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Form

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 2009

Open to Public Inspection

A Forth	ne 2009 cal	ndar year, or tax year beginning, and ending				
B Check if	applicable	Please C Name of organization YOUTH FOR CHRIST INTERNATION	AL	D	Employ	er identification number
	change	use IRS MINISTRIES				
=		abel or Daniel Daniel Action 1997			84-1	1188718
Name c	hange		Poor /-	ııte E		ne number
] Initial re	tum	ype. Number and street (or P O box if mail is not delivered to street address)  See 7670 SOUTH VAUGHN COURT	Room/su	inc E	•	-843 <i>- 9000</i>
Termina	stion	Specific Character and TID 14		-	Gross receip	2 - 2 - 2 - 2 - 2
Amende	ed return	tions. ENGLEWOOD CO 80112			Gloss receip	5,115,020
Applicat	tion pending	F Name and address of pппсіраl officer		H(	a) Is this a	group return for
		DAVID WRAIGHT			affiliates	
		SAME AS ABOVE		וחו	b) Are all ar included	
					If "No," a	attach a list. (see instructions)
	xempt status					
	ite: N		<u> </u>			xemption number
		X Corporation Trust Association Other	L Year of for	nation 199	,5  N	State of legal domicile CC
Part I		mmary				· · · · · · · · · · · · · · · · · · ·
1	-	scribe the organization's mission or most significant activities	PT.TCM NMON	י שעה י	<b>4</b> ∪tımıs	OF
<u>ခ</u>		RNATIONAL PROGRAM MINISTRIES - PROMOTES EVANG	ELISM AMUI	G THE .	LOUTH	OF.
Governance	TRE	JNITED STATES AND THROUGHOUT THE WORLD.				
ž Š	Check thi	s box I if the organization discontinued its operations or disposed of more	ro than 250/ of th	not cooct-		
3 2		s box ▶ [] if the organization discontinued its operations of disposed of mol f voting members of the governing body (Part VI, line 1a)	ie iliali 23% Oi K	o net assets		11
8 3 0 4		f independent voting members of the governing body (Part VI, line 1a)			4	9
4					<del></del>	22
Ŕ	ECEL	ber et employees (Part V, line 2a) her of volunteers (estimate if necessary)				
					6	· ·
/a		s unrelated business revenue from Part VIII, column (C), line 12			7a	0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	ted fusiness taxable income from Form 990-T, line 34	<u> </u>	Prior Year	7b	Current Year
8-	-Contributi	مَارِينَ مِنْ الْمُعَالِينِ الْمُعَالِينِ (Part VIII, line 1h)		5,127,	456	3,681,140
୍ଚି ଚ	<b>COLL</b>	anne revenue (Part VIII, line 2g)		194,		23,986
10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			950	4,768
,		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			742	39,135
		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,362,		3,749,029
		d similar amounts paid (Part IX, column (A), lines 1–3)	<del></del>	- , <u>- ,</u>		
		aid to or for members (Part IX, column (A), line 4)	<del></del>			
4.5	•	other compensation, employee benefits (Part IX, column (A), lines 5–10)	<del> </del>	1,400,	605	1,106,364
16:		nal fundraising fees (Part IX, column (A), line 11e)	<del>                                     </del>	_,		=,=,00,001
		raising expenses (Part IX, column (D), line 25)  121,069	,			· · · <del>-</del>
		enses (Part IX, column (A), lines 11a–11d, 11f–24f)		3,917,	076	2,985,826
1 ''	•	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,317,		4,092,190
	-	less expenses Subtract line 18 from line 12	<del>                                     </del>		849	-343,161
	revenue	COS CAPONISCO CHORICANO TO HORI IIIIC 12	Beginn	ing of Current		End of Year
티 20	Total ass	ets (Part X, line 16)		2,059,		1,337,268
图 21		lities (Part X, line 26)			419	107,408
i 21		s or fund balances Subtract line 21 from line 20		2,027,		1,229,860
Part I		nature Block	•			, , , , , , , , , , , , , , , , , , , ,
		er penalties of perjury, I declare that I have examined this return, including accompanying	schedules and stat	ements, and	to the best	t of my knowledge
		belief, it is true, correct, and complete Declaration of preparer (other than officer) is base				
ign		Tho Rt			1	
ere		Signature of officer	<u> </u>		Date	0/ /
		JOHN G BASTIAN CFO				4/18/10
		Type or print name and title				
	<u> </u>	<u> </u>	Date	Check if		Preparer's identifying number
aid		ature JASON D. ADAMS, CPA	09/16/10	l solf		(see instructions) P00280895
repar		POYSTI & ADAMS, LLC	03/10/10	employed		100200093
se Or		400 C COLODADO DELED CERT COO			EIN D	
		ess, and ZIP + 4 DENVER, CO 80246			Phone	303-733-3796
av tha t					no 🕨	
		s this return with the preparer shown above? (see instructions)	<del></del>			Yes   No Form <b>990</b> (2009)
or Priva AA	acy Act an	I Paperwork Reduction Act Notice, see the separate instructions.				
						G17+18 -

