

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

2007Open to Public
Inspection**A For the 2007 calendar year, or tax year beginning****and ending**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		Teen Challenge of Texas		74-1816616
		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
		3850 S Loop 1604 W, Lot 1		210-624-2075
City or town, state or country, and ZIP + 4		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
San Antonio, TX 78264-3431		<input type="checkbox"/> Other (specify) ▶		

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

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 organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,424,332.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	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	632,399.	
	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 \$ 632,399. noncash \$)	1e	632,399.	
	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	17,608.	
	5 Dividends and interest from securities	5	305.	
	6 a Gross rents See Statement 2	6a	48.	
	b Less: rental expenses See Statement 3	6b	6.	
c Net rental income or (loss). Subtract line 6b from line 6a	6c	42.		
7 Other investment income (describe ▶ See Statement 1)	7	1,668.		
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	4,772,304.	
	b Less: direct expenses other than fundraising expenses	9b	1,105,581.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	3,666,723.	
	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	4,318,745.		
Net Assets	13 Program services (from line 44, column (B))	13	2,816,004.	
	14 Management and general (from line 44, column (C))	14	494,039.	
	15 Fundraising (from line 44, column (D))	15	98,216.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	3,408,259.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	910,486.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,638,471.		
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	2,548,957.		

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>73,463.</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	25a 205,597.	0.		205,597.
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 1,419,435.	1,257,973.	102,988.	58,474.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 31,782.	31,189.	593.	
29 Payroll taxes	29 124,682.	124,682.		
30 Professional fundraising fees	30			
31 Accounting fees	31 16,230.		16,230.	
32 Legal fees	32 28,091.	28,091.		
33 Supplies	33 133,612.	133,612.		
34 Telephone	34			
35 Postage and shipping	35 14,438.	11,192.	3,246.	
36 Occupancy	36 9,000.	9,000.		
37 Equipment rental and maintenance	37 70,245.	70,245.		
38 Printing and publications	38 25,647.	2,228.	23,419.	
39 Travel	39 3,856.	3,856.		
40 Conferences, conventions, and meetings	40			
41 Interest	41 179,630.	179,630.		
42 Depreciation, depletion, etc. (attach schedule)	42 155,684.	150,323.	5,298.	63.
43 Other expenses not covered above (itemize) a _____ b _____ c _____ d _____ e _____ f _____	43a 43b 43c 43d 43e 43f			
g See Statement 5	43g 916,867.	740,520.	136,668.	39,679.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 3,408,259.	2,816,004.	494,039.	98,216.

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? ►		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
a	Teen Challenge is a Christian drug and/or alcohol rehabilitation program for individuals 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 ► <input type="checkbox"/>	2,816,004.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,816,004.

Form 990 (2007)

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		585,699.	45	379,790.
	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	13,940.	56	16,565.	
57 a	Land, buildings, and equipment basis	57a	5,140,309.			
b	Less: accumulated depreciation Stmt 8	57b	633,567.	3,264,582.	57c	4,506,742.
58	Other assets, including program-related investments (describe ►)			58		
59	Total assets (must equal line 74) Add lines 45 through 58		3,864,221.	59	4,903,097.	
Liabilities	60	Accounts payable and accrued expenses		25,708.	60	
	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		2,188,188.	64b	2,336,487.
	65	Other liabilities (describe ► See Statement 10)		11,854.	65	17,653.
66	Total liabilities. Add lines 60 through 65		2,225,750.	66	2,354,140.	
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		1,638,471.	67	2,548,957.
	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)		1,638,471.	73	2,548,957.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		3,864,221.	74	4,903,097.

