Form **990** 

## **Return of Organization Exempt From Income Tax**

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

2007

Department of the Treasury Internal Revenue Service(77) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

-	A I	For the 2007 cale	n <mark>dar year,</mark>	or tax year beg	inning 4,	<b>'</b> 01	, 2007	7, and e	ending	3/31	L		, 2008	
E	В	Check if applicable		С				•			D Emp	loyer Ide	entification Numbe	t
		Address change	Please use IRS label	ILEN CHAL			ERN CALIF	ORNI	A		95	-268	3852	
		Name change	or print or type.	5445 CHIC							E Tele	phone n	umber	
		Initial return	See specific	RIVERSIDE	, CA 925	507					(9	51)	682-8990	
		Termination	Instruc- tions.									ounting nod:		X Accrual
		Armended return									Other (s	<u> </u>		
		Application pending	Section 1	ion 501(c)(3) or	anizations :	and 4947(:	aV1) nonevem	nt.	H and I	are not applic	able to se		7 organizations	
			chari	itable trusts mu	st attach a c	ompleted	Schedule A	^		Is this a grou				X No
			(For	n 990 or 990-EZ	).					If 'Yes,' enter				
<u> </u>	G '	Web site: ► N/A							H (c)	Are all affilia	tes includ	ed?	Yes	∏ No
J	J	Organization type	:				_	٦		(If 'No,' attac			•	
_		(check only one)		- X <sub>501(c)</sub>	3 <b>⋖</b> (inse		4947(a)(1) or	527	H (d)	Is this a sepa				_
ŀ		Check here 🏲 🔲 i								organization			103	X No
		gross receipts are organization choo	normally ses to file	not more than to	\$25,000 Are	eturn is no omnlete re	it required, but		1	Group Exe				
-		<del> </del>							M				zation is not requ	
L		Gross receipts. Add				<u>► 10,45</u>						<u> </u>	90, 990-EZ, or 990	-PF).
	Pa			nses, and Cl			ets or Fund	Balar	nces	(See the	ınstru	uction	is.)	
				rants, and simila	r amounts r	eceived.		1 .	1			1, 1,		
				advised funds	•		•	. <u>l 1a</u>	+			*		
				(not included on				18	+	7,346,				
		•		t (not included o	•		•	10	+	53,	004.			
	-	d Government	contributi	ions (grants) (no	t included o	n line 1a)	•	1 0	<b>!</b>			1		
		la through 1d) (	cash \$	7,399,	298. noncas	ь Ş		)	•	•		1 e	<del></del>	<u>,298.</u>
	ı	_		nue including go		es and cor	ntracts (from Pa	art VII,	line 9	3) .		2	1,755	<u>,799.</u>
	- [	3 Membership	dues and	#Sacsemente	ED				•		•	3		
	1		1 1	d temporary ca	1 ( )	nts	•	•			•	4	15]	.,871.
		5 Dividends a		t from securities	\ X							5		
		6a Gross rents.	199	NOV 1 9 2			•	6a	+	262,	870.	]		
		<b>b</b> Less: rental	·   •—		\ \text{Cert}			66	<u> </u>					
		c Net rental in	icomile or (	COS SUPPRIOR D	ine-6b from	line 6a	• •				•	6c		<u>2,870.</u>
	R	7 Other invest	ment-inco	me (describe:.'	<u> </u>						)	7		
	REVER	8a Gross amou	nt from sa	ales of assets ot	ner	(/	A) Securities	<u> </u>	<b>_</b>	(B) Othe		ł		
	NU	than inventory .		-		8a	+		227.					
	Ĕ	<b>b</b> Less. cost or other basis and sales expenses				<u> </u>		8 b	<del></del>		828.	[ ]		
	- 1	c Gain or (loss) (		•	TEMENT 1		·····	80	<u>: </u>	212,	399.			
		-		mbine line 8c, c							٦ .	8d	212	2,399.
		•		tivities (attach s	1,304,	•			еск пе	re ►	ال			
2008		a Gross reven reported on		cluding \$	1,304,	003.	of contributions	9a	J	550	915.			
7		•		other than fund	raising expe	nses	•	9b			915.	1		
0	1			rom special eve			om line 9a			TEMENT		9с		
-		10a Gross sales						10 a			_	-		<del> </del>
DEC	i	<b>b</b> Less. cost o		=				10b				1 1		
				ales of inventory (at	tach schedule)	Subtract line	10b from line 10a		1	•		10 c		
						000000000000000000000000000000000000000	TOD HOM MINO TOU	•		•		11	90	,693.
111	- 1	11 Other reven			)									
=	ł		ue (from F	Part VII, line 103		9c. 10c. ar	nd 11					-		. 930.
Ž-		12 Total reven	ue (from F ue. Add Im	Part VII, line 103 les 1e, 2, 3, 4, 5	, 6c, 7, 8d, 9	9c, 10c, ar	nd 11	•				12	9,872	
ANNE	EX	<ul><li>12 Total revenue</li><li>13 Program ser</li></ul>	ue (from F ue. Add lin vices (froi	Part VII, line 103 les 1e, 2, 3, 4, 5 m line 44, colum	, 6c, 7, 8d, 9 in (B))		nd 11					12 13	9,872 8,093	3,638.
SCANNE	EXPE	<ul><li>12 Total revent</li><li>13 Program set</li><li>14 Management</li></ul>	ue (from F se. Add lin vices (from t and general	Part VII, line 103 les 1e, 2, 3, 4, 5 m line 44, colum eral (from line 4	, 6c, 7, 8d, 9 in (B)) 4, column (0		nd 11					12 13 14	9,872 8,093 779	3,638. 9,392.
SCANNE	EXPENS	<ul><li>12 Total revent</li><li>13 Program set</li><li>14 Management</li><li>15 Fundraising</li></ul>	ue (from F ue. Add lin vices (froi t and gen (from line	Part VII, line 103 les 1e, 2, 3, 4, 5 m line 44, colum eral (from line 4 44, column (D)	, 6c, 7, 8d, 9 in (B)) 4, column (C		nd 11			•		12 13 14 15	9,872 8,093 779	3,638.
SCANNE	EXPENSES	<ul><li>12 Total reven</li><li>13 Program set</li><li>14 Management</li><li>15 Fundraising</li><li>16 Payments to</li></ul>	ue (from F ue. Add lin vices (froi t and gene (from line o affiliates	Part VII, line 103 les 1e, 2, 3, 4, 5 m line 44, columeral (from line 4 44, column (D) (attach schedul	, 6c, 7, 8d, 9 in (B)) 4, column (C ) e)		nd 11			·		12 13 14 15 16	9,872 8,093 779 738	3,638. 9,392. 3,317.
SCANNED	EXPENSES	<ul><li>12 Total revens</li><li>13 Program set</li><li>14 Management</li><li>15 Fundraising</li><li>16 Payments to</li><li>17 Total expens</li></ul>	ue (from F ue. Add lin vices (from t and gene (from line affiliates ses. Add I	Part VII, line 103 les 1e, 2, 3, 4, 5 m line 44, columeral (from line 4 44, column (D) (attach schedulines 16 and 44,	, 6c, 7, 8d, 9 in (B)) 4, column (C ) e) column (A)	<b>&gt;))</b>						12 13 14 15 16 17	9,872 8,093 775 738 9,611	3,638. 3,392. 3,317.
-	A	12 Total revent 13 Program set 14 Managemen 15 Fundraising 16 Payments to 17 Total expen 18 Excess or (c	ue (from F ue. Add lin vices (froi t and generation line official for deficit) for	Part VII, line 103 les 1e, 2, 3, 4, 5 m line 44, columeral (from line 4 44, column (D) (attach schedul lines 16 and 44, the year. Subtra	6c, 7, 8d, 9 in (B)) 4, column (C) e) column (A) ict line 17 fro	om line 12		· 				12 13 14 15 16 17 18	9,872 8,093 779 738 9,611 261	3,638. 9,392. 3,317. 3,347.
-	EXPENSES ASSET	12 Total revent 13 Program set 14 Managemen 15 Fundraising 16 Payments to 17 Total expen 18 Excess or (c) 19 Net assets of	ue (from F ue. Add lin vices (from t and generation (from line o affiliates ses. Add I deficit) for or fund bal	Part VII, line 103 les 1e, 2, 3, 4, 5 m line 44, columeral (from line 4 44, column (D) (attach schedulines 16 and 44,	o, 6c, 7, 8d, 9 in (B)) 4, column (C) e) column (A) ict line 17 fro	om line 12	73, column (A))		-			12 13 14 15 16 17	9,872 8,093 775 738 9,611	3,638. 9,392. 3,317. 3,347.

