

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning

and ending

B Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**Teen Challenge of South Texas**

Number and street (or P.O. box if mail is not delivered to street address)

3850 S Loop 1604 W, Lot 1

City or town, state or country, and ZIP + 4

San Antonio, TX 78264-3431• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**D** Employer identification number**74-1816616****E** Telephone number**210-624-2075****F** Accounting method☐ Cash☒ Accrual☐ Other
(specify) ▶**G** Website: **N/A****J** Organization type (check only one) ▶ ☒ 501(c) (3)

(insert no)

☐ 4947(a)(1) or☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**2,772,517.****M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received:**a** Contributions to donor advised funds**1a****b** Direct public support (not included on line 1a)**1b****528,942.****c** Indirect public support (not included on line 1a)**1c****d** Government contributions (grants) (not included on line 1a)**1d****e** Total (add lines 1a through 1d) (cash \$ **528,942.** noncash \$)**1e****528,942.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****3,935.****5** Dividends and interest from securities**5****6 a** Gross rents**See Statement 1****6a****52.****b** Less: rental expenses**See Statement 2****6b****6.****c** Net rental income or (loss). Subtract line 6b from line 6a**6c****46.****7** Other investment income (describe ▶)**7****8 a** Gross amount from sales of assets other
than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss). Combine line 8c, columns (A) and (B)**8d****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **0.** of contributions reported on line 1b)**9a****2,239,588.****b** Less: direct expenses other than fundraising expenses**9b****247,828.****c** Net income or (loss) from special events. Subtract line 9b from line 9a**See Statement 3****9c****1,991,760.****10 a** Gross sales of inventory, less returns and allowances**10a****b** Less: cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**10c****11** Other revenue (from Part VII, line 103)**11****12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12****2,524,683.****13** Program services (from line 44, column (B))**13****1,597,750.****14** Management and general (from line 44, column (C))**14****301,953.****15** Fundraising (from line 44, column (D))**15****49,427.****16** Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 16 and 44, column (A)**17****1,949,130.****18** Excess or (deficit) for the year. Subtract line 17 from line 12**18****575,553.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****1,062,918.****20** Other changes in net assets or fund balances (attach explanation)**20****0.****21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**21****1,638,471.**

SCANNED AUG 09 2007

Revenue

Expenses

Net
Assets

RECEIVED

JUL 23 2007

OGDEN, UT

IRS-OSC

623001
01-18-07

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

Form 990 (2006)

3

10400710 752858 TeenChalleng 2006.05070 Teen Challenge of South Tex TEENCHAL

617

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>19,227.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>			Statement 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A Stmt 5	25a 123,211.	0.		123,211.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 848,123.	774,854.	73,269.	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 16,733.	15,433.	1,300.	
29 Payroll taxes	29 71,707.	71,707.		
30 Professional fundraising fees	30			
31 Accounting fees	31 7,505.		7,505.	
32 Legal fees	32 796.	796.		
33 Supplies	33 70,438.	66,176.	4,262.	
34 Telephone	34			
35 Postage and shipping	35 9,713.	5,799.	3,914.	
36 Occupancy	36 19,150.	19,150.		
37 Equipment rental and maintenance	37 34,499.	34,499.		
38 Printing and publications	38 9,003.		7,915.	1,088.
39 Travel	39 17,715.	17,715.		
40 Conferences, conventions, and meetings	40			
41 Interest	41 83,254.	83,254.		
42 Depreciation, depletion, etc. (attach schedule)	42 65,613.	64,023.	1,590.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g See Statement 4	43g 552,443.	425,117.	78,987.	48,339.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,949,130.	1,597,750.	301,953.	49,427.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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? ▶

Christian drug and/or alcohol rehabilitation program

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a Teen Challenge is a Christian drug and/or alcohol rehabilitation program for adults, regardless of race or ability to pay. Teen Challenge is a live-in center with several facilities and employs an educational model.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

1,636,427.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(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)

1,636,427.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45	585,699.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b	55c			
56 Investments - other	See Statement 7	10,461.	56	13,940.	
57 a Land, buildings, and equipment: basis	57a 3,742,465.				
b Less: accumulated depreciation	57b 477,883.	1,777,353.	57c	3,264,582.	
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 Total assets (must equal line 74) Add lines 45 through 58		1,787,814.	59	3,864,221.	
Liabilities	60 Accounts payable and accrued expenses		5,060.	60	25,708.
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees			63	
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable	Stmt 9	709,068.	64b	2,188,188.
	65 Other liabilities (describe ▶ _____ See Statement 10)		10,768.	65	11,854.
66 Total liabilities. Add lines 60 through 65		724,896.	66	2,225,750.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		1,062,918.	67	1,638,471.
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,062,918.	73	1,638,471.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,787,814.	74	3,864,221.