Form 990 (2007)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify). _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

[illegible]

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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6). 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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
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			
90 a	List the states with which a copy of this return is filed <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	77
91 a	The books are in care of <u>Roy Follis</u> Telephone no. <u>210-624-2075</u> Located at <u>3850 SW Loop 1604 #1, San Antonio, TX</u> ZIP + 4 <u>78264</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Form 990 (2007)

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

X

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		17,608.	14		
96 Dividends and interest from securities		305.	14		
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property	211110	42.			
98 Net rental income or (loss) from personal property					
99 Other investment income			01	1,668.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	3,666,723.	
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))		17,955.		3,668,391.	0.
105 Total (add line 104, columns (B), (D), and (E))					3,686,346.

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

X No

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

Yes

X 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.

	(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.

	(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?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 6-26-08	
Paid Preparer's Use Only	Executive Director Type or print name and title			
	Preparer's signature  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	Date 6/23/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN 210-344-0205 Phone no. 210-344-0205

Form 990 (2007)

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

2007

Name of the organization

Teen Challenge of Texas

Employer identification number

74 1816616

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

(See page 1 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		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
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			N/A
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

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 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 8 of the instructions.)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	528,942.	392,270.	188,973.	252,358.	1,362,543.
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	2,239,588.	1,125,337.	669,633.	493,347.	4,527,905.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,987.	2,271.	5,925.	26,334.	38,517.
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	2,772,517.	1,519,878.	864,531.	772,039.	5,928,965.
24 Line 23 minus line 17	532,929.	394,541.	194,898.	278,692.	1,401,060.
25 Enter 1% of line 23	27,725.	15,199.	8,645.	7,720.	
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 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					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: (2006) 17,523. (2005) 2,331. (2004) 4,744. (2003) 8,337.					
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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 1,362,543. 16 _____ 17 4,527,905. 20 _____ 21 _____					27c 5,890,448.
d Add: Line 27a total 32,935. and line 27b total 0.					27d 32,935.
e Public support (line 27c total minus line 27d total)					27e 5,857,513.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 5,928,965.					27g 98.7949%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h .6496%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 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.	None				

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/> <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) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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 -			
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	41	
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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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.)

Yes	No	Amount
		0.

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

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]

**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 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. 2606-23919R

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. 0200-72531R

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	200312 - 200912

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) ►

- 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.

 Signature		6-26-08 Date	President/C.E.O. Title (if applicable)
_____ Print Name	_____ PIN Number	Teen Challenge of Texas Print name of taxpayer from line 1 if other than individual	
_____ Signature		_____ Date	_____ Title (if applicable)
_____ Print Name	_____ PIN Number	_____ Title (if applicable)	

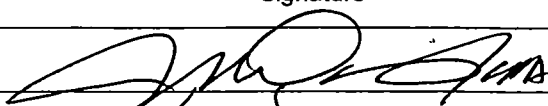
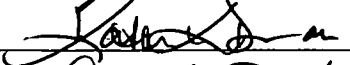
Part II Declaration of Representative

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		6/23/08
B	Texas		6/23/08
B	Texas	Ona M Balla	6/23/08