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

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Form 990 (2007)

TEEA0109L 12/27/07

Part !! Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instruct.)

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising				
22 a	Grants paid from donor advised					c				
	funds (attach sch)									
	(cash \$)									
	If this amount includes									
	foreign grants, check here	22a				4				
<b>22</b> b	Other grants and allocations (att sch)				150 t & Both 16 1					
	(cash \$									
	non-cash \$)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ü				
	If this amount includes foreign grants, check here	22 b			STATE OF THE STATE	غ <sub>ي</sub> ره په په				
23	Specific assistance to individuals (attach schedule) $$\operatorname{ST}$$ 3	23	23,650.	23,650.		, ,				
24	Benefits paid to or for members (attach schedule)	24			15	· • •				
<b>25</b> a	Compensation of current officers,									
	directors, key employees, etc. listed in Part V-A	25a	212,315.	171,976.	23,353.	16,986.				
		234	212,313.	1/1,5/0.	23,333.	10, 300.				
b	Compensation of former officers, directors, key employees, etc. listed									
	ın Part V-B	25 b	0.	0.	0.	0.				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons									
	described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	2,914,468.	2,360,719.	320,591.	233,158.				
27	• •		_, ,							
27	Pension plan contributions not included on lines 25a, b, and c	27								
28	Employee benefits not included on lines 25a - 27	28	945,308.	765,699.	103,984.	75,625.				
29	Payroll taxes	29	3.07000.	100,000.	200,301.	70,020.				
30	Professional fundraising fees	30	-	<u> </u>						
31	Accounting fees	31	20,558.	14,596.	4,317.	1,645.				
32	Legal fees	32	8,960.	6,361.	1,882.	717.				
33	Supplies	33	1,181,914.	1,134,638.	35,457.	11,819.				
34	Telephone .	34	96,863.	82,334.	6,780.	7,749.				
35	Postage and shipping	35	97,742.	48,871.	14,661.	34,210.				
36	Occupancy	36	695,430.	639,782.	27,831.	27,817.				
37	Equipment rental and maintenance	37								
38	Printing and publications	38	210,204.	88,286.	10,510.	111,408.				
39	Travel	39	123,835.	111,451.	6,192.	6,192.				
40	Conferences, conventions, and meetings	40	96,035.	86,431.	4,802.	4,802.				
41	Interest	41	65,323.	60,097.	2,613.	2,613.				
42		42	870,250.	731,010.	69,620.	69,620.				
	Other expenses not covered above (itemize): SEE STATEMENT 4	43a	2,048,492.	1,767,737.	146,799.	133,956.				
b		43b								
c		43 c								
d		43 d				<del> </del>				
е		43e		·						
f		43f								
g		43g								
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,611,347.	8,093,638.	779,392.	738,317.				
Joint	Costs. Check ► if you are following									
	Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes [X] No									
	s,' enter (i) the aggregate amount of thes				mount allocated to Prog					
\$_ •	; (iii) the amount all	located	I to Management and ge	eneral \$	; and <b>(iv)</b> the	e amount allocated				
เบาน	nuraising 🗸									

C 000 (2007)	TEEN	CHATTENCE	ΛE	COUTUEDM	CALTECDNIA
Form <b>990</b> (2007)	ILLI	CHALLENGE	Ur	SOUTHERN	CALIFORNIA

95-2683852

Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.
What is the organization's primary exempt purpose? SEE STATEMENT 5  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of (#4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  Program Service Expense (Required for 501(c)(3) and (4) organizations and 4947(a)(1) monexempt charitable trusts must also enter the amount of grants and allocations to others.)
a SEE STATEMENT 6
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► 8,093,638  b
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►□
(Grants and allocations \$ ) If this amount includes foreign grants, check here
(Grants and allocations \$ ) If this amount includes foreign grants, check here
e Other program services
(Grants and allocations \$ ) If this amount includes foreign grants, check here  f Total of Program Service Expenses (should equal line 44, column (B), Program services) . 8,093,638
1 Total of Program Service Expenses (should equal line 44, column (b), Program services)

BAA

8,093,638. Form 990 (2007)