orm	990 (2009) <b>YO</b>	UTH FOR C	HRIST INTER	NATIONAL	84-1188718			Page 2
			ram Service Acco					
I	Briefly describe t	the organization's in the organization of the	mission. <b>RAM MINISTR</b>	IES - PROMOTES OUT THE WORLD.	EVANGELISM	AMONG THE	YOUTH	OF
2	the prior Form 99	90 or 990-EZ?	v significant program se	ervices during the year which	were not listed on		Yes	X No
3	services?			nt changes in how it conducts	s, any program		Yes	X No
4	Describe the exe Section 501(c)(3	) and 501(c)(4) org	evernents for each of the ganizations and section	he organization's three larges n 4947(a)(1) trusts are require any, for each program service	ed to report the amount			
I A			RAM MINISTR	3 including grants of \$ IES - PROMOTES STATES AND TH	<b>EVANGELISM</b>	(Revenue \$	23,	, 986
4b	(Code	) (Expenses \$		including grants of \$		(Revenue \$		
4c	(Code	) (Expenses \$		including grants of \$		(Revenue \$		
4d	Other program s (Expenses \$	ervices (Describe	in Schedule O ) including grant	ss of \$	) (Revenue \$	·······	)	·
4e		service expenses						

Pa	art 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_		Х
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ļ		
	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, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		<b>.</b>	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			*
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			3,8
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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 United States?	14a	X	
b				
	business, and program service activities outside the United States? 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		<u> </u>
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 a total of more than \$15,000 of expenses for professional fundraising services			77
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	امدا		v
20	If "Yes," complete Schedule G, Part III	19		$\frac{\mathbf{x}}{\mathbf{x}}$
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States 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 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		$\mathbf{x}_{-}$
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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 lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
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		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		·	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
_	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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	25		
-	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.	30		
•	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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Eor-	npp.	(2000)

<u> </u>	TITY Statements Regarding Other IRS Filings and Tax Compliance					г —	
10	Enter the number reported in Box 3 of Form 1006, Applied Summers and Transmitted of				F	Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4.	١,	5			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	_	<u>,                                     </u>		1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		_	· · · · · ·			
•	gaming (gambling) winnings to prize winners?	portabl			1c	X	<b>†</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	l		<u>                                   </u>	<del></del>	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	22			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing				2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						1
	instructions)				1	1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d 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				_3b		
4a	, and the second of the second						
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial					
	account)?				4a		X
þ	If "Yes," enter the name of the foreign country				1		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank					
E	and Financial Accounts						
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	42			_ 5a	<del> </del>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi				_ 5b	-	^
Ŭ	Prohibited Tax Shelter Transaction?	arung			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie.			30	<del>                                     </del>	<del> </del>
	organization solicit any contributions that were not tax deductible?				6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).					*	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods					
	and services provided to the payor?				7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS					
	required to file Form 8282?	F I			7c_	_	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				ł	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p benefit contract?	ersona	11				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act2			7e 7f	-	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7 <u>1</u> 7g		<del>                                     </del>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0				<u> </u>		<del>                                     </del>
	required?				7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				Ι.		
	organization, have excess business holdings at any time during the year?				8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.				İ		_
а	Did the organization make any taxable distributions under section 4966?				9a		<u> </u>
. b	Did the organization make a distribution to a donor, donor advisor, or related person?				9ь_	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter	1 !					
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of plub facilities	10a					
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	10b		<del></del>			
ıı a	Gross income from members or shareholders	44				[	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	_				
~	amounts due or received from them )	11b					ŀ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a		İ
b	18 March 11 and 12 and 13 and 14 and 15 and	12b	_				<u> </u>
			_				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.					
<u>Sec</u>	tion A. Governing Body and Management				· · · · ·	
		1.	1 4 4		Yes	No
1a	Enter the number of voting members of the governing body	1a	9		ļ ^	!
Ъ	Enter the number of voting members that are independent	1b	<u> </u>		•	
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?					X
3	Did the organization delegate control over management duties customarily performed by or under the direct			2	<del> </del>	_
3	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?	illeu :		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
ь	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			1.5	7	
•	the year by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, 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			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the	ntern	al		L.,	<u></u>
	renue Code.)					
			•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		х
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?			10b	L	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			_11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
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?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c	X	
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?					ال ا
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					'
16a	• • • • • • • • • • • • • • • • • • • •					1
	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			-	_	ا ا
	the organization's exempt status with respect to such arrangements?			16b		<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AR, AZ, CO, FL, GA, KY, MN		NH, TN,	JT, VA,	WA	
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 X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	erest				
22	policy, and financial statements available to the public	£ 41 -				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization   THE ORGANIZATION 7670 S VAUGHN CT	i tne				
	Organization F This Official Authority 1010 3 VAUGIN CT					