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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.	778.		47.
5	Building Improv-1990	070191SL		20.00	16	10,031.			10,031.	7,776.		502.
6	Building 1987	070187SL		40.00	16	3,630.			3,630.	1,771.		91.
7	Building 1988	070188SL		40.00	16	103,439.			103,439.	47,841.		2,586.
8	Building 1990	070190SL		40.00	16	2,255.			2,255.	929.		56.
9	Building 1989	070189SL		40.00	16	281.			281.	123.		7.
10	Building 1986	010186SL		40.00	16	74,176.			74,176.	38,974.		1,854.
31	Building additions	070192SL		40.00	16	28,898.			28,898.	10,846.		722.
35	Building additions	010193SL		40.00	16	5,161.			5,161.	1,806.		129.
40	Building additions	070194SL		40.00	16	4,700.			4,700.	1,530.		118.
44	Building additions	070195SL		40.00	16	76,900.			76,900.	23,072.		1,923.
48	Building additions	070197SL		20.00	16	<838.>			<838.>			0.
51	Building Additions	070198SL		40.00	16	214,549.			214,549.	48,275.		5,364.
54	Building Additions	070199SL		40.00	16	63,500.			63,500.	12,702.		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.	12,407.		2,068.
76	Factory addition	120604SL		40.00	16	13,505.			13,505.	704.		338.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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	10/21/05	SL	40.00	16	6,500.			6,500.	190.		163.
79	Women's Center add-on	05/26/05	SL	40.00	16	111,691.			111,691.	4,421.		2,792.
80	Multi-purpose Building	12/27/05	SL	40.00	16	189,162.			189,162.	4,729.		4,729.
81	Factory addition	09/29/05	SL	40.00	16	39,538.			39,538.	1,235.		988.
83	New Chapel	06/21/05	SL	40.00	16	11,433.			11,433.	429.		286.
97	Houston Improvements	11/08/05	SL	40.00	16	3,470.			3,470.	101.		87.
98	Multi-purpose Building	10/27/06	SL	40.00	16	26,572.			26,572.	111.		664.
99	Factory improvements	10/18/06	SL	40.00	16	1,385.			1,385.	6.		35.
100	Women's Dorm improvements	10/20/06	SL	40.00	16	6,920.			6,920.	29.		173.
132	Corpus Christi Building	09/25/06	SL	40.00	16	1,138,475.			1,138,475.	7,115.		28,462.
133	Staff Housing trailer	03/24/06	SL	15.00	16	8,250.			8,250.	413.		550.
139	RV Staff Housing-1	08/24/07	SL	15.00	16	10,160.			10,160.			226.
140	RV Staff Housing-2	08/24/07	SL	15.00	16	10,160.			10,160.			226.
141	RV Staff Housing-3	08/24/07	SL	15.00	16	10,160.			10,160.			226.
142	RV Staff Housing-4	08/24/07	SL	15.00	16	10,160.			10,160.			226.
143	RV Staff Housing-5	08/24/07	SL	15.00	16	10,160.			10,160.			226.
144	RV Staff Housing	12/26/07	SL	15.00	16	13,501.			13,501.			0.
145	RV Staff Housing	12/26/07	SL	15.00	16	13,501.			13,501.			0.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
146	Build. & Improv-Celina	121407SL		40.00	16	340,186.			340,186.			709.
147	Build. & Improv-Magnolia	060507SL		40.00	16	372,536.			372,536.			5,433.
205	Magnolia Improvements	063007SL		40.00	16	18,740.			18,740.			234.
206	Magnolia Improvements	120407SL		40.00	16	19,333.			19,333.			40.
207	Paving-staff housing	072007SL		15.00	16	8,500.			8,500.			236.
210	Fence- Houston Center Coastal Bend	092407SL		15.00	16	2,431.			2,431.			41.
211	Improvements	121407SL		15.00	16	16,338.			16,338.			91.
213	Shop Expansion	073107SL		15.00	16	1,200.			1,200.			33.
214	Electrical Improv- SA * 990 Page 2 Total Buildings	081307SL		15.00	16	2,600.		0.	2,600.	228,313.	0.	72.
						3,084,653.			3,084,653.			64,341.
	Furniture & Fixtures											
14	Building Furn 1986	070186SL		10.00	16	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.
19	Building Furn 1989	070189SL		5.00	16	300.			300.	300.		0.
20	Building Furn 1990	070190SL		5.00	16	313.			313.	313.		0.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
21	Office furniture	070186	SL	5.00	16	124.			124.	124.		0.
22	Office furniture	070189	SL	5.00	16	1,899.			1,899.	1,899.		0.
23	Office furniture	070190	SL	5.00	16	5,697.			5,697.	5,697.		0.
24	Office furniture	070191	SL	5.00	16	1,871.			1,871.	1,871.		0.
25	School Furniture	070189	SL	5.00	16	330.			330.	330.		0.
26	School Furniture	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.	6,543.		363.
52	Furniture	070198	SL	10.00	16	13,867.			13,867.	12,482.		1,385.
60	Furniture & Fixtures	070102	SL	10.00	16	850.			850.	425.		85.
92	Washer and Dryer	081805	SL	7.00	16	777.			777.	148.		111.
177	Furniture	011807	SL	7.00	16	1,613.			1,613.			211.
179	Washer & Dryer-Womens Ctr	020107	SL	7.00	16	517.			517.			68.
180	10 Bunk beds	103007	SL	7.00	16	2,500.			2,500.			60.