Not		Where required, attached schedules and amounts within olumn should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year			
	45	Cash — non-interest-bearing.			-	392,246.	45	223,497.
	46	Savings and temporary cash investments				2,056,065.	46	1,981,965.
	47 a	Accounts receivable .	47a	_				
	b	Less: allowance for doubtful accounts	47 b				47 c	
			48a			1		
		a Pledges receivable			23,173.			
		Less. allowance for doubtful accounts	48b			38,173.	48 c	23,173.
	49	Grants receivable	•				49	
1	50 a	Receivables from current and former officers, director	rs, trus	tees, and l	ey	200 000		200 000
Ą		employees (attach schedule)		SEE	: STM 7	300,000.	50 a	300,000.
	b	Receivables from other disqualified persons (as defined and appears of the second and appears of	ed und	ler section	4958(f)(1))			
		and persons described in section 4958(c)(3)(B) (attack	n sche 	eaule)			50 b	
5	51 a	Other notes and loans receivable (attach schedule)	51 a		3,650.		2.	
ASSETS		Less: allowance for doubtful accounts	51 b		3,030.	3,650.	51 c	3,650.
		Inventories for sale or use	310			30,000.	52	30,000.
	53	Prepaid expenses and deferred charges	•	•		4,295.	53	12,296.
		Investments – publicly-traded securities .	>	Cost	П⊧м∨	1,2301	54a	20,250.
		Investments – other securities (attach sch) .	•	Cost	FMV	<del> </del>	54b	
		Investments – land, buildings, & equipment: basis	55a	لسا	15,758.		W. S.	
	L.	Less: accumulated depreciation			· ·		97	
		(attach schedule) STATEMENT 8	55 b	7,3	27,412.	9,873,800.	55 c	10,088,346.
	56	Investments – other (attach schedule) .		. SEE	STMT 9	14,878.	56	14,878.
	57 a	Land, buildings, and equipment. basis	57 a				14,71	
	b	Less. accumulated depreciation	1				33	
		(attach schedule)	57 b				57 c	<del></del>
	58	Other assets, including program-related investments						
		(describe •			)	10 710 107	58	10 677 005
	59	Total assets (must equal line 74). Add lines 45 through	12,713,107.	59	12,677,805.			
	60	Accounts payable and accrued expenses		•		324,551.	60	356,317.
	61 62	Grants payable Deferred revenue	•				62	
Ĭ								
I A B I	63	Loans from officers, directors, trustees, and key employees (attach schedule)					63	
ŀ	64 a	Tax-exempt bond liabilities (attach schedule) .		_			64a	
T I E S			E ST	ATEMENT	r 10 .	1,121,131.	64ь	792,480.
S	65	Other liabilities (describe ►			)		65	
	66	Total liabilities. Add lines 60 through 65				1,445,682.	66	1,148,797.
	Orga	anizations that follow SFAS 117, check here 🕨 🗓 a	nd com	nplete lines	67		عييها	
E		through 69 and lines 73 and 74					50	
	67	Unrestricted				10,852,500.	67	11,021,049.
くいいにてい	68	Temporarily restricted				414,925.	68	507,959.
Š	69	Permanently restricted .					69	<del> </del>
R	Orga	anizations that do not follow SFAS 117, check here ►	∐ i	and comple	ete lines		, Fd 5	
	7^	70 through 74.					31	
עככה	70 71	Capital stock, trust principal, or current funds		£			70	
	71 <b>7</b> 2	Paid-in or capital surplus, or land, building, and equip		<u> </u>	71 72	<del> </del>		
Ĺ	72	Retained earnings, endowment, accumulated income,			•			
のせつるとしかの	73	Total net assets or fund balances. Add lines 67 throu 72. (Column (A) must equal line 19 and column (B) n	through	11,267,425.	73	11,529,008.		
Š	74	Total liabilities and net assets/fund balances. Add Irr			.,	12,713,107.	74	12,677,805.
							بنب	

		F SOUTHERN CALIFOR					33852 Page 5
Pa	Reconciliation of Revenuinstructions.)	ue per Audited Financia	I Statement	ts with I	Revenue per Re	etur	n (See the
а	Total revenue, gains, and other support	per audited financial stateme	ents			a	9,872,930.
b	Amounts included on line a but not on f						
	1 Net unrealized gains on investments		.	ь1			
	2Donated services and use of facilities			b2			
	3Recoveries of prior year grants			b3		]	
	4Other (specify).						
	Add tree by through by			b4		1	
_	Add lines <b>b1</b> through <b>b4</b> Subtract line <b>b</b> from line <b>a</b>					b	
c d	Amounts included on Part I, line 12, but	t not on line as	٠			С	3,012,930.
u	1 Investment expenses not included on P		I	d1			
						┤ `	
				d2			
	Add lines d1 and d2 .	· <b></b>				d	İ
е	Total revenue (Part I, line 12). Add line	s <b>c</b> and <b>d</b>				e	
Pa	art IV-B   Reconciliation of Expens	ses per Audited Financi	al Statemer	nts with	Expenses per	Ret	urn
а	Total expenses and losses per audited	financial statements .				а	9,611,347.
b	Amounts included on line a but not on I	Part I, line 17:					
	1 Donated services and use of facilities			b1	· · · · · · · · · · · · · · · · · · ·	3,7	
	2Prior year adjustments reported on Part	t I, line 20		b2	······································	1	
	3Losses reported on Part I, line 20			b3	· · · · · · · · · · · · · · · · · · ·	C. 18.3.	
	4Other (specify):					13	
		<b></b>	- <b></b>	b4		<u> </u>	
	_				•• •	ь	<del></del>
С	Subtract line <b>b</b> from line <b>a</b>				•	С	9,611,347.
ď	Amounts included on Part I, line 17, bu		ı	1		, , ,	
	1 Investment expenses not included on P			d1	<del></del>	^	
	2Other (specify).			40		7	
	A J J J J L A A A A A A A A A A			d2		d d	
_	Total expenses (Part I, line 17). Add Irr	noce and d			▶	H-	0.514.045
Ē,						-	
	or key employee at any time du	rs, Trustees, and ney E iring the year even if they wer	e not compen	(List eacr sated.) <i>(</i>	n person wno was a 'See the instructions	in on s.)	ficer, director, trustee,
		(B) Title and average hours	(C) Comper		(D) Contributions		(E) Expense
	(A) Name and address	per week devoted to position	(if not page of the context)		employee benef		account and other
		to position	enter-	u- <i>)</i>	compensation pla		allowances
_							
SE	E STATEMENT 11		181	1,360.	30,95	55.	0.
	<b></b>	_					