CO 80112

**ENGLEWOOD** 

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of "key employee"
- 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, and 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 comper	nsate	e an	y cur	rent	offic	er, d	lirector, or trustee			
(A) Name and Title	(B) Average hours per			chec		that a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
DAVID WRAIGHT											
PRESIDENT		X		X				106,328	0	9,296	
MAARTEN VAN HELDE	N										
MEMBER-AUDIT		X						0	0	0	
SAM WOLGEMUTH											
CHAIRMAN		X		X				0	0	0	
DEAN RUECKERT											
DEPUTY CHAIR		X		X				0	0	0	
ALFRED MCDONALD									· ·		
SECRETARY		X		X				0	0		
GUNNAR LIE									-	-	
MEMBER		X						0	0	0	
SATU VIALI											
MEMBER		X						0	0	0	
MARCELO GUALBERTO	DA SIL										
MEMBER		X				<u></u>		0	0	0	
JEAN BAPTISTE MUÇ	ARURA										
MEMBER		X				<u> </u>		0	0	0	
ALFONS HILDEBRAND	T										
MEMBER		X						0	0	0	
PETER HALDER											
MEMBER		X				<u> </u>		0	0	0	
JOHN BASTIAN				İ							
DIR OF FIN				X				65,431	0	9,506	
				<u> </u>	_		<u> </u>				
1											
		<u> </u>	<u> </u>	<del> </del>	$\vdash$	$\vdash$		<u> </u>	<del></del>		
+											
		<u> </u>		<del> </del>		├	-			<del> </del>	
+				1							
	<del></del>	-	<del> </del>	-		├	⊢				
1											
		ı				1	ľ	I			

1	Pad	e	٤

Par	t VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)	
•	(A) Name and Title	(B) Average hours per			chec		hat a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
										<del></del>	
										<u>-</u>	
							<u> </u>				
							_				
									171 750		10.000
1b	Total		4	.1.1.			4. 1.	<u> </u>	171,759		18,802
2	Total number of individuals (in reportable compensation from				tnos	e lis	ted a	IDOV	e) who received more than	\$100,000 in	
											Yes No
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Scheen	dule	J for	suc	h ind	dividu	ıal			3 X
4	For any individual listed on lin the organization and related o individual	rganizations grea	ater	than	\$15	0,00	07 lf	"Ye	s," complete Schedule J fo	r such	4 X
5	Did any person listed on line 1 services rendered to the organ									r 	5 X
Sec	tion B. Independent Contract										
1	Complete this table for your fir compensation from the organi	ve highest complication	ensa	ited i	nde	pend	lent o	conti			
	Name and	(A) business address						<u> </u>	Descrip	(B) tion of services	(C) Compensation
								_			
				<u>.</u>		_		ļ			
2	Total number of independent	contractors (incli	ıdıng	, but	not	lımıt	ed to	tho	se listed above) who receiv	ved	
DAA	more than \$100,000 in compe	ensation from the	orga	anıza	ation	<u> </u>				<del></del>	0 Form <b>990</b> (2009)

Pa	rt V	III Statement of Reve	nue					
1	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
សស	12	Federated campaigns	1a			TOVENIE		312, 313, 01 314
un Tu	h	Membership dues	1b					
P.E		Fundraising events	1c					
ifts	ن د	<del>-</del>						
Pie Big	a	Related organizations	1d					,
Sir	e	• , ,	1e					
e ti	t	All other contributions, gifts, grants, and similar amounts not included above						
of i				<u>,681,140</u>				
o e	9		1f \$					
Program Service Revenue   Contributions, gifts, grants	<u>h</u>	Total, Add lines 1a-1f			3,681,140			
J.				Busn. Code				
3ve	2a	CONFERENCE INCOME		900099	23,986			23,986
2	b							
ζi	С							
Ser	d							
ᇤ	е				·			
g	f	All other program service reve	nue					
P.	g			<b>•</b>	23,986			
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)	•	▶	4,768			4,768
	4	Income from investment of tax	-exempt bond	proceeds •				
	5	Royalties	CACITIPE DOTIC	<b>P</b> 10000000				
		(i) Real	(1)	Personal				
	6a	Gross Rents		1 Croonar			``	
	oa L		<del></del>					
	D	Less rental exps			" 54			â <sub>¢\$</sub> ,
	C	Rental inc or (loss)				,, , , , , , , , , , , , , , , , , , ,		
	d 7a	Net rental income or (loss) Gross amount from		.) 045				
		sales of assets (i) Securities	3 (1	i) Other				
	_	other than inventory						<b>b</b>
	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b>&gt;</b>				
ē	8a	Gross income from fundraising eve	nts					
enn		(not including \$						į
ev		of contributions reported on line 1c)	).					
F		See Part IV, line 18	a					ļ
Other Revenue	b	Less direct expenses	b					
0	С	Net income or (loss) from fund	Iraising events	<b>&gt;</b>				
		Gross income from gaming activitie						ı
		See Part IV, line 19	a					1
	ь	Less direct expenses	ь					
		Net income or (loss) from gam	ung activities	<b>•</b>				
		Gross sales of inventory, less						6
		returns and allowances	a					
	h	Less cost of goods sold	ь —					
		Net income or (loss) from sale			-			
		Miscellaneous Revenue		Busn. Code				
	44-	<del></del>		900099	30 135			20 40-
	11a	MISCELLANEOUS INCOME		300039	39,135			39,135
	b							
	C	A.H 41						
	d	All other revenue		<u> </u>				<del> </del>
	е	Total. Add lines 11a-11d		<b>•</b>	39,135			
	12	Total Revenue. See instructio	ns	▶	3,749,029	0	0	67,889

Form 990 (2009)