728102
04-27-07

(D) - Asset disposed

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

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
18110	Bunkbeds	110807SL		7.00	16	2,500.			2,500.			60.
18220	Bunk Beds	112707SL		7.00	16	5,000.			5,000.			60.
18310	Bunkbeds	112807SL		7.00	16	2,500.			2,500.			30.
	* 990 Page 2 Total Furniture & Fixtures					97,102.		0.	97,102.	79,307.	0.	2,433.
	Machinery & Equipment											
57	Maintenance Equipment	070102SL		10.00	16	8,245.			8,245.	4,125.		825.
59	Equipment	070102SL		10.00	16	996.			996.	500.		100.
62	Tractor	041204SL		7.00	16	20,500.			20,500.	8,054.		2,929.
63	Shredder	051204SL		7.00	16	595.			595.	227.		85.
64	Computer-Acctg Dept	052504SL		5.00	16	1,207.			1,207.	623.		241.
65	Computer-Johnson	063004SL		5.00	16	915.			915.	458.		183.
66	Printing Equip	070904SL		7.00	16	2,000.			2,000.	715.		286.
67	Copy Machine	072804SL		5.00	16	599.			599.	290.		120.
68	Silk Screen Machine	102204SL		7.00	16	500.			500.	154.		71.
69	Gas golf cart	102504SL		7.00	16	2,220.			2,220.	687.		317.
702	Chainsaws & 6HP Log	110804SL		7.00	16	1,356.			1,356.	420.		194.
71	Backhoe	111004SL		7.00	16	2,500.			2,500.	774.		357.
72	Dump Truck	111704SL		7.00	16	1,800.			1,800.	535.		257.