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Form 990 (2007) TEEN CHALLENGE OF SOU	THERN CALIFORN	[A	95-268385	52_	Р	age 6		
Part V-A Current Officers, Directors, Tru		<del></del>	<del></del>		Yes	No		
75 a Enter the total number of officers, directors, and trustees p	permitted to vote on organizat	ion business at board meeting	gs <u>20</u>					
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other through	nsated professional and igh family or business i	d other independent cor	itractors listed in Schedule	e	;			
identifies the individuals and explains the rela	,			75b	<b>  </b>	X		
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from	nsated professional and	d other independent cor	itractors listed in Schedule	e i	1			
to the organization? See the instructions for the definition of 'related organization'								
If 'Yes,' attach a statement that includes the ii	nformation described in	the instructions				$\vdash$		
d Does the organization have a written conflict of		<del></del>	<u></u>	75 d				
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key empl	loyee received compens of compensation or othe	sation or other benefits (de	escribed l	below)	) } 		
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa		ther		
NONE								
		•						
Part VI Other Information (See the inst	ructions.)				Yes	No		
76 Did the organization make a change in its actif 'Yes,' attach a detailed statement of each change in its action.	vities or methods of co nange	nducting activities?		76		~5 2 AN X		
77 Were any changes made in the organizing or	governing documents b	ut not reported to the IF	RS?	77		Х		
If 'Yes,' attach a conformed copy of the chang	es.			<u> </u>	**			
78a Did the organization have unrelated business	•	or more during the yea	ar covered by this return?	78a	<b> </b>	X		
b If 'Yes,' has it filed a tax return on Form 990-1	for this year?	•		78b	-	Α		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contra	action during the		<b>79</b>	A.	X		
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ciation with a statewide ers, etc, to any other ex	e or nationwide organiza xempt or nonexempt org	ation) through common ganization?.	80 a	<u> </u>	X		
b If 'Yes,' enter the name of the organization ▶				4.7	1	, ,		
	and ch	neck whether it is e	xempt or nonexemp	nt.   1	3			
81 a Enter direct and indirect political expenditures		ons )	81 a	0.	di.	5-		
<b>b</b> Did the organization file Form 1120-POL for the	is year?			81 b		Х		
BAA				Form	990 (	(2007)		

Form 990 (2007) TEEN CHALLENGE OF SOUTHERN CALIFORNIA	95-268385	2	F	age 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82a		X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption		83 a	Х	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contrib	utions?	83b	X	<del></del>
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contact and deductible?	ontributions or gifts were	84b	N	Δ
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a	N	<del></del>
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		/A
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	ne organization received a		··* .	
c Dues, assessments, and similar amounts from members	85c N/A		2	
d Section 162(e) lobbying and political expenditures	85d N/A		4	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	4		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	1		5: 7
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N.	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso	nable estimate of		NI.	
dues allocable to nondeductible lobbying and political expenditures for the following tax year?	••	85h		A
line 12	86a N/A		*	<b>X</b> -2
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b N/A	10.31	1	Strees
87 501(c)(12) organizations. Enter. a Gross income from members or shareholders.	87a N/A			36.7c
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them )	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	corporation or partnership, 701-2 and 301.7701-3? 	88a		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI.	y within the meaning of	88b		х
89 a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year un		1364	A. 5	900
section 4911 ► 0. ; section 4912 ► 0. , section 4			大學	3 B1 c
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	ss benefit transaction 'Yes,' attach a statement	89b		X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the	he.			
year under sections 4912, 4955, and 4958	. •		3	
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	<b>▶</b> <u>0.</u>			-
<ul> <li>e All organizations. At any time during the tax year, was the organization a party to a prohibite</li> <li>f All organizations. Did the organization acquire a direct or indirect interest in any applicable in</li> </ul>		89 e 89 f		X
All organizations. Did the organization acquire a direct or indirect interest in any applicable in	isurance contract?	891	62,	
g For supporting organizations and sponsoring organizations maintaining donor advised funds. organization, or a fund maintained by a sponsoring organization, have excess business hold the year?	Did the supporting ings at any time during	89 a	-	X
90 a List the states with which a copy of this return is filed ► _ CA	<b></b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007		1 1	l	
(See instructions.)  91a The books are in care of ► DENNIS GRIFFING に行けん Telephone nu	mber ► 951-682 <b>-</b> 899	90b		<u> 254</u>
91 a The books are in care of ► DENNIS CRIFFING (1+1+1)  Located at ► 5445 CHICAGO AVENUE RIVERSIDE CA	mber ► 951-682-899 ZIP+4 ► 9250			T
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over a inancial account)?	91 b	Yes	No X
If 'Yes,' enter the name of the foreign country		المراجب	·- 🎉	از شد یا
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Financial Accounts.	Foreign Bank and		ne de la	***
BAA		Form	990	(2007)