### 84-1188718

Statement of Functional Expenses Part IX

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

	All other organizations must co		e not required to compl	ete columns (B), (C), and (D	)).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	<del></del>		5,40,1000	gonora: exponed	
	organizations in the U.S. See Part IV, line 21				
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			1	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<del>-</del> · · · · · · · · · · · · · · · · · · ·
	trustees, and key employees	190,561	42,531	126,764	21,266
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	758,716	494,116	187,934	76,666
8	Pension plan contributions (include section 401(k)		1		
	and section 403(b) employer contributions)	8,700	8,700		
9	Other employee benefits	101,834	29,872	71,962	
10	Payroll taxes	46,553	27,932	13,966	4,655
11	Fees for services (non-employees)		,		
а					
ь	Legal				
С	Accounting	6,859		6,859	
d	Lobbying	1			
е	Professional fundraising services See Part IV, line 17		2:	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	
f	Investment management fees				
g		24,669	10,909	11,450	2,310
12	Advertising and promotion	•			
13	Office expenses	94,905	61,491	33,414	
14	Information technology				
15	Royalties			****	
16	Occupancy	21,256	3,163	18,093	
17	Travel	102,128	76,949	9,007	16,172
18	Payments of travel or entertainment expenses	•	•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,425	7,155	270	
20	Interest	1,060		1,060	
21	Payments to affiliates	2,565,304	2,565,304	<b>,</b>	
22	Depreciation, depletion, and amortization	16,474	9,473	7,001	
23	Insurance	38,493	7,109	31,384	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	ļ			
	5% of total expenses shown on line 25 below )				
а	SUPPORT TO OTHER OFFICES	49,550	42,249	7,301	
b	EQUIPMENT REPAIR & MAINT	32,409	12,997	19,412	
С	TRAINING/DEVELOPMENT	13,738	10,295	3,443	
d	HOSPITALITY	6,045	2,374	3,671	
е	DUES & SUBSCRIPTIONS	4,853	819	4,034	
f	All other expenses	658	605	53	
_25	Total functional expenses. Add lines 1 through 24f	4,092,190	3,414,043	557,078	121,069
26					
DAA					5 000 (0000)

Page 10

Part_	X Balance Sheet					
•				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			600,114	1	368,024
2	Savings and temporary cash investments			662,889		649,056
3	Pledges and grants receivable, net			8,500		
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors,	trustees kev				
	employees, and highest compensated employees Com	-				
	Schedule L	pioto i dit ii oi			5	
6		under section			,	
"	4958(f)(1)) and persons described in section 4958(c)(3)(					
	Part II of Schedule L	b) complete			6	
7			ŀ		7	
7 8	Inventories for sale or use				8	
9			}		9	
		1 1	•		9	<u> </u>
100	a Land, buildings, and equipment cost or	40-	459,299			
Ι.	other basis Complete Part VI of Schedule D	10a		333,937		220 100
- 1	Less accumulated depreciation	10b	139,111	333,931	10c	320,188
11	Investments—publicly traded securities		-		11	
12	Investments—other securities See Part IV, line 11		-		12	<u> </u>
13	Investments—program-related See Part IV, line 11		-		13	
14	Intangible assets			454 065	14	
15	Other assets See Part IV, line 11			454,365	15	
16	Total assets. Add lines 1 through 15 (must equal line 34	ł)	<del></del>	2,059,805	16	1,337,268
17				32,419	17	22,408
18	Grants payable				18	
19	Deferred revenue		_		19	
20	Tax-exempt bond liabilities		_		20	
21 22	Escrow or custodial account liability Complete Part IV o	f Schedule D			21	
22	Payables to current and former officers, directors, truste	es, key				
1	employees, highest compensated employees, and disqu	alified				
i	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties			23	85,000
24	Unsecured notes and loans payable to unrelated third pa	arties			24	
25	Other liabilities Complete Part X of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			32,419	26	107,408
27	Organizations that follow SFAS 117, check here ▶ X	and				
2	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets			505,131	27	480,901
28	Temporarily restricted net assets			1,522,255	28	748,959
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check her	e ▶ 🗌				
[	and complete lines 30 through 34.			· ·		
30	Capital stock or trust principal, or current funds				30	
31		fund			31	
32					32	
30 31 32 33 34	Total net assets or fund balances			2,027,386		1,229,860
34	Total liabilities and net assets/fund balances		Ì	2,059,805		1,337,268

Form **990** (2009)

Fom	1 990 (2009) YOUTH FOR CHRIST INTERNATIONAL 84-1188718		Pa	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		<u> </u>	
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	
С	If "Yes" to line 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		i	
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	35	1	1