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
73Saw	HP Computer-Dir. 74office	120804	SL	7.00	16	510.			510.	152.		73.
		122104	SL	5.00	16	909.			909.	364.		182.
85Lawn Mower	Computer-Development 86dept	051005	SL	10.00	16	1,599.			1,599.	267.		160.
		022205	SL	5.00	16	561.			561.	206.		112.
87Forklift	Computer-Bro. Follis	070105	SL	7.00	16	3,500.			3,500.	750.		500.
		091305	SL	5.00	16	1,457.			1,457.	388.		291.
89Air Compressor	Computer-Claude 90Johnson	092705	SL	7.00	16	739.			739.	132.		106.
		032505	SL	5.00	16	747.			747.	261.		149.
91Telephone system	Dell computer & 102printer	031105	SL	7.00	16	3,813.			3,813.	999.		545.
		021406	SL	5.00	16	798.			798.	146.		160.
103Bobcat & Auger	Planer, sander & 104shaper (craft shop)	052606	SL	7.00	16	21,499.			21,499.	1,792.		3,071.
		110106	SL	7.00	16	1,898.			1,898.	45.		271.
105Bobcat	Backhoe attachment for 106Portable sound system	110906	SL	7.00	16	10,000.			10,000.	238.		1,429.
		111706	SL	7.00	16	740.			740.	9.		106.
110Major Appliance	111Ricks furniture	110106	SL	7.00	16	500.			500.	12.		71.
		122106	SL	7.00	16	2,500.			2,500.			357.
125Copier (SA)	126Laptop (Follis)	081806	SL	5.00	16	552.			552.	37.		110.
		021706	SL	5.00	16	900.			900.	150.		180.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
127	Dell computer & monitor (SA Bookkeeping)	0822206SL		5.00	16	562.			562.	37.		112.
128	Dell Computer (Grant writer)	0822206SL		5.00	16	547.			547.	36.		109.
129	Dell Computer (Greg)	0822206SL		5.00	16	547.			547.	36.		109.
130	Dell Computer (Claude)	0822206SL		5.00	16	547.			547.	36.		109.
131	Paper folder machine	122906SL		5.00	16	3,599.			3,599.			720.
135	Computer & Printer Tomball	123106SL		5.00	16	1,058.			1,058.	8.		212.
148	Drop safe	013107SL		7.00	16	700.			700.			92.
149	80G Compressor	040507SL		7.00	16	744.			744.			80.
150	2 speed thick planer	052207SL		7.00	16	500.			500.			42.
151	HP Computer- Office	053107SL		5.00	16	899.			899.			105.
152	Delta scroll saw	060707SL		7.00	16	580.			580.			48.
153	Industrial planer	062507SL		7.00	16	760.			760.			54.
154	Telephone system	072007SL		7.00	16	5,331.			5,331.			317.
155	Compressor & Hose	072407SL		7.00	16	879.			879.			52.
156	Exhaust Fan	080707SL		7.00	16	500.			500.			30.
157	HP Computer	081607SL		5.00	16	900.			900.			60.
158	Table saw	083007SL		7.00	16	549.			549.			26.
159	Scroll saw	090407SL		7.00	16	580.			580.			28.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
1602	Table Saws	091707	SL	7.00	16	1,098.			1,098.			39.
161	Telephone system	092707	SL	7.00	16	1,523.			1,523.			54.
162	P-C Air & Refrigeration	100807	SL	7.00	16	496.			496.			18.
163	Telephone system	101607	SL	7.00	16	9,163.			9,163.			218.
164	Trailer 5X10 Tilt Shop Equip-Coastal	112107	SL	7.00	16	846.			846.			10.
165	Bend	120307	SL	7.00	16	4,862.			4,862.			58.
166	Computer & Monitor	012307	SL	5.00	16	864.			864.			158.
167	Computer-Ass Exec Dir	040207	SL	5.00	16	1,030.			1,030.			155.
168	Computers-Corp office	042407	SL	5.00	16	2,780.			2,780.			371.
169	Laptop	050907	SL	5.00	16	1,637.			1,637.			218.
170	Computer-office depot	060107	SL	5.00	16	513.			513.			60.
171	Corp Computer	073007	SL	5.00	16	728.			728.			61.
172	Corp Computer	103007	SL	5.00	16	723.			723.			24.
173	Corp Computers	121407	SL	5.00	16	1,320.			1,320.			22.
174	VHS Recorder	020807	SL	7.00	16	1,121.			1,121.			147.
175	Digital Camera	101507	SL	7.00	16	543.			543.			19.
176	Furniture & Equip-Celina	121407	SL	7.00	16	75,000.			75,000.			893.
* 990 Page 2 Total Machinery & Equipment						220,684.		0.	220,684.	23,663.	0.	18,668.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
	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.	9,988.		1,249.
75	2003 Ford Van	083104	SL	5.00	16	19,979.			19,979.	9,324.		3,996.
93	94 Ford, 44 Passenger School Bus	012905	SL	5.00	16	9,150.			9,150.	3,508.		1,830.
95	1992 Champion Bus	040505	SL	5.00	16	3,000.			3,000.	1,050.		600.
96	1999 Chevy Lumina	091605	SL	5.00	16	5,000.			5,000.	1,250.		1,000.
112	1995 Ford Minivan	030906	SL	5.00	16	1,000.			1,000.	167.		200.
113	1994 Dodge Van	030906	SL	5.00	16	1,000.			1,000.	167.		200.
114	1990 Dodge Pickup	030906	SL	5.00	16	5,000.			5,000.	833.		1,000.
115	1997 Astrovan	041106	SL	5.00	16	3,500.			3,500.	525.		700.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