Form <b>990</b> (20	007) TEEN CHALLENGE OF S	OUTHERN	CALIFORNIA		95-2683	852	Page_8
	Other Information (continued						es No
-	time during the calendar year, did		ion maintain an office	outside of the U	nited States?	91 c	<u> X</u>
	enter the name of the foreign country		<b>-</b>			·	
	4947(a)(1) nonexempt charitable					N/A	<b>-</b> []
	ter the amount of tax-exempt interes				▶ 92	<del></del>	N/A
Part VII	Analysis of Income-Produci		business income		ction 512, 513, or 514		
Note: Enter	gross amounts unless	T		1		(E)	
otherwise inc	J	(A) Business code	(B) Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or e function inc	
	am service revenue. ATIONAL TRAINING					1,755	,799.
				<u> </u>		<u> </u>	
				<u> </u>			
e				<del> </del>			
	care/Medicaid payments						
_	contracts from government agencies						
	bership dues and assessments .			14	151,871.		
	ends & interest from securities			14	131,671.		
	ntal income or (loss) from real estate:		25 3 to \$ 500 Feb. 1935	:	如 40 旗地 舒彻港	%A /	
	financed property		ng gan gan yaa m	16	262,870.	- <del> </del>	
	ebt-financed property .		· ·		202,010.		
	ntal income or (loss) from pers prop	-			-		
	r investment income						
	· · · · · · · · · · · · · · · · · · ·						
100 Gain other	or (loss) from sales of assets than inventory			18	212,399.		
101 Net inc	come or (loss) from special events .	-				_	
102 Gross	profit or (loss) from sales of inventory						
<b>103</b> Other	r revenue: a		*4.3		, 2-3-48 -		
<b>b</b> OTH	ER INCOME			1	36,083.		
c WEB	SITE MISSIONS			1	54,610.		
d							
e							
104 Subtot	al (add columns (B), (D), and (E))	• • • .		1	717,833.		799.
105 Total	(add line 104, columns (B), (D), ar	nd (E))				2,473	<u>,632.</u>
	05 plus line 1e, Part I, should equa						
Part VIII I	Relationship of Activities to	the Accor	nplishment of Exe	empt Purpose	es (See the instruc	tions.)	
Line No.   E	Explain how each activity for which of the organization's exempt purpose	income is re ses (other tha	ported in column (E) on by providing funds t	of Part VII contrib for such purpose	outed importantly to the s).	accomplishm	ent
	THE VOCATIONAL, STUDEN						
	TRAINING FOR INDIVIDUA	LS RECOV	ERING FROM DRU	IG AND ALCO	HOL ADDICTIONS	·	
Part IX I	nformation Regarding Taxa	r		····			
	(A)	(B)	(0	)	(D)	(E)	
Name, a	ddress, and EIN of corporation,	Percentage		activities	Total	End-of-ye	
	ership, or disregarded entity	ownership into			income	assets	<u></u>
N/A			<u> </u>				
		<del></del>	8				
		ļ	%				
Dark V To	Information Dogarding Tran	cforc Acco		anal Ropofit C	ontracte (Soo the	instruction	-
	Information Regarding Tran						X No
	organization, during the year, receive any fundance organization, during the year, pay						X No
	e organization, during the year, pay 'Yes' to <b>(b),</b> file Form 8870 <b>and</b> Ford	=	= =	i a personal ben	ent contract: .	L res [	7140
PAA	Tes to (D), the Folli 00/0 alla Foll	11 4720 (388	maaucuons).		TEE A0100 1207/		<b>n</b> (2007)

	90 (2007) TEEN CHALLENGE OF SOUTHERN			583852	P	age 9	
Part	Information Regarding Transfers To a organization is a controlling organization	and From Controlled E	<b>ntities.</b> Complete only II In 512(b)(13).	the			
					Yes	No	
106	Did the reporting organization <b>make</b> any transfers to 'Yes,' complete the schedule below for each control	a controlled entity as define led entity	ed in section 512(b)(13) of the	e Code? If		Х	
	(A) Name, address, of each controlled entity	(B) Employer Identification Desc Number tr		Amount	D) of tran	) f transfer	
а							
b							
С		-					
	Totals						
		<del></del>	<u></u>		Yes	No	
107	Did the reporting organization <b>receive</b> any transfers 'Yes,' complete the schedule below for each control	from a controlled entity as olded entity	defined in section 512(b)(13)	of the Code? If		х	
ļ	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of trans		sfer	
a	<b></b>	 					
ь							
С					·		
	Totals		San Contraction of the Contracti	.,			
108	Did the organization have a binding written contract annuities described in question 107 above?		, covering the interest, rents,	royalties, and	Yes	No X	
	Under penalties of perjury, I declare that I have examined this true, correct, and complete Declaration of preparer tallier than	return, including accompanying schedu officer) is based on all information of	iles and statements, and to the best of which preparer has any knowledge		pelief, it i		
Pleas			<u></u>				
Pleas Sign Here	Signature of officer	EO	Date				

Preparer's SSN or PTIN (See General Instruction X) P00199491 Date /1/10/08 Check if self-employed **Paid** Preparer's signature Pre-RONALD BLUE AND CO. Firm's name (o yours if self-employed), address, and ZIP + 4 parer's Use 1551 N TUSTIN AVE STE 1000 58-1411966 Only CA 92705-8635 SANTA ANA, Phone no ► 714 543-0500 BAA Form 990 (2007)

#### SCHEDULE A (Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

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

2007

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Supplementary Information — (See separate instructions.)

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

Employer identification number Name of the organization 95-2683852 TEEN CHALLENGE OF SOUTHERN CALIFORNIA Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (c) Compensation (d) Contributions (e) Expense account and other (a) Name and address of each (b) Title and average hours per week devoted to position to employee benefit plans and deferred employee paid more than \$50,000 allowances compensation SEE STATEMENT 12 81,256 295,627 0. Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

Total number of other contractors receiving over \$50,000 for other services

Sche	dule A (Form 990 or 990-EZ) 2007 TEEN CHALLENGE OF SOUTHERN CALIFORNIA 95-268385.	2	F	Page 2
Par	Statements About Activities (See Instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities    N/A	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	- 	學歌	<b>*</b>
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		45 7 30 35	, , , , , , , , , , , , , , , , , , ,
а	Sale, exchange, or leasing of property?	2a		X_
b	Lending of money or other extension of credit?	2ь		x
c	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
e	Transfer of any part of its income or assets?	2e		х
<b>3</b> a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
ь	Did the organization have a section 403(b) annuity plan for its employees?	3Ь		X_
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		x
<b>4</b> a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		<u>x</u> _
ь	Did the organization make any taxable distributions under section 4966?	4b	N	A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N.	/A
d	Enter the total number of donor advised funds owned at the end of the tax year .			N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