Form 990 (2006)

Part IV-A

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return									
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Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	
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Yes	No
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75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings

11

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b

X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c

X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d

X

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
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	Yes	No
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76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76

X

77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes.

77

X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a

X

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

N/A

78b

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79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

79

X

b If "Yes," enter the name of the organization **N/A**

N/A

and check whether it is ☐ exempt or ☐ nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

81a

0

b Did the organization file **Form 1120-POL** for this year?

81b

X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	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 reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
89e			X
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			X
90 a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	47
91 a	The books are in care of ▶ Roy Follis Telephone no. ▶ 210-624-2075		
	Located at ▶ 3850 SW Loop 1604 #1, San Antonio, TX ZIP + 4 ▶ 78264		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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Part VI Other Information (continued) Yes ☐ No ☒

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

☒If "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,935.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property	211110	46.			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	1,991,760.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		46.		1,995,695.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,995,741.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

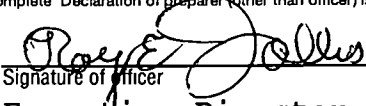
Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				


108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: July 17, 2007

Signature of officer: Royce J. Oliver
Type or print name and title: Executive Director

Paid Preparer's Use Only: Preparer's signature:  Date: 7/12/07 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: JIM OLIVER & ASSOCIATES P.C. & CPAs
17300 Henderson Pass, Suite 240
San Antonio, Texas 78232

EIN: Phone no.: 210-344-0205

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization

Teen Challenge of South Texas

Employer identification number

74 1816616

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part 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 page 2 of the 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 ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions.)**Yes** **No**

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 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
b Did the organization have a section 403(b) annuity plan for its employees?	3b		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	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
f Enter the total number of separate funds or accounts owned at the end of the 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 in all funds or accounts included on line 4f at the end of the tax year			0.

See Statement 12

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	392,270.	188,973.	252,358.	276,404.	1,110,005.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,125,337.	669,633.	493,347.	483,080.	2,771,397.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,271.	5,925.	26,334.	9,382.	43,912.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,519,878.	864,531.	772,039.	768,866.	3,925,314.
24 Line 23 minus line 17	394,541.	194,898.	278,692.	285,786.	1,153,917.
25 Enter 1% of line 23	15,199.	8,645.	7,720.	7,689.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 2,331. (2004) 4,744. (2003) 8,337. (2002) 0.					
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) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 1,110,005. 16 _____ 17 2,771,397. 20 _____ 21 _____					27c 3,881,402.
d Add: Line 27a total 15,412. and line 27b total 0.					27d 15,412.
e Public support (line 27c total minus line 27d total)					27e 3,865,990.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f 3,925,314.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.4887%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.1187%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
45	Lobbying nontaxable amount					0.
46	Lobbying ceiling amount (150% of line 45(e))					0.
47	Total lobbying expenditures					0.
48	Grassroots nontaxable amount					0.
49	Grassroots ceiling amount (150% of line 48(e))					0.
50	Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash**

(ii) Other assets

- b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

- b. If "Yes," complete the following schedule:

N/A

[illegible]

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Teen Challenge of South Texas	74-1816616
	Number, street, and room or suite no. If a P.O. box, see instructions. 3850 S Loop 1604 W, Lot 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Antonio, TX 78264-3431	

Check type of return to be filed (file a separate application for each return):

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

- The books are in the care of ► **Roy Follis**

Telephone No. ► **210-624-2075**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **August 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2006** or
- ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

Form **2848**

(Rev. March 2004)

Department of the Treasury
Internal Revenue Service**Power of Attorney
and Declaration of Representative**

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date / /

Part I Power of Attorney**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

Teen Challenge of South Texas
3850 S Loop 1604 W, Lot 1
San Antonio, TX 78264-3431

Social security number(s)

Daytime telephone number
210-624-2075Employer identification
number

74-1816616

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

James R. Oliver, Jr. CPA
Jim Oliver & Associates, P.C.
17300 Henderson Pass, Suite 240
San Antonio, TX 78232

CAF No. 7800-91345R

Telephone No. 210-344-0205

Fax No. 210-344-4362

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

Kathleen K. Dennis CPA
Jim Oliver & Associates, P.C.
17300 Henderson Pass, Suite 240
San Antonio, TX 78232

CAF No. 7800-91345R

Telephone No. 210-344-0205

Fax No. 210-344-4362

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

Ana M. Ball CPA
Jim Oliver & Associates, P.C.
17300 Henderson Pass, Suite 240
San Antonio, TX 78232

CAF No. 7800-91345R

Telephone No. 210-344-0205

Fax No. 210-344-4362

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Exempt Organization	Form 990	2002 - 2008

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific uses not recorded on CAF.** ▶ ☐**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

LHA For Privacy Act and Paperwork Reduction Notice, see page 4 of the instructions.