1161	1991 Ford F350 Van	041106	SL	5.00	16	2,500.			2,500.	375.		500.
1171	1987 E350 Shuttle Bus	051106	SL	5.00	16	1,000.			1,000.	133.		200.
118Sub		060906	SL	5.00	16	2,100.			2,100.	245.		420.
1191	1999 Dodge Van	070706	SL	5.00	16	1,500.			1,500.	150.		300.
120van	1996 Ford 15 passenger	081506	SL	5.00	16	500.			500.	42.		100.
1211	1994 Van Vin#5176	082806	SL	5.00	16	1,330.			1,330.	89.		266.
1222	VANS	092906	SL	5.00	16	7,600.			7,600.	380.		1,520.
1232	VANS	100206	SL	5.00	16	3,200.			3,200.	160.		640.
124Chevrolet	5 Vans- Willeford	120106	SL	5.00	16	150,933.			150,933.	2,516.		30,187.
188pickup 2x2	2007 Dodge 1 Ton	041307	SL	5.00	16	37,077.			37,077.			5,562.
189Fiesta Dodge truck		060707	SL	5.00	16	24,550.			24,550.			2,864.
1902006 Chrysler Van		060707	SL	5.00	16	16,149.			16,149.			1,884.
1912006 Chrysler Van		060707	SL	5.00	16	16,149.			16,149.			1,884.
1922006 Dodge Caravan		071707	SL	5.00	16	14,995.			14,995.			1,250.
193fundraising	2 Trailers for	083007	SL	5.00	16	950.			950.			63.
19498 F800 dump truck		091807	SL	5.00	16	6,500.			6,500.			325.
1952007 Dodge Minivan		100907	SL	5.00	16	18,282.			18,282.			914.
196Celina Vans-1		102907	SL	5.00	16	21,454.			21,454.			715.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
197	Celina Vans-2	102907SL		5.00	16	21,454.			21,454.			715.
198	Celina Vans-3	102907SL		5.00	16	21,453.			21,453.			715.
199	2006 Ford Van Italy	111407SL		5.00	16	14,995.			14,995.			500.
200	2007 12-Passenger Van-1	111407SL		5.00	16	16,100.			16,100.			537.
201	2007 12-Passenger Van-2	111407SL		5.00	16	16,100.			16,100.			537.
202	2007 12-Passenger Van-3	111407SL		5.00	16	16,100.			16,100.			537.
203	2007 12-Passenger Van-4	111407SL		5.00	16	16,100.			16,100.			537.
204	Enclosed Trailer	112107SL		5.00	16	700.			700.			12.
* 990 Page 2 Total												
Transportation Equipme												
Land												
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.
137	Land-Magnolia Property	060507L				28,040.			28,040.			0.
138	LAND-Celina Property	121407L				36,103.			36,103.			0.
* 990 Page 2 Total												
Land												
Program Services												
						1,000,315.		0.	1,000,315.	0.	0.	0.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
109	Furniture & Appliances	101606	SL	7.00	16	7,000.			7,000.	167.		1,000.
136	Furniture	123106	SL	7.00	16	1,613.			1,613.			230.
	* 990 Page 2 Total											
	Program Services					8,613.		0.	8,613.	167.	0.	1,230.
	Management and General											
108	Safe w/front drop	061206	SL	7.00	16	1,499.			1,499.	125.		214.
	* 990 Page 2 Total											
	Management and General					1,499.		0.	1,499.	125.	0.	214.
	Water & Septic System											
	Other											
27	Septic System	070189	SL	15.00	16	4,962.			4,962.	4,962.		0.
28	Septic System	070187	SL	15.00	16	325.			325.	325.		0.
29	Water Systems	070189	SL	15.00	16	16,036.			16,036.	16,036.		0.
38	Water Septic	070193	SL	15.00	16	410.			410.	381.		29.
58	Water Systems	070102	SL	15.00	16	5,099.			5,099.	1,700.		340.
	Multi-purpose Building											
84	Septic system	051005	SL	15.00	16	12,077.			12,077.	1,342.		805.
101	Aerobic System	070606	SL	15.00	16	25,718.			25,718.	857.		1,715.
	Septic System											
208	Improv-SA	122007	SL	15.00	16	7,954.			7,954.			0.
	Septic											
209	System-Channelview	071207	SL	15.00	16	35,790.			35,790.			1,193.
212	Septic system-Magnolia	071107	SL	15.00	16	1,600.			1,600.			53.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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											
	Other					109,971.		0.	109,971.	25,603.	0.	4,135.
	* 990 Page 2 Total - Water & Septic System					109,971.		0.	109,971.	25,603.	0.	4,135.
	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.	7,500.		0.
	* 990 Page 2 Total											
	Other					22,221.		0.	22,221.	22,221.	0.	0.
	* 990 Page 2 Total - Mobile Home					22,221.		0.	22,221.	22,221.	0.	0.
	Appliances											
	Other											
184	A/C-Choir office	062607	SL	40.00	16	3,733.			3,733.			47.
185	A/C-Mens dorm upstairs	062607	SL	40.00	16	4,852.			4,852.			61.
186	A/C-Mens dorm downstairs	080107	SL	40.00	16	4,814.			4,814.			50.
187	5-ton Seer eff w/electric heat	081507	SL	40.00	16	4,385.			4,385.			46.
	* 990 Page 2 Total											
	Other					17,784.		0.	17,784.	0.	0.	204.
	* 990 Page 2 Total - Appliances					17,784.		0.	17,784.	0.	0.	204.