Sche	edule A (Form 990 or 990	0-EZ) 2007 TE	EN CHALLENGE OF	SOUTHERN CALIFOR	N	95-2683	852 Page <b>3</b>		
Par	t IV Reason for	Non-Private F	Foundation Status (S	See instructions.)					
i cer	tify that the organization	is not a private	foundation because it is.	(Please check only ONE ap	plicable box	(.)			
5	A church, convention	on of churches, o	r association of churches	Section 170(b)(1)(A)(i)					
6	A school. Section 1	70(b)(1)(A)(н). (	Also complete Part V.)						
7	A hospital or a coop	perative hospital	service organization Sec	tion 170(b)(1)(A)(III)					
8	A federal, state, or	local governmen	it or governmental unit S	ection 170(b)(1)(A)(v)					
9	A medical research	organization op	erated in conjunction with	a hospital. Section 170(b)	(1)(A)(III). <b>E</b>	nter the hospi	tal's name, city,		
10	An organization operation (Also complete the	erated for the be Support Schedu	nefit of a college or unive i <b>le</b> in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Sect	ion 170(b)(1)(A)(iv).		
11 a	An organization that Section 170(b)(1)(A	nt normally receively(vi). (Also comp	ves a substantial part of it plete the <b>Support Schedu</b>	s support from a governme le in Part IV-A.)	ental unit or	from the gene	rał public.		
11 b	A community trust	Section 170(b)(1	)(A)(vi). (Also complete t	he Support Schedule in Pa	art IV-A.)				
12	from activities related from gross investment	ed to its charitab ent income and i	ile, etc, functions – subje unrelated business taxabl	6 of its support from contril ct to certain exceptions, ar e income (less section 511 o complete the <b>Support Sc</b>	nd (2) no mo tax) from b	ore than 33-1/3 usinesses acq	% of its support		
13	An organization tha	nt is not controlle	d by any disqualified pers	ons (other than foundation ses the type of supporting of	managers)	and otherwise	meets the		
	Туре I	Type II		onally Integrated		e III-Other			
	(a) Name(s) of suppo organization(:	orted	(b) Employer identification number (EIN)	out the supported organiz  (c)  Type of  organization (described  in lines 5 through 12  above or IRC section)	Is the su organization the sup organization	d) upported on listed in upporting zation's	(e) Amount of support		
					Yes	No			
							.,		
Total	<u> </u>				l	<b>•</b>	0.		
14	An organization org	ianized and oper	ated to test for public safe	ety. Section 509(a)(4). (See	e instruction	s )			
BAA		onized and open	atou to tost for public sale	5.5. 000.1011 505(a)(4). (See			990 or 990-EZ) 2007		

TEEN CHALLENGE OF SOUTHERN CALIFORNIA 95-2683852 Schedule A (Form 990 or 990-EZ) 2007 Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (d) 2003 (e) Total (a) 2006 beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 7,868,794 6,447,067 6,011,451 6,293,737 26,621,049. 16 Membership fees received 0. 17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 8,671,279. 1,938,754 3,051,693 2,424,750 1,256,082 charitable, etc, purpose Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired 268,541 179,867 137,581 214,499 800,488. by the organization after June 30, 1975 Net income from unrelated business 0. activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge. Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 13 50,844. 66,805 31,532 58,383. 207,564. 10, 126, 933. 9,780,064. 8,647,600. 7,745,783. 36,300,380. Total of lines 15 through 22 6,489,701.8,188,179. 6,728,371. 6,222,850. 27,629,101. 24 Line 23 minus line 17 101,269. 97,801. 77,458. Enter 1% of line 23 86,476. **建物类的 类原** Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a 552,582. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26 b 26 c 27,629,101 c Total support for section 509(a)(1) test. Enter line 24, column (e) 18 800,488. وري اد ماداده d Add. Amounts from column (e) for lines: 19 207,564. 26 d 1,008,052. 26 e 26,621,049. e Public support (line 26c minus line 26d total) 96.35 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' **Do not file this list with your return**. Enter the sum of \_\_\_\_ (2005) \_\_\_\_ (2004) \_\_\_\_ (2003) \_ (2006)**b**For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) c Add. Amounts from column (e) for lines: 16 27 c and line 27b total. 27 d d Add. Line 27a total e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 읭

q Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

용

27 g

27 h

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Pa	rt V Private School Questionnaire (See Instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		-9
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	<u></u>	. ,
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)		* 4 ,	,
32	Does the organization maintain the following.		4	
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?.	32 d	1 /	ļ
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	The state of the s	Against a stranger of	
33	Does the organization discriminate by race in any way with respect to:	***************************************	ANATHER PROPERTY.	
	a Students' rights or privileges?	33a		
	<b>b</b> Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs? .	33g		
	h Other extracurricular activities?	33h	Stephin	<i>;</i> ]
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	,	Profession of the second second	134 <sub>10</sub> 3
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b	( <b>%</b> d	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35	(學)	

		ed ONLY by an eligible			ictions.	,			N/A
Che	ck ► a If the organi	zation belongs to an af	filiated group Check	(► b If yo	u check	ed 'a' and	'limited	cont	rol' provisions apply.
		Limits on Lobbying	•	ed )		Affiliate to	(a) ed group tals	)	(b) To be completed for all electing organizations
36	Total lobbying expendit	ures to influence public	opinion (grassroots lo	bbying)	36				
37	Total lobbying expendit	-	• ,	oying)	37				
38	Total lobbying expendit	•	37).	٠	38	ļ			
39	Other exempt purpose	•	20 1 20)	•	39				·
40	Total exempt purpose e				40				
41	Lobbying nontaxable ar				-	l I		,	\$ 7 .
	If the amount on line 49 Not over \$500,000		lobbying nontaxable a of the amount on line		1	, ,			in the second of
	Over \$500,000 but not over \$1		000 plus 15% of the excess	- I		}			
	Over \$1,000,000 but not over	• •	000 plus 10% of the excess		41		- <del></del>		* * * * * * * * * * * * * * * * * * * *
	Over \$1,500,000 but not over	• • •	.000 plus 5% of the excess o		<u> </u>				在 秦 惠 *
	Over \$17,000,000		000,000			`41		,	
42	Grassroots nontaxable	amount (enter 25% of I	ne 41)		42				
43	Subtract line 42 from lii	ne 36. Enter -0- if line 4	12 is more than line 36		43		-		
44	Subtract line 41 from lin	ne 38. Enter -0- if line 4	11 is more than line 38		44		·		
	Caution: If there is an	amount on either line 4	3 or line 44, you must	file Form 4720.	7763	. د م	<u> </u>		にはかれ 一貫 丁二年
	(Some organ	iizations that made a se	e the instructions for li	o not have to co nes 45 through	mplete 50.)	all of the f	-	mns	below.
	<del></del>		Lobbying Expen	ditures During 4	-Year	Averaging	Period		<del>,</del>
	Calendar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2006	<b>(c)</b> 2005			( <b>d)</b> 004		<b>(e)</b> Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))	27 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	1	Line Committee C	STATE OF THE PERSON OF THE PER	* 1/2 - * * * * * * * * * * * * * * * * * *	* -		
47	Total lobbying expenditures								
<b>48</b>	Grassroots non- taxable amount .								
49 ——	Grassroots ceiling amount (150% of line 48(e))	of a religion of	Signal Control	Contraction of the second	a Wyw	ANGEL -		٠	
50	expenditures								
	t VI-B Lobbying A (For reporting of	<del></del>							N/A
atter	ng the year, did the orga mpt to influence public op	nization attempt to influ pinion on a legislative n	ence national, state or natter or referendum, tl	local legislation prough the use o	, includ	ling any	Yes	No	Amount
	a Volunteers						$\vdash$		X.
	Paid staff or manageme	ent (Include compensati	on in expenses reporte	ed on lines <b>c</b> thr	ough <b>h</b>	.)		_	产品的企业生产 的
	: Media advertisements.		•			• •			
	Mailings to members, le	= :					$\vdash$	_	<del> </del>
	Publications, or publish						$\vdash$		
	Grants to other organize			opiolotica badii	•		$\vdash$	_	
	Direct contact with legis			-	·	•	<del>  -</del>		
	Rallies, demonstrations Total lobbying expendit			or any other mea	31 IS		المجروعية.	٠. ٠. ١	
•	If 'Yes' to any of the above			intion of the lobb	vina act	Ivities		324 1H	
BAA		o, also attach a statemen	giving a detailed desci	PROTE OF THE TODO	, ny act		1	<u>~ .</u>	m 000 or 000 E7) 2007