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

YOUTH FOR CHRIST INTERNATIONAL MINISTRIES

Employer identification number 84-1188718

P	art I	Reas	on for Public Charity	Status (All organizations	must c	complet	e this	part.) :	See ir	struct	tions.		
he	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	one box	)						
1	$\bigcap$	A church, coi	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(a	A)(ii). (Attach Schedule E )									
3	H			ce organization described in sec	ction 170	(b)(1)(A)(i	iii).						
4	П	•	·	d in conjunction with a hospital of			•	)(1)(A)(i	ii). Ente	r the ho	ospital's name	<u>.</u>	
٠		city, and state	•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			,	
5	П	• •		of a college or university owned	or operati	ed by a de	overnme	ental uni	t descri	hed in			
Ŭ	ш	-	b)(1)(A)(iv). (Complete Part	•	or operat	ou by u g		intal all	. 000011	D00 III			
6				overnmental unit described in s	action 17	0/b\/4\/A	1/1/1						
7	X			substantial part of its support fro				from the	GODOL	d aublio			
′		_	•	•	om a gove	errinicintal	unit or	iioiii tiie	genera	ii public	•		
			section 170(b)(1)(A)(vi). (Co		11.5								
8	$\vdash$			70(b)(1)(A)(vi). (Complete Part I) more than 33 1/3 % of its sup					ın foos				
9	Ш												
				npt functions—subject to certain									
		• •	_	nd unrelated business taxable in 0, 1975 See section 509(a)(2).	•			t) HOIT L	Jusines:	562			
40	[]		•	, , , , , , , , , , , , , , , , , , , ,	` '		•						
10	$\vdash$		•	exclusively to test for public safe	•				. out the	_			
11		-	- '	exclusively for the benefit of, to ed organizations described in se	•			-			•		
				he type of supporting organizati					•	Secuon	•		
		a Type		c Type III-Function		-	d i	— ·	e IIIOt	hor			
		<u> </u>	<b>□</b> ••	anization is not controlled direc									
е	$\Box$	-		and other than one or more put	-						,		
			section 509(a)(2)	and other than one of more par	onciy supp	orted org	anizatio	113 4636	indea iii	30000	•		
f			` ' ' '	rmination from the IRS that it is	a Tyne I	Type II.	or Type	III sunna	ndina				
•		-	check this box		a Type I,	Type II,	oi type	зарр	Ji tinig				
_		- ·		tion accepted any gift or contrib	ution from	any of th	10						لبا
9		following per	· · · · · · · · · · · · · · · · · · ·	non accepted any girt of contrib	anon non	i any or n							
		•		ontrols, either alone or together	with ners	nne daecr	shed in (	u)				Yes	No
		• • •	•	f the supported organization?	With perso	)113 GC3C1	ibed iii (	''',			11g(i)	1.63	"
			member of a person describ	• • •							11g(iı)	<del> </del>	<u> </u>
				described in (i) or (ii) above?							11g(iii	1	<del> </del>
h		• •	• •	he supported organization(s)							[118/11	и	L .
	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the (	organization	(v) Did v	rou notify	(vi)	s the	(viı) Am	ount of	
(')		janization	(11) 2.114	(described on lines 1–9	1 ' '	sted in your		nization in	organizat	ion in col	sup		
				above or IRC section	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>				1				
					1				1				
					1								
											. <u>.</u>		
					<del>                                     </del>	<u> </u>	<u> </u>	<u> </u>	-				
Tota	ıi				1	1	]	l	1				

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 A (Form 990 or 990-EZ) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(d) 2008

84-1188718

(e) 2009

Page 3

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

(b) 2006

(c) 2007

		1							
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_		_
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the	j							
	amount on line 13 for the year		-			<del> </del>			
•	Add lines 7a and 7b		* .			<del> </del>		<del></del>	
8	Public support (Subtract line 7c from line 6)			<del> </del>					
	tion B. Total Support	T	1		1	<del></del>			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	<del>9</del>	(f) Total	
9	Amounts from line 6					<del> </del>	-+		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					<b></b>		·	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12 )	L,	<u></u>			<u> </u>			
14	First five years. If the Form 990 is for the	•	t, second, third, for	irth, or fifth tax ye	ar as a section 50	1(c)(3)			_
<u></u>	organization, check this box and stop her								<u> </u>
	tion C. Computation of Public St				<del></del>	<del></del>			
15	Public support percentage for 2009 (line 8		•	n (t))			15		<u>%</u>
16	Public support percentage from 2008 Sch						16		%
	tion D. Computation of Investme			column (f)		<del></del>	47		0/
17	Investment income percentage for 2009 (I		•	, column (1))			17		%
18	Investment income percentage from 2008			14. and has 45:	a mara th 22 4/2	 الحمم / ۱۰۵	18	<del></del>	%
19a	33 1/3 % support tests—2009. If the orga								Г
ь	17 is not more than 33 1/3 %, check this to 33 1/3 % support tests—2008. If the organization		_	•	• • • •		and	_	L
U	line 18 is not more than 33 1/3 %, check t			•				_	Γ-
20	Private foundation. If the organization did	-	_		•	-			-
DAA	ato roundation, it the organization die	SILON & DUX	iiio 14, 13a, 01	, oneon this De			000	or 000 EZ\ 2	

