 00
Check	7/31/2009	1388		Friiedrichs Atopic		1,500 00
Check	7/31/2009	1351		Give Kids the World		500 00
Check	7/3/2009	1317		God H Agency		350 00
Check	2/27/2009	1282		GROWS Literacy Council	VOID	0 00
Check	9/15/2009	1413		GROWS Literacy Council		120 00
Check	7/31/2009	1377		Guys With Ties		500 00
Check	7/31/2009	1369		Harbor House		2,000 00
Check	7/31/2009	1378		Hayes Family Reunion		800 00
Check	7/31/2009	1390		HOPE - Helping Other People EAt		680 00
Check	7/31/2009	1359		Hospice for the Comforter		1,000 00

Schedule I

Charity Challenge, Inc.
Transaction Detail - Grants Paid
October 2008 through September 2009

Type	Date	Num	Adj	Name	Memo	Amount
Check	9/15/2009	1414		Hubbard House		4,000 00
Check	7/31/2009	1391		Hubbard House	VOID	0 00
Check	7/31/2009	1345		Jesusis 4 Foundation		1,900 00
Check	7/10/2009	1318		Jody King Memorial Fund		500 00
Check	7/31/2009	1360		Justice & Peace		259 20
Check	1/23/2009	1271		Ken Pruitt Jr memorial Scholarship		500 00
Check	11/19/2008	1251		Kids House		250 00
Check	11/19/2008	1252		Kids House		750 00
Check	7/31/2009	1331		Kidwork		493 20
Check	7/31/2009	1392		L 2 Sports		800 00
Check	7/31/2009	1370		Lighthouse of Orlando		1,000 00
Check	12/18/2008	1263		Luna Dulce		400 00
Check	7/31/2009	1361		Make a Wish Foundation		1,000 00
Check	12/18/2008	1261		mARGARETTA BALL	VOID·	0 00
Check	10/1/2008	1236		Melissa Meehan Medical Fund		1,000 00
Check	7/31/2009	1379		Mid Florida MS Society		500 00
Check	7/31/2009	1403		Monster Club		500 00
Check	7/31/2009	1393		NBA Cares	VOID	0 00
Check	3/31/2009	1288		New Image Youth Center		500 00
Check	2/26/2009	1280		Nouchelle Hastings		300 00
Check	7/31/2009	1394		Orlando Luthern Academy		2,600 00
Check	7/31/2009	1342		Orlando Magic Youth		15,000 00
Check	7/31/2009	1362		Police Athletic League		5,500 00
Check	7/31/2009	1341		Recovery House of Cent Fl		4,920 00
Check	3/31/2009	1289		Roberts Foundation		500 00
Check	7/31/2009	1340		Ronald McDonald House		6,000 00
Check	7/31/2009	1343		Rotary Club of Longwood		1,759 00
Check	7/31/2009	1344		Rotary Club of Seminole County S.		250 00
Check	5/20/2009	1302		Russ Gallaker		500 00
Check	7/31/2009	1395		Russel Home		1,000 00
Check	12/1/2008	1254		Sadie Holmes Help Service Inc		250 00
Check	2/26/2009	1279		Sarah Simkins Benefical Trust		500 00
Check	7/31/2009	1396		Second Harvest Food Bank		3,000 00
Check	7/31/2009	1397		Seminole Cnty Sch Families in Tra		836.00
Check	2/26/2009	1281		Sol Caliente		200 00
Check	7/31/2009	1399		Sotos Syndrome Support		1,200 00
Check	1/30/2009	1272		SSELL Home		500 00
Check	7/31/2009	1371		St Mary Magdalen		1,000 00
Check	7/31/2009	1410		Street Gideon Ministries		920 00
Check	7/31/2009	1402		Street Gideon Ministries	VOID·	0 00
Check	7/31/2009	1363		Suburbon Republican Women's Club		1,308 40
Check	7/31/2009	1372		Swamp Shack Scholarship Fund		840 00
Check	7/31/2009	1365		SWOP		1,000 00
Check	7/31/2009	1347		Tee-Lo Galf		1,772 00
Check	6/30/2009	1314		Threads of Compassion		1,650 00
Check	7/31/2009	1400		Threads of Compassion		350 00
Check	7/31/2009	1398		Timber Creek HS AVID Program		920 00
Check	6/5/2009	1306		Tony Rallings		150 00
Check	7/31/2009	1401		Truimphant Living Inc		260 00
Check	10/1/2008	1238		U C F Foundation		7,130 00
Check	4/1/2009	1287		U C F Foundation		6,250 00
Check	10/1/2008	1237		UCF Foundation	CC - XXI	6,250 00
Check	1/1/2009	1266		UCF Foundation	CC - XXI	6,250 00
Check	7/31/2009	1329		UCF Foundation	CC - XXI	13,000 00
Check	7/1/2009	1412		UCF Foundation	CC - XXI	6,250 00

Schedule I

Charity Challenge, Inc.
Transaction Detail - Grants Paid
October 2008 through September 2009

59-2944549
Pg 3 of 3

Type	Date	Num	Adj	Name	Memo	Amount
Check	7/1/2009	1315		UCF Foundation	CC - XXI	0 00
Check	7/31/2009	1358		United Way - Heart of FL		5,000 00
Check	7/31/2009	1373		XL Babies DJ Fund		1,000 00
Oct '08 - Sep 09						247,490 20

PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION | For calendar year 2008, or tax period beginning 10-01-2008, and ending 09-30-2009.

Name of Organization	Employer Identification Number
CHARITY CHALLENGE INC	59-2944549

990, Page 1, Line F

Principal officer name ... D LEE CONSTANTINE

or

Business Name:

Street Address ... 640 JASMINE RD

U.S. Address

Zip code 32701 City ALTAMONTE SPRINGS State FL

or

Foreign Address

City ...

Province or State ...

Country ...

Postal code ...

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008, or tax period beginning 10-01-2008, and ending 09-30-2009.	
Name of Organization		**Employer Identification Number**
CHARITY CHALLENGE INC		59-2944549

Part III - Statement of Program Service Accomplishments

Code:	Expenses. 247,490	including Grants of:	Revenue:

Exempt Purpose Achievements

FUNDS FOR LOCAL CHARITIES AND SCHOLARSHIPS See Sch. I

BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION | For calendar year 2008 or tax period beginning 10-01 , and ending 09-30-2009.

Name of Organization	Employer Identification Number
CHARITY CHALLENGE INC	59-2944549

Part VII Books In Care of

Individual Name or Business Name. MARIANN LANSING

Street Address 160 HATTAWAY DR

U.S. Address

Zip code 32701 City ALTAMONTE SPRINGS State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (407)339-0442

Fax Number