	(Form 990 or 990-EZ) 2				SOUTHERN				83852	P	age :
Part VII	Information Regard Exempt Organization	ling Trans	sfers To an	ıd Trans	sactions an	d Relati	onships \	With Nonch	aritable		
51 Did th	ne reporting organization Code (other than section			<del></del>	of the following	ng with ar	ny other orga	anization desc	ribed in secti	on 50	1(c)
	fers from the reporting or						illical organi	2410113		Yes	No
(i)C		g							51 a (i)	1.00	X
• • •	ther assets .								a (ii)		X
<b>b</b> Other	transactions										
<b>(i)</b> S	ales or exchanges of ass	ets with a n	oncharitable (	exempt or	ganization				b (i)		Х
(ii)P	urchases of assets from	a noncharita	ble exempt o	rganizatic	on				b (ii)		X
<b>(iii)</b> R	ental of facilities, equipm	ent, or othe	r assets						b (iii)		Х
(iv)R	eimbursement arrangeme	ents							b (iv)		X
<b>(v)</b> Lo	oans or loan guarantees		•						b (v)		Х
<b>(vi)</b> P	erformance of services o	r membersh	ip or fundrais	ing solicit	ations		•		b (vi)		Х
c Sharıı	ng of facilities, equipmen	t, mailing lis	sts, other ass	ets, or par	id employees				_ с		Х
<b>d</b> If the the go any tr	answer to any of the abo oods, other assets, or ser ansaction or sharing arra	ve is 'Yes,' vices given ingement, s	complete the by the report how in colum	following ing organi n (d) the v	schedule. Col zation. If the o value of the go	lumn (b) s organizati oods, othe	should alway on received er assets, or	show the fa less than fair services rece	ir market value market value ived:	ue of	
(a) Line no.	<b>(b)</b> Amount involved	ł	(c noncharitable	:)				(d) ers, transactions,			ts
N/A											
										_	
			<del> </del>								
							<del></del>				
						ļ					
						ļ					
<b>52a</b> Is the descr	organization directly or in the street of the section 501(c) of	ndirectly aff the Code (o	iliated with, o	r related t	to, one or more	L e tax-exe tion 527?	mpt organiz	ations	► \ Ye	s X	No
<b>b</b> If 'Ye	s,' complete the following	schedule:									
	(a)		T	(b)			D	(c)	A. a. a. a. la		
	Name of organization		туре	of organiz	zation		Desc	cription of rela	tionsnip		
N/A											
									<del></del>		
	· · · · · ·										
									<del></del>		
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								-			

## **FEDERAL STATEMENTS**

PAGE 1

#### TEEN CHALLENGE OF SOUTHERN CALIFORNIA

95-2683852

STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:

1 520 JACKSON STREET BAKERSFIELD, CA

DATE ACQUIRED: HOW ACQUIRED:

VARIOUS

HOW ACQUIRED:

PURCHASE 5/18/2007

TO WHOM SOLD:

248,227.

GROSS SALES PRICE: COST OR OTHER BASIS:

35,828.

BASIS METHOD:

COST

GAIN (LOSS)

212,399.

TOTAL GAIN (LOSS) OTHER ASSETS \$

212,399.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$

212,399.

STATEMENT 2 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	<u></u>	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
GOLF TOURNAMENT OTHER SPECIAL EVENTS PANCAKE TICKET FASHION SHOW	TOTAL <u>\$</u>	658,379. 606,010. 385,799. 205,336. 1855524.	510,639. 317,172. 358,451. 118,347. \$ 1304609.	147,740. 288,838. 27,348. 86,989. \$ 550,915.	147,740. 288,838. 27,348. 86,989. \$ 550,915.	0. 0. 0. 0. \$ 0.

STATEMENT 3 FORM 990, PART II, LINE 23 SPECIFIC ASSISTANCE TO INDIVIDUALS

MEDICAL, DENTAL AND HOSPITAL EXPENSES STIPEND

\$ 16,938. 5,462. 1,250.

TRANSPORTATION

TOTAL \$ 23,650.

## **FEDERAL STATEMENTS**

PAGE 2

TEEN CHALLENGE OF SOUTHERN CALIFORNIA

95-2683852

STATEMENT 4 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	<u>SERVICES</u>	& GENERAL	FUNDRAISING
OTHER CONTRACTORS EXPENSE OTHER EXPENSES PAYROLL PROCESSING SMALL EQUIPMENT TRANSPORTATION UTILITIES	122,070. 631,536. 23,777. 189,033. 612,204. 469,872. TOTAL \$ 2,048,492.	86,670. 511,326. 16,882. 151,227. 569,350. 432,282. \$ 1,767,737.	25,635. 60,107. 4,993. 18,903. 18,366. 18,795. \$ 146,799.	9,765. 60,103. 1,902. 18,903. 24,488. 18,795. \$ 133,956.

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

DRUG AND ALCOHOL REHABILITATION CENTERS

# STATEMENT 6 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM
GRANTS AND SERVICE
DESCRIPTION
ALLOCATIONS EXPENSES

#### RESIDENTIAL TREATMENT

TEEN CHALLENGE OPERATES IN-HOUSE REHABILITATION CENTERS THROUGHOUT SOUTHERN CALIFORNIA FOR TREATMENT OF DRUG ADDICTION, ALCOHOLISM, TEENAGE DELINQUENCY, AND OTHER LIFE CONTROLLING PROBLEMS.

INCLUDES FOREIGN GRANTS: NO

7,160,041.