Schedule A (Form 990 or 990-EZ) 2009 YOUTH FOR CHRIST INTERNATIONAL

84-1188718

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

\$

120,751

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number YOUTH FOR CHRIST INTERNATIONAL **MINISTRIES** 84-1188718 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes | No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Sche		CHRIST INTER			<u> 34-11887</u>			Page 2
	art III Organizations Maintaining						s (continue	:d)
3	*Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, chec	k any of the followir	ng that are	a significant us	e of its		
а	Public exhibition	d 🗌 Loan o	r exchange program	ıs				
b	Scholarly research	e 🗌 Other						
С	Preservation for future generations							
4	Provide a description of the organization's coll Part XIV	lections and explain how t	hey further the orga	nızatıon's e	exempt purpose	ın		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, he be maintained as part of t	nistorical treasures, che organization's co	or other sir	nılar		Yes	☐ No
Pa	art IV Escrow and Custodial Arra	ngements. Complet	e if the organiza	ation ans	swered "Yes	" to Form	990, Part	
	IV, line 9, or reported an am	ount on Form 990, I	Part X, line 21.		_			
1a	Is the organization an agent, trustee, custodia	n or other intermediary for	r contributions or oth	ner assets	not			
	included on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	ı table					
							Amount	
C						1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	•					1f		
	Did the organization include an amount on For	rm 990, Part X, line 21?					Yes	∐ No
	If "Yes," explain the arrangement in Part XIV	-1		- F	200 Ded IV	line 40		
<u> </u>	art V Endowment Funds. Comple	T					t (a) Faur va	am book
		(a) Current year	(b) Pnor year	(c) Two ye	ars back (u) II	hree years bad	k (e) Four ye	ars back
_	Beginning of year balance	1,067,890	930,026 4,701,612					
b		3,074,831	4,701,612	*			-	
C	: Net investment earnings, gains,			·				
	and losses							
	Grants or scholarships							
е	Other expenditures for facilities	3,393,762	4,563,748	×				
	and programs Administrative expenses	3,333,702	4,505,140					
'	End of year balance	748,959	1,067,890				<del>-  </del>	
2			2,00.,000	l	I .			
	Board designated or quasi-endowment	%						
	Permanent endowment ▶ %	~						
	Term endowment ► _100.00 %							
3a	Are there endowment funds not in the posses	sion of the organization th	at are held and adm	ninistered f	or the			
-	organization by						Ye	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Scho	edule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endowmen	t funds				,	
Р	art VI Investments—Land, Buildi	ngs, and Equipmen	t. See Form 99	0, Part X	(, line 10.			
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner	(c) Accumula	ted	(d) Book val	lue
		(investment)	basis (other	)	depreciation	n	_	
18	Land			,360				,360
t	Buildings		321	,550	37	,569	283	,981
•	Leasehold improvements							
c	i Equipment		113	,389	101	,542	11	.,847
	Other	<u> </u>	<u></u>					
Tota	al. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, col	lumn (B), line 10(c)	)		<b>•</b>	320	,188
						Cabad	ula D (Form 0	001 2000

Schedule D (Form 990) 2009 100TH FOR CHRIST IN		84-1188/18	Page 3
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
` (a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
	_	-	· · · · · · · · · · · · · · · · · · ·
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Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>D</b>		
Part VIII Investments—Program Related. See Form		J	· · · ·
(a) Description of investment type	(b) Book value	(c) Method o	fyaluation
(a) besomption of investment type	(b) Book Value	Cost or end-of-year	
		Cost of ena-or-year	
			<u>.</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>D</b>	I	
Part IX Other Assets. See Form 990, Part X, line 1	5.		
(a) Description	1		(b) Book value
<u> </u>			<del></del> .
		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b></b>	
Part X Other Liabilities. See Form 990, Part X, lin	e 25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes		1	
		1	
		1	
		1	
Total (Column (b) must equal Form 000, Bod V, and (B) line 25.)		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>&gt;</b>	<u> </u>	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the o	organization's financial stateme	nts that reports the	
organization's liability for uncertain tax positions under FIN 48			

	dule D (Form 990) 2009 YOUTH FOR CHRIST INTERNATIONAL	L 84-11887	18	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial States</b>	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,749,029
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	4,092,190
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-343,161
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV )		_ 8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-343,161
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	<u>eturn</u>	
1	Total revenue, gains, and other support per audited financial statements		1	3,749,029
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	4 1	
С	Recoveries of prior year grants	2c	<b>-</b>	
d	Other (Describe in Part XIV)	2d	J	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	r ı	3	3,749,029
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV )	4b	J	
С	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	3,749,029
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return	4 000 100
1	Total expenses and losses per audited financial statements		1	4,092,190
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	l <sub>-</sub> 1		
a	Donated services and use of facilities		-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
ď	Other (Describe in Part XIV )		<del>  </del>	
e	Add lines 2a through 2d		2e	4 000 100
3	Subtract line 2e from line 1	ſ	3	4,092,190
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 -	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIV )	4b	<del>  </del>	
	Add lines 4a and 4b		4c	4,092,190
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,092,190
	art XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin			
	•	es 2d and 4b Also complete		
uns p	part to provide any additional information			
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Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH FOR CHRIST INTERNATIONAL MINISTRIES

Open to Public Inspection

Employer identification number 84-1188718

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL	AMERICA & THE	CARIBBEAN	PROGRAM SERVICES	YOUTH EVANGELISM	54,122
EAST AS	IA & THE PACIF	ıc	IIIOUILII DIIIVIOID	TOOTH DVINGEEDIT	34,122
	1	2	PROGRAM SERVICES	YOUTH EVANGELISM	99,653
EUROPE					
	1		PROGRAM SERVICES	YOUTH EVANGELISM	128,055
MIDDLE	EAST & NORTH A	FRICA			
			PROGRAM SERVICES	RADIO MINISTRY	30,889
NORTH A	MERICA (CANADA	& MEXICO)			
DWGGTA			PROGRAM SERVICES	YOUTH EVANGELISM	149,324
RUSSIA	& THE NEWLY IN	DEPENDENT STA			00.445
SOUTH A	MERICA		PROGRAM SERVICES	YOUTH EVANGELISM	99,448
SOUTH A	MARICA		PROGRAM SERVICES	YOUTH EVANGELISM	47,580
SOUTH A	STA	<del></del>	TROGRAM BERVICES	TOOTH EVANGERISM	47,380
			PROGRAM SERVICES	YOUTH EVANGELISM	744,412
SUB-SAH	IARAN AFRICA				, , , , , , , , , , , , , , , , , , , ,
	1	2	PROGRAM SERVICES	YOUTH EVANGELISM	1,067,162
		, ,			
	<del></del>				_
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otals 🕨	.   3	4			2,420,645