613981
05-01-06Form **2848** (Rev. 3-2004)

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

- a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐ **b** If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Ray E. Davis
Signature

July 17, 2007
Date

Senior Executive Director
Title (if applicable)

Print Name

PIN Number

Teen Challenge of South Texas
Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

PIN Number

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer — a bona fide officer of the taxpayer's organization.
 - e** Full-Time Employee — a full-time employee of the taxpayer.
 - f** Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h** Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation — Insert above letter (a–h)	Jurisdiction (state) or identification	Signature	Date
B	Texas	<i>[Signature]</i>	7/11/07
B	Texas	<i>[Signature]</i>	7/11/07
B	Texas	<i>[Signature]</i>	7/11/07

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
4	Building Improv-1990	070190SL		40.00	16	1,888.			1,888.	731.		47.
5	Building Improv-1990	070191SL		20.00	16	10,031.			10,031.	7,274.		502.
6	Building 1987	070187SL		40.00	16	3,630.			3,630.	1,680.		91.
7	Building 1988	070188SL		40.00	16	103,439.			103,439.	45,255.		2,586.
8	Building 1990	070190SL		40.00	16	2,255.			2,255.	873.		56.
9	Building 1989	070189SL		40.00	16	281.			281.	116.		7.
10	Building 1986	010186SL		40.00	16	74,176.			74,176.	37,120.		1,854.
31	Building additions	070192SL		40.00	16	28,898.			28,898.	10,124.		722.
35	Building additions	010193SL		40.00	16	5,161.			5,161.	1,677.		129.
40	Building additions	070194SL		40.00	16	4,700.			4,700.	1,412.		118.
44	Building additions	070195SL		40.00	16	76,900.			76,900.	21,149.		1,923.
48	Building additions	070197SL		20.00	16	<838.>			<838.>			0.
51	Building Additions	070198SL		40.00	16	214,549.			214,549.	42,911.		5,364.
54	Building Additions	070199SL		40.00	16	63,500.			63,500.	11,114.		1,588.
55	Building additions	070101SL		40.00	16	<3,192.>			<3,192.>			0.
56	Building additions	070101SL		40.00	16	82,708.			82,708.	10,339.		2,068.
76	Factory addition	120604SL		40.00	16	13,505.			13,505.	366.		338.