#### COMMUNITY OUTREACH

TEEN CHALLENGE OPERATES COMMUNITY OUTREACH PROGRAMS THROUGH:

PRESENTATION OF DRUG PREVENTION AND EDUCATIONAL PROGRAMS; SPONSORHIPS OF CHILDRENS CLUBS; VISITATION OF JUVENILE FACILITIES, JAILS AND PRISONS; STREET OUTREACHES INTO NEEDY COMMUNITIES; AND GANG AND CRISIS COUNSELING AND SUPPORT GROUPS.

933,597.

INCLUDES FOREIGN GRANTS: NO

\$ 0. \$8,093,638.

2007	

## **FEDERAL STATEMENTS**

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#### **TEEN CHALLENGE OF SOUTHERN CALIFORNIA**

95-2683852

STATEMENT 7
FORM 990, PART IV, LINE 50A
RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

RECEIVABLES REPORTED SEPARATELY

BALANCE DUE

BORROWER'S NAME:

JOHN HILL

BORROWER'S TITLE:

ADVISORY BOARD MEMBER

DATE OF NOTE:

3/14/2007

MATURITY DATE: REPAYMENT TERMS: 3/20/2012 MONTHLY INTEREST PAYMENTS

INTEREST RATE:

8.00%

ORIGINAL AMOUNT:

\$ 300,000.

BALANCE DUE:

\$

300,000.

TOTAL RECEIVABLES REPORTED SEPARATELY \$ 300,000.

STATEMENT 8 FORM 990, PART IV, LINE 55B

INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT FURNITURE AND FIXTURES BUILDINGS LAND	2,121,683. 9,740,396. 4,209,288.	\$ 1,011,609. 1,872,418. 4,443,385. \$ 7,327,412.	\$ 332,782. 249,265. 5,297,011. 4,209,288. \$ 10,088,346.

STATEMENT 9 FORM 990, PART IV, LINE 56 INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION	I	BOOK
	METHOD		VALUE
LAND HELD FOR RESALE	COST	TOTAL \$	14,878. 14,878.

STATEMENT 10 FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE	<u></u>	BALANCE_DUE
WASHINGTON MUTUAL ASSEMBLIES OF GOD ASSEMBLIES OF GOD	\$	97,186. 147,810. 465,697.
	TOTAL MORTGAGES \$	710,693.

## **FEDERAL STATEMENTS**

PAGE 4

TEEN CHALLENGE OF SOUTHERN CALIFORNIA

95-2683852

81,787.

STATEMENT 10 (CONTINUED) FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME:
REPAYMENT TERMS:
INTEREST RATE:

AMERICAN EXPRESS 1,282 MONTHLY

INTEREST RATE: SECURITY PROVIDED: 8.00% 3150 EUCLID, LYNWOOD

BALANCE DUE:

HIMMOOD

TOTAL OTHER NOTES PAYABLE \$ 81,787.

TOTAL \$ 792,480.

\$

STATEMENT 11 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
JAMAL ALEXANDER 5445 CHICAGO AVE RIVERSIDE, CA 92507	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
CHARLES ATHERTON 5445 CHICAGO AVE RIVERSIDE, CA 92507	DIRECTOR 0	0.	0.	0.
DENNIS GRIFFITH 5445 CHICAGO AVE RIVERSIDE, CA 92507	EXECUTIVE DIREC 40.00	103,260.	19,595.	0.
DON COLEY 5445 CHICAGO AVE RIVERSIDE, CA 92507	ADMINISTRATOR 40.00	78,100.	11,360.	0.
TONY CERVERO 5445 CHICAGO AVE RIVERSIDE, CA 92507	DIRECTOR 0	0.	0.	0.
LARRY CHAPMAN 5445 CHICAGO AVE RIVERSIDE, CA 92507	SECRETARY/TREAS 0	0.	0.	0.
PHIL COOKES 5445 CHICAGO AVE RIVERSIDE, CA 92507	DIRECTOR 0	0.	0.	0.

## **FEDERAL STATEMENTS**

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### TEEN CHALLENGE OF SOUTHERN CALIFORNIA

95-2683852

STATEMENT 11 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DIRECTOR \$	0.	\$ 0.	\$ 0.
DIRECTOR 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
VICE PRESIDENT 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
PRESIDENT 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
DIRECTOR 0	0.	0.	0.
	AVERAGE HOURS PER WEEK DEVOTED  DIRECTOR  DIRECTOR  DIRECTOR  O  VICE PRESIDENT  O  DIRECTOR   AVERAGE HOURS   COMPENSATION     DIRECTOR   0     DIRECTOR   0	AVERAGE HOURS   COMPEN-   BUTION TO EBP & DC	

2007 F	FEDERAL STATEMENTS					
TEEN CH	ALLENGE OF SOUTHERN	CALIFORNIA	_	95-268385		
STATEMENT 11 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRU	STEES, AND KEY EMPLO	YEES				
NAME AND ADDRESS  DON YOUNG 5445 CHICAGO AVE RIVERSIDE, CA 92507	TITLE AND AVERAGE HOURS PER WEEK DEVOTED DIRECTOR 0			ACCOUNT/ OTHER		
	TOTAL	\$ 181,360	. \$ 30,955.	\$ 0.		
STATEMENT 12 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST P  NAME AND ADDRESS PHIL COOKES 5445 CHICAGO AVE. RIVERSIDE,	TITLE & AVERAGE HOURS WORKED  FACILITY DIR 40.00	COMPEN- SATION 58,126.	CONTRIBUT. EBP & DC 18,150.			
CA 92507  ROD TIDWELL 5445 CHICAGO AVE. RIVERSIDE, CA 92507	FACILITY DIR 40.00	62,071.	15,064.	0.		
RON BROWN 5445 CHICAGO AVE. RIVERSIDE, CA 92507	FACILITY DIR 40.00	61,985.	15,475.	0.		
NICK GARIFE 5445 CHICAGO AVE. RIVERSIDE, CA 92507	FACILITY DIR 40.00	55,435.	17,950.	0.		
JERRY GARIFE 5445 CHICAGO AVE. RIVERSIDE, CA 92507	FACILITY DIR 40.00	58,010.	14,617.	0.		
	TOTAL 3	295,627.	\$ 81,256.	\$ 0.		

TOTAL \$\frac{\$ 50,844.}{\$ 50,844.} \frac{\$ 66,805.}{\$ 66,805.} \frac{\$ 31,532.}{\$ 31,532.} \frac{\$ 58,383.}{\$ 58,383.} \frac{\$ 207,564.}{\$ 207,564.}