Page 2	Form 990, ▶ □	(i) Method of valuation (book, FMV, appraisal, other)	•							٠	•
	wered "Yes" to \$5,000	(h) Description of non-cash assistance					*				
	organization ans sived more than	(g) Amount of non-cash assistance									
	Somplete if the one receptions rece	(f) Manner of cash disbursement			-	 . <u>-</u>					
84-1188718	United States. ( this box if no or	(e) Amount of cash grant									
YOUTH FOR CHRIST INTERNATIONAL 8	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed										
CHRIST I	nce to Organizatipient who rece 90) if additional	(c) Region						-			
YOUTH FOR	<b>Grants and Other Assistance to Organizations or I</b> Part IV, line 15, for any recipient who received more Use Schedule F-1 (Form 990) if additional space is	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990) 2009	Part II Grants and Part IV, line Use Schedi	1 (a) Name of organization									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Schedule F (Form 990) 2009

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, mie 10.	(h) Method of valuation (book, FMV, appraisal, other)	•								
168 10 FOILI 390, FG	(g) Description of non-cash assistance									
iization alloweled	(f) Amount of non-cash assistance									
	(e) Manner of cash disbursement									
eded.	(d) Amount of cash grant									
tional space is ne	(c) Number of recipients									
rm 990) if addi	(b) Region									
Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance									

Schedule F (Form 990) 2009 YOUTH FOR CHRIST INTERNATIONAL

84-1188718

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE O** 

(Form 990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

YOUTH FOR CHRIST INTERNATIONAL MINISTRIES

Employer identification number 84-1188718

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY THE DIRECTOR OF FINANCE BEFORE BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EVERY EMPLOYEE IS REQUIRED TO FILL OUT THE CONFLICT OF INTEREST DISCLOSURE

LETTER DESCRIBING ANY POTENTIAL CONFLICT. THESE FORMS ARE REVIEWED ANNUALLY

BY THE DIRECTOR OF FINANCE AND THE COO. IN SOME CASES THE CEO/PRESIDENT

WILL BE MADE AWARE OF ANY POTENTIAL CONFLICTS. WE REVIEW WITH THE EMPLOYEES

AT PERIODIC TIMES THROUGHOUT THE YEAR WHAT MIGHT BE A POSSIBLE CONFLICT AND

REQUIRE EMPLOYEES TO UPDATE THEIR FORM IF THEY FEEL ANYTHING HAS CHANGED

WITH REGARDS TO POSSIBLE CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE DIRECTOR OF FINANCE USES DIFFERENT THIRD-PARTY INFORMATION TO ENSURE
THAT OUR COMPENSATION IS IN-LINE WITH OTHER RELIGIOUS ORGANIZATIONS OR
PARA-CHURCH MINISTRIES. SOME OF THESE PROVIDERS ARE LOCAL CHURCHES OR
MINISTRIES THAT WORK IN A SIMILAR FIELD. WE HAVE ALSO UTILIZED INFORMATION
FROM ECFA WHICH SHOWS COMPENSATION LEVELS FOR NUMEROUS POSITIONS FOR
DIFFERENT REGIONS OF THE COUNTRY. COMPENSATION LEVELS ARE THEN APPROVED BY
A COMPENSATION COMMITTEE MADE UP OF AT LEAST 3 MEMBERS OF OUR INTERNATIONAL
BOARD. THIS OCCURS ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE DIRECTOR OF FINANCE USES DIFFERENT THIRD-PARTY INFORMATION TO ENSURE

THAT OUR COMPENSATION IS IN-LINE WITH OTHER RELIGIOUS ORGANIZATIONS OR

YOUTH FOR CHRIST INTERNATIONAL

Employer identification number 84-1188718

PARA-CHURCH MINISTRIES. SOME OF THESE PROVIDERS ARE LOCAL CHURCHES OR MINISTRIES THAT WORK IN A SIMILAR FIELD. WE HAVE ALSO UTILIZED INFORMATION FROM ECFA WHICH SHOWS COMPENSATION LEVELS FOR NUMEROUS POSITIONS FOR DIFFERENT REGIONS OF THE COUNTRY. COMPENSATION LEVELS ARE THEN APPROVED BY A COMPENSATION COMMITTEE MADE UP OF AT LEAST 3 MEMBERS OF OUR INTERNATIONAL BOARD. THIS OCCURS ANNUALLY.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED WISCONSIN

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION WE COMMUNICATE THE AVAILABILITY OF THESE DOCUMENTS PERIODICALLY THROUGHOUT THE YEAR IN MAILINGS AND COMMUNICATIONS TO OUR DONORS; FOR EXAMPLE, IN OUR ANNUAL REPORT. WE ALSO HAVE POSTED OUR TAX RETURN AND FINANCIAL STATEMENTS WITH ECFA AND THEY ARE AVAILABLE ELECTRONICALLY TO ANYONE WHO WOULD LIKE TO REVIEW THEM. IF WE RECEIVE ANY WRITTEN OR EMAIL REQUEST FOR DOCUMENTS WE WILL MAIL THEM TO THE PERSON REQUESTING THE INFORMATION.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No '1545-0047 2009

▶ Attach to Form 990.