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* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
78	28'x60' Building	102105SL		40.00	16	6,500.			6,500.	27.		163.
79	Women's Center add-on	052605SL		40.00	16	111,691.			111,691.	1,629.		2,792.
80	Multi-purpose Building	122705SL		40.00	16	189,162.			189,162.			4,729.
81	Factory addition	092905SL		40.00	16	39,538.			39,538.	247.		988.
83	New Chapel	062105SL		40.00	16	11,433.			11,433.	143.		286.
97	Houston Improvements	110805SL		40.00	16	3,470.			3,470.	14.		87.
98	Multi-purpose Building	102706SL		40.00	16	26,572.			26,572.			111.
99	Factory improvements	101806SL		40.00	16	1,385.			1,385.			6.
100	Women's Dorm improvements	102006SL		40.00	16	6,920.			6,920.			29.
132	Corpus Christi Building	092506SL		40.00	16	1,138,475.			1,138,475.			7,115.
133	Staff Housing trailer	032406SL		15.00	16	8,250.			8,250.			413.
	* 990 Page 2 Total Buildings					2,224,987.		0.	2,224,987.	194,201.	0.	34,112.
	Furniture & Fixtures											
14	Building Furn 1986	070186SL		10.00	16	43.			43.	43.		0.
15	Building Furn 1988	070188SL		10.00	16	512.			512.	512.		0.
16	Building Furn 1990	070190SL		10.00	16	2,166.			2,166.	2,166.		0.
17	Building Furn 1991	070191SL		10.00	16	4,400.			4,400.	4,400.		0.
18	Building Furn 1989	070189SL		10.00	16	244.			244.	244.		0.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	Building Furn 1989	070189	SL	5.00	16	300.			300.	300.		0.
20	Building Furn 1990	070190	SL	5.00	16	313.			313.	313.		0.
21	Office furniture	070186	SL	5.00	16	124.			124.	124.		0.
22	Office furniture 89	070189	SL	5.00	16	1,899.			1,899.	1,899.		0.
23	Office furniture 90	070190	SL	5.00	16	5,697.			5,697.	5,697.		0.
24	Office furniture 91	070191	SL	5.00	16	1,871.			1,871.	1,871.		0.
25	School Furniture 89	070189	SL	5.00	16	330.			330.	330.		0.
26	School Furniture 91	070191	SL	5.00	16	250.			250.	250.		0.
33	Furniture	070192	SL	5.00	16	2,218.			2,218.	2,218.		0.
36	Furniture	010193	SL	5.00	16	6,451.			6,451.	6,451.		0.
41	Furniture	070194	SL	5.00	16	8,596.			8,596.	8,596.		0.
45	Furniture	070195	SL	10.00	16	21,200.			21,200.	21,200.		0.
47	Furniture	070196	SL	10.00	16	3,095.			3,095.	3,095.		0.
49	Furniture	070197	SL	10.00	16	7,269.			7,269.	5,816.		727.
52	Furniture	070198	SL	10.00	16	13,867.			13,867.	11,095.		1,387.
60	Furniture & Fixtures	070102	SL	10.00	16	850.			850.	340.		85.
92	Washer and Dryer	081805	SL	7.00	16	777.			777.	37.		111.
	* 990 Page 2 Total Furniture & Fixtures					82,472.		0.	82,472.	76,997.	0.	2,310.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Machinery & Equipment											
57	Maintenance Equipment	070102SL		10.00	16	8,245.			8,245.	3,300.		825.
59	Equipment	070102SL		10.00	16	996.			996.	400.		100.
62	Tractor	041204SL		7.00	16	20,500.			20,500.	5,125.		2,929.
63	Shredder	051204SL		7.00	16	595.			595.	142.		85.
64	Computer-Acctg Dept	052504SL		5.00	16	1,207.			1,207.	382.		241.
65	Computer-Johnson	063004SL		5.00	16	915.			915.	275.		183.
66	Printing Equip	070904SL		7.00	16	2,000.			2,000.	429.		286.
67	Copy Machine	072804SL		5.00	16	599.			599.	170.		120.
68	Silk Screen Machine	102204SL		7.00	16	500.			500.	83.		71.
69	Gas golf cart	102504SL		7.00	16	2,220.			2,220.	370.		317.
70	2 Chainsaws & 6HP Log	110804SL		7.00	16	1,356.			1,356.	226.		194.
71	Backhoe	111004SL		7.00	16	2,500.			2,500.	417.		357.
72	Dump Truck	111704SL		7.00	16	1,800.			1,800.	278.		257.
73	Saw	120804SL		7.00	16	510.			510.	79.		73.
74	HP Computer-Dir. office	122104SL		5.00	16	909.			909.	182.		182.
85	Lawn Mower	051005SL		10.00	16	1,599.			1,599.	107.		160.
86	Computer-Development dept	022205SL		5.00	16	561.			561.	94.		112.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	Forklift	070105	SL	7.00	16	3,500.			3,500.	250.		500.
88	Computer-Bro. Follis	091305	SL	5.00	16	1,457.			1,457.	97.		291.
89	Air Compressor	092705	SL	7.00	16	739.			739.	26.		106.
90	Computer-Claude	032505	SL	5.00	16	747.			747.	112.		149.
91	Telephone system	031105	SL	7.00	16	3,813.			3,813.	454.		545.
102	Dell computer & printer	021406	SL	5.00	16	798.			798.			146.
103	Bobcat & Auger	052606	SL	7.00	16	21,499.			21,499.			1,792.
104	Planer, sander & shaper (craft shop)	110106	SL	7.00	16	1,898.			1,898.			45.
105	Backhoe attachment for Bobcat	110906	SL	7.00	16	10,000.			10,000.			238.
106	Portable sound system	111706	SL	7.00	16	740.			740.			9.
110	Major Appliance	110106	SL	7.00	16	500.			500.			12.
111	Ricks furniture	122106	SL	7.00	16	2,500.			2,500.			0.
125	Copier (SA)	081806	SL	5.00	16	552.			552.			37.
126	Laptop (Follis)	021706	SL	5.00	16	900.			900.			150.
127	Dell computer & monitor (SA Bookkeeping)	082206	SL	5.00	16	562.			562.			37.
128	Dell Computer (Grant writer)	082206	SL	5.00	16	547.			547.			36.
129	Dell Computer (Greg)	082206	SL	5.00	16	547.			547.			36.
130	Dell Computer (Claude)	082206	SL	5.00	16	547.			547.			36.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
131	Paper folder machine	122906	SL	5.00	16	3,599.			3,599.			0.
135	Computer & Printer	123106	SL	5.00	16	1,058.			1,058.			8.
	* 990 Page 2 Total					103,515.		0.	103,515.	12,998.	0.	10,665.
	Machinery & Equipment											
	Transportation											
	Equipment											
1	Auto	070190	SL	4.00	16	675.			675.	675.		0.
2	Van	070189	SL	4.00	16	12,500.			12,500.	12,500.		0.
3	Van	070191	SL	4.00	16	5,000.			5,000.	5,000.		0.
34	Vehicles	070192	SL	4.00	16	20,107.			20,107.	20,107.		0.
37	Vehicles	070193	SL	4.00	16	800.			800.	800.		0.
42	Vehicles	070194	SL	4.00	16	20,501.			20,501.	20,501.		0.
50	Vehicles	070197	SL	4.00	16	4,000.			4,000.	4,000.		0.
53	Vehicles	070198	SL	4.00	16	3,999.			3,999.	3,999.		0.
61	Vehicles	070102	SL	5.00	16	12,485.			12,485.	7,491.		2,497.
75	2003 Ford Van	083104	SL	5.00	16	19,979.			19,979.	5,328.		3,996.
94	Ford, 44 Passenger											
93	School Bus	012905	SL	5.00	16	9,150.			9,150.	1,678.		1,830.
95	1992 Champion Bus	040505	SL	5.00	16	3,000.			3,000.	450.		600.
96	1999 Chevy Lumina	091605	SL	5.00	16	5,000.			5,000.	250.		1,000.
112	1995 Ford Minivan	030906	SL	5.00	16	1,000.			1,000.			167.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
113	1994 Dodge Van	030906SL		5.00	16	1,000.			1,000.			167.
114	1990 Dodge Pickup	030906SL		5.00	16	5,000.			5,000.			833.
115	1997 Astrovan	041106SL		5.00	16	3,500.			3,500.			525.
116	1991 Ford F350 Van	041106SL		5.00	16	2,500.			2,500.			375.
117	1987 E350 Shuttle Bus	051106SL		5.00	16	1,000.			1,000.			133.
118	Sub	060906SL		5.00	16	2,100.			2,100.			245.
119	1999 Dodge Van	070706SL		5.00	16	1,500.			1,500.			150.
120	1996 Ford 15 passenger van	081506SL		5.00	16	500.			500.			42.
121	1994 Van Vin#5176	082806SL		5.00	16	1,330.			1,330.			89.
122	VANS	092906SL		5.00	16	7,600.			7,600.			380.
123	VANS	100206SL		5.00	16	3,200.			3,200.			160.
124	5 Vans- Willeford Chevrolet	120106SL		5.00	16	150,933.			150,933.			2,516.
* 990 Page 2 Total Transportation Equipme												0. 15,705.
	Land					298,359.		0.	298,359.	82,779.	0.	
30	Land		L			20,200.			20,200.			0.
39	Land	070194L				100,828.			100,828.			0.
77	Sheldon Road Property (Houston)	123005L				707,144.			707,144.			0.
134	Land-Corpus Christi	092506L				108,000.			108,000.			0.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
* 990	Page 2 Total					936,172.		0.	936,172.	0.	0.	0.
	Land											
	Other											
136	Furniture	12/31/06	SL	7.00	16	1,613.			1,613.			0.
* 990	Page 2 Total					1,613.		0.	1,613.	0.	0.	0.
	Other											
	Program Services											
109	Furniture & Appliances	10/16/06	SL	7.00	16	7,000.			7,000.			167.
* 990	Page 2 Total					7,000.		0.	7,000.	0.	0.	167.
	Program Services											
	Management and General											
108	Safe w/front drop	06/12/06	SL	7.00	16	1,499.			1,499.			125.
* 990	Page 2 Total					1,499.		0.	1,499.	0.	0.	125.
	Management and General											
	Water & Septic System											
	Other											
27	Septic System	07/01/89	SL	15.00	16	4,962.			4,962.	4,962.		0.
28	Septic System	07/01/87	SL	15.00	16	325.			325.	325.		0.
29	Water Systems	07/01/89	SL	15.00	16	16,036.			16,036.	16,036.		0.
38	Water Septic	07/01/93	SL	15.00	16	410.			410.	354.		27.
58	Water Systems	07/01/02	SL	15.00	16	5,099.			5,099.	1,360.		340.
	Multi-purpose Building											
84	Septic system	05/10/05	SL	15.00	16	12,077.			12,077.	537.		805.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
101	Aerobic System	070606	SL	15.00	16	25,718.			25,718.			857.
	* 990 Page 2 Total											
	Other					64,627.		0.	64,627.	23,574.	0.	2,029.
	* 990 Page 2 Total -											
	Water & Septic System					64,627.		0.	64,627.	23,574.	0.	2,029.
	Mobile Home											
	Other											
11	Building 1987	070187	SL	15.00	16	978.			978.	978.		0.
12	Building 1988	070188	SL	15.00	16	12,703.			12,703.	12,703.		0.
13	Mobile Home	070186	SL	15.00	16	1,040.			1,040.	1,040.		0.
32	Mobile Home	070192	SL	15.00	16	7,500.			7,500.	7,000.		500.
	* 990 Page 2 Total											
	Other					22,221.		0.	22,221.	21,721.	0.	500.
	* 990 Page 2 Total -											
	Mobile Home					22,221.		0.	22,221.	21,721.	0.	500.
	* Grand Total 990 Page					3,742,465.		0.	3,742,465.	412,270.	0.	65,613.
	2 Depr											