84-1188718

▶ See separate instructions.

YOUTH FOR CHRIST INTERNATIONAL

MINISTRIES

Name of the organization Department of the Treasury Internal Revenue Service

Open to Public **Employer identification number** Inspection

(f)
Direct controlling
entity (f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 11A identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income 50103 (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) ္ပ EVANGELISM (b) Primary activity (b) Primary activity 74-2527177 (a) (a) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity 80155 YOUTH FOR CHRIST FOUNDATION ္ပ PO BOX 4555 ENGLEWOOD Part II Parti

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009 YOUTH FOR CHRIST INTERNATIONAL

managing partner? General or Yes No Schedule R (Form 990) 2009 Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) amount in box 20 of Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI Schedule K-1 (Form 1065) end-of-year assets Share of <u>6</u> (h) Dispro-portionate Yes No alloc 7 (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under Direct controlling sections 512-514) ਉ (d) Direct controlling entity Legal domicile foreign country) (state or (c)
Legal
domicile
(state or country) foreign Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III δ

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) PartV

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	2
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1	
Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		13		×
Gift, grant, or capital contribution to other organization(s)		1p		×
Gift, grant, or capital contribution from other organization(s)		10	×	
Loans or loan guarantees to or for other organization(s)		19	_	×
Loans or loan guarantees by other organization(s)		10		×
Sale of assets to other organization(s)		<u>िं</u>	•	; <b>×</b>
Purchase of assets from other organization(s)		-		×
		4	ļ	×
Lease of facilities, equipment, or other assets to other organization(s)		<b>[</b>		×
Lease of facilities, equipment, or other assets from other organization(s)		1 =	-	×
Performance of services or membership or fundraising solicitations for other organization(s)		+		×
Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		13	×	
		=		×
Reimbursement paid to other organization for expenses		~	77	, ×
Reimbursement paid by other organization for expenses		100	L	×
		` ;	, 3	
Other transfer of cash or property to other organization(s)		19		• •
Other transfer of cash or property from other organization(s)		11.		×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tion thresholds			
(e)	(p)	(c)		
Name of other organization	Transaction type (a-r)	Amount involved	volved	
YEC FOUNDATION	υ		7,	,475
YEC FOUNDATION	M			•
				u
	S	Schedule R (Form 990) 2009	ы 990	) 2009

Schedule R (Form 990) 2009 YOUTH FOR CHRIST INTERNATIONAL

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

at or- ging er?	Š,					Ü	2009
(h) General or managing partner?	Yes	 				 	 rm 990)
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	•						Schedule R (Form 990) 2009
(f) Disproportionate allocations?	õ						
(f) Disproport allocatio	Yes						
(e) Share of end-of-year assets							
) nartners non s)(3)	ş	 					
(d) Are all partners section 501(c)(3) organizations?	Yes						
(c) Legal domicile (state or foreign country)							
(b) (c) Pnmary activity Legal of (state or cour							
(a) Name, address, and EIN of entrty							

(9) (10) Totals

For	ns 00 / 990-PF	1 5	2009				
<b>33</b>	4	เบบษ					
Name	•	For calendar year 2009,		, and ending	Employer Identificat	ion Numbe	
	OUTH FOR CHRIS	ST INTERNATIO	ONAL		04 4400746		
MI	NISTRIES	<u> </u>			84-1188718		
FC	RM 990, PART	X, LINE 23 -	- ADDITIONAL	LINFORMATION			
	<del></del>	ame of lender		Relationship	to disqualified person		
	LINE OF CREDI	T					
2)							
3) 4)	·			<del></del>	<del></del>		
5)						••	
6)							
7)							
8)							
9)	<del> </del>				<del></del>		
10)					-		
	Original amount		Maturity	1		Interest	
	borrowed	Date of loan	date	Repayment ten	ms	rate	
1)	85,000	01/05/09	07/10/10	MONTHLY PYMTS		5.00	
2)							
3)							
4) 5)							
5) 6)				-			
7)		<u> </u>			-		
8)							
9)							
10)							
					* · · · · · · · · · · · · · · · · · · ·		
	Socur	ity provided by borrower		Dum	ess of lean		
1)	GENERAL ASSET			Purp	ose of loan	<del></del>	
2)							
3)							
4)					-		
5)							
6)				<u> </u>			
7)					<del> </del>		
8) 9)			<u> </u>	<del>                                     </del>			
10)					· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Consideration	on furnished by lender		Balance due at	Balance due at Balance due at beginning of year end of year		
1)	Consideration			Dogminig of year		5,000	
2)							
3)							
3) 4)							
(2) (3) (4) (5)							
(3) (4)							

85,000