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Form 990	Rental Income	Statement	1
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Kind and Location of Property	Activity Number	Gross Rental Income
Sabine Royalty Trust	2	52.
Total to Form 990, Part I, line 6a		52.

Form 990	Rental Expenses	Statement	2
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Description	Activity Number	Amount	Total
Severance tax and admin expenses		6.	
- SubTotal -	2		6.
Total to Form 990, Part I, line 6b			6.

Form 990	Special Events and Activities	Statement	3
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Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Parades	3,877.		3,877.	1,289.	2,588.
Entry Fee	62,876.		62,876.		62,876.
Work Revenue	722,055.		722,055.	100888.	621,167.
Garage Sale & Other Receipts	31,964.		31,964.	1,501.	30,463.
Pancake Dinner	459,257.		459,257.		459,257.
Banquet	150,431.		150,431.	29,371.	121,060.
Crafts	605,377.		605,377.	83,995.	521,382.
Choir	200,616.		200,616.	28,807.	171,809.
Golf Tournament	3,135.		3,135.	1,977.	1,158.
To Fm 990, Part I, line 9	2239588.		2239588.	247828.	1991760.

Form 990

Other Expenses

Statement 4

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Insurance	66,266.	66,266.		
Dues & Subscriptions	7,719.	2,870.	4,849.	
Licenses & Permits	2,116.	2,116.		
Public Relations	17,762.			17,762.
Utilities	149,449.	134,504.	14,945.	
Bank Charges	1,868.		1,868.	
Flowers	2,546.	2,546.		
Office	43,172.	232.	42,940.	
Property Taxes	23,056.	23,056.		
Other administrative expense	0.			
Other program expenses	109,054.	109,054.		
Housing	67,347.	67,347.		
Penalties	8,100.		8,100.	
Payroll processing	6,280.		6,280.	
Education expense	8,789.	8,789.		
Other professional fees	8,342.	8,337.	5.	
Marketing	30,577.			30,577.
Total to Fm 990, ln 43	552,443.	425,117.	78,987.	48,339.

Form 990

Officer Compensation Allocation
Part II, Line 25a

Statement 5

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Roy E. Follis	76,500.			76,500.
A. Program Services				
B. Management and General	76,500.			76,500.
C. Fundraising				

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Claude Johnson	46,711.			46,711.
A. Program Services				
B. Management and General	46,711.			46,711.
C. Fundraising				

Total Program Services

Total Management and General

123,211.

Total Fundraising

Total Officer, etc., Compensation Included on Part II, Line 25a

123,211.

Form 990	Cash Grants and Allocations to Others	Statement	6
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Class of Activity/Donee's Name and Address	Amount
Donations to Ministries	19,227.
Donations to various Ministries	

Total Included on Form 990, Part II, line 22b	19,227.
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Form 990	Other Investments	Statement	7
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Description	Valuation Method	Amount
Deposits	Cost	372.
Prepaid Insurance	Cost	8,068.
Deposit-Magnolia Property (Houston)	Cost	5,500.
Total to Form 990, Part IV, line 56, Column B		13,940.

Form 990	Depreciation of Assets Not Held for Investment	Statement	8
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Auto	675.	675.	0.
Van	12,500.	12,500.	0.
Van	5,000.	5,000.	0.
Building Improv-1990	1,888.	778.	1,110.
Building Improv-1990	10,031.	7,776.	2,255.
Building 1987	3,630.	1,771.	1,859.
Building 1988	103,439.	47,841.	55,598.
Building 1990	2,255.	929.	1,326.
Building 1989	281.	123.	158.
Building 1986	74,176.	38,974.	35,202.
Building 1987	978.	978.	0.
Building 1988	12,703.	12,703.	0.
Mobile Home	1,040.	1,040.	0.
Building Furn 1986	43.	43.	0.
Building Furn 1988	512.	512.	0.

Building Furn 1990	2,166.	2,166.	0.
Building Furn 1991	4,400.	4,400.	0.
Building Furn 1989	244.	244.	0.
Building Furn 1989	300.	300.	0.
Building Furn 1990	313.	313.	0.
Office furniture	124.	124.	0.
Office furniture 89	1,899.	1,899.	0.
Office furniture 90	5,697.	5,697.	0.
Office furniture 91	1,871.	1,871.	0.
School Furniture 89	330.	330.	0.
School Furniture 91	250.	250.	0.
Septic System	4,962.	4,962.	0.
Septic System	325.	325.	0.
Water Systems	16,036.	16,036.	0.
Land	20,200.	0.	20,200.
Building additions	28,898.	10,846.	18,052.
Mobile Home	7,500.	7,500.	0.
Furniture	2,218.	2,218.	0.
Vehicles	20,107.	20,107.	0.
Building additions	5,161.	1,806.	3,355.
Furniture	6,451.	6,451.	0.
Vehicles	800.	800.	0.
Water Septic	410.	381.	29.
Land	100,828.	0.	100,828.
Building additions	4,700.	1,530.	3,170.
Furniture	8,596.	8,596.	0.
Vehicles	20,501.	20,501.	0.
Building additions	76,900.	23,072.	53,828.
Furniture	21,200.	21,200.	0.
Furniture	3,095.	3,095.	0.
Building additions	<838.>	0.	<838.>
Furniture	7,269.	6,543.	726.
Vehicles	4,000.	4,000.	0.
Buidling Additions	214,549.	48,275.	166,274.
Furniture	13,867.	12,482.	1,385.
Vehicles	3,999.	3,999.	0.
Buidling Additions	63,500.	12,702.	50,798.
Building additions	<3,192.>	0.	<3,192.>
Building additions	82,708.	12,407.	70,301.
Maintenance Equipment	8,245.	4,125.	4,120.
Water Systems	5,099.	1,700.	3,399.
Equipment	996.	500.	496.
Furniture & Fixtures	850.	425.	425.
Vehicles	12,485.	9,988.	2,497.
Tractor	20,500.	8,054.	12,446.
Shredder	595.	227.	368.
Computer-Acctg Dept	1,207.	623.	584.
Computer-Johnson	915.	458.	457.
Printing Equip	2,000.	715.	1,285.
Copy Machine	599.	290.	309.
Silk Screen Machine	500.	154.	346.
Gas golf cart	2,220.	687.	1,533.
2 Chainsaws & 6HP Log	1,356.	420.	936.

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Backhoe	2,500.	774.	1,726.
Dump Truck	1,800.	535.	1,265.
Saw	510.	152.	358.
HP Computer-Dir. office	909.	364.	545.
2003 Ford Van	19,979.	9,324.	10,655.
Factory addition	13,505.	704.	12,801.
Sheldon Road Property (Houston)	707,144.	0.	707,144.
28'x60' Building	6,500.	190.	6,310.
Women's Center add-on	111,691.	4,421.	107,270.
Multi-purpose Building	189,162.	4,729.	184,433.
Factory addition	39,538.	1,235.	38,303.
New Chapel	11,433.	429.	11,004.
Multi-purpose Building Septic system	12,077.	1,342.	10,735.
Lawn Mower	1,599.	267.	1,332.
Computer-Development dept	561.	206.	355.
Forklift	3,500.	750.	2,750.
Computer-Bro. Follis	1,457.	388.	1,069.
Air Compressor	739.	132.	607.
Computer-Claude Johnson	747.	261.	486.
Telephone system	3,813.	999.	2,814.
Washer and Dryer	777.	148.	629.
94 Ford, 44 Passenger School Bus	9,150.	3,508.	5,642.
1992 Champion Bus	3,000.	1,050.	1,950.
1999 Chevy Lumina	5,000.	1,250.	3,750.
Houston Improvements	3,470.	101.	3,369.
Multi-purpose Building	26,572.	111.	26,461.
Factory improvements	1,385.	6.	1,379.
Women's Dorm improvements	6,920.	29.	6,891.
Aerobic System	25,718.	857.	24,861.
Dell computer & printer	798.	146.	652.
Bobcat & Auger	21,499.	1,792.	19,707.
Planer, sander & shaper (craft shop)	1,898.	45.	1,853.
Backhoe attachment for Bobcat	10,000.	238.	9,762.
Portable sound system	740.	9.	731.
Safe w/front drop	1,499.	125.	1,374.
Furniture & Appliances	7,000.	167.	6,833.
Major Appliance	500.	12.	488.
Ricks furniture	2,500.	0.	2,500.
1995 Ford Minivan	1,000.	167.	833.
1994 Dodge Van	1,000.	167.	833.
1990 Dodge Pickup	5,000.	833.	4,167.
1997 Astrovan	3,500.	525.	2,975.
1991 Ford F350 Van	2,500.	375.	2,125.
1987 E350 Shuttle Bus	1,000.	133.	867.
Sub	2,100.	245.	1,855.
1999 Dodge Van	1,500.	150.	1,350.
1996 Ford 15 passenger van	500.	42.	458.
1994 Van Vin#5176	1,330.	89.	1,241.
2 VANS	7,600.	380.	7,220.

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2 VANS	3,200.	160.	3,040.
5 Vans- Willeford Chevrolet	150,933.	2,516.	148,417.
Copier (SA)	552.	37.	515.
Laptop (Follis)	900.	150.	750.
Dell computer & monitor (SA Bookkeeping)	562.	37.	525.
Dell Computer (Grant writer)	547.	36.	511.
Dell Computer (Greg)	547.	36.	511.
Dell Computer (Claude)	547.	36.	511.
Paper folder machine	3,599.	0.	3,599.
Corpus Christi Building	1,138,475.	7,115.	1,131,360.
Staff Housing trailer	8,250.	413.	7,837.
Land-Corpus Christi	108,000.	0.	108,000.
Computer & Printer Tomball	1,058.	8.	1,050.
Furniture	1,613.	0.	1,613.
Total to Form 990, Part IV, ln 57	3,742,465.	477,883.	3,264,582.

Form 990	Mortgages Payable	Statement	9
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Description	Balance Due
Bank of America	0.
Father Follis	0.
Service Realty Inc	0.
Wachovia	2,188,188.
Total included on Form 990, Part IV, line 64b, Column B	2,188,188.

Form 990	Other Liabilities	Statement	10
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Description	Amount
Payroll liabilities	1,234.
Credit card payable	10,620.
Total to Form 990, Part IV, line 65, Column B	11,854.

Form 990 Part V-A - List of Current Officers, Directors, Statement 11
Trustees and Key Employees

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Roy E. Follis 3850 S. Loop 1604 W #3 San Antonio, TX 78264	Executive Director 40.00	76,500.	0.	0.
Wayne Clark 302 Twisted Wood San Antonio, TX 78216	Chairman of the Board 10.00	0.	0.	0.
Peter Dunn 8350 E. Hwy 87 San Antonio, TX 78263	Secretary/Treasurer 10.00	0.	0.	0.
Gordon Dilts 270 Coral San Antonio, TX 78223	Members at Large 10.00	0.	0.	0.
Claude Johnson 1111 Saxton Hill Dr. San Antonio, TX 78253	Sr. Asst. Executive Director 40.00	46,711.	0.	0.
Randy Garcia 9719 Lindrith Helotes, TX 78023	Chairman of the Board 10.00	0.	0.	0.
Richard Contreras 2935 Roosevelt San Antonio, TX 78214	Members at Large 10.00	0.	0.	0.
Chip Morrow 5514 Darmondale San Antonio, TX 78261-2622	Members at Large 10.00	0.	0.	0.
Bettina Richardson 7726 Moss Brook Dr. San Antonio, TX 78261	Members at Large 10.00	0.	0.	0.
Doug Roberts 16110 Tree Ridge Place San Antonio, TX 78247	Members at Large 10.00	0.	0.	0.

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Lon Potter 602 Barchester San Antonio, TX 78216	Members at Large 10.00	0.	0.	0.
Steve LaGrone 13330 LaVista San Antonio, TX 78216	Members at Large 10.00	0.	0.	0.
Dr. Ruben & Leticia Trevino 4339 Boxwood San Antonio, TX 78222	Members at Large 10.00	0.	0.	0.
Totals Included on Form 990, Part V-A		<u>123,211.</u>	<u>0.</u>	<u>0.</u>

Schedule A	Explanation of Transactions Part III, Line 2d	Statement 12
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See Part V, Form 990