728102
04-27-07

(D) - Asset disposed

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
	* Grand Total 990 Page 2 Depr					5,140,309.		0.	5,140,309.	477,883.	0.	155,684.

Form 990	Other Investment Income	Statement	1
Description		Amount	
Thomas H. Cox Ltd K-1: Dividend Income		394.	
Thomas H. Cox Ltd K-1: Other income		1,274.	
Total to Form 990, Part I, line 7		1,668.	

Form 990	Rental Income	Statement	2
Kind and Location of Property	Activity Number	Gross Rental Income	
Sabine Royalty Trust	2	48.	
Total to Form 990, Part I, line 6a		48.	

Form 990	Rental Expenses	Statement	3
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	4
Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income or (Loss)
Parades	4,323.		4,323.	2,258.	2,065.
Entry Fee	131,893.		131,893.		131,893.
Work Revenue	724,408.		724,408.	162114.	562,294.
Garage Sale & Other Receipts	25,141.		25,141.	3,184.	21,957.
Pancake Dinner	2481274.		2481274.	138273.	2343001.
Banquets/other dinners	364,088.		364,088.	83,524.	280,564.
Crafts	448,686.		448,686.	588316.	<139,630.>
Choir	449,748.		449,748.	67,920.	381,828.
Golf Tournament	47,257.		47,257.	18,252.	29,005.

Teen Challenge of Texas

74-1816616

Cookbooks	80,262.	80,262.	41,740.	38,522.
Raffles	15,224.	15,224.		15,224.
To Fm 990, Part I, line 9	4772304.	4772304.	1,105,581.	3666723.

Form 990	Other Expenses	Statement	5
----------	----------------	-----------	---

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Insurance	170,096.	170,096.		
Dues & Subscriptions	24,986.	12,216.	12,770.	
Licenses & Permits	7,821.	7,821.		
Public Relations	14,327.			14,327.
Utilities & telephone	245,662.	221,096.	24,566.	
Bank Charges	2,595.		2,595.	
Flowers	5,329.	5,329.		
Office expense	81,063.		81,063.	
Property Taxes	9,971.	9,971.		
Other program expenses	196,852.	196,852.		
Housing	97,770.	97,770.		
Penalties	204.		204.	
Payroll processing	8,470.		8,470.	
Education expense	12,439.	12,439.		
Other professional fees	6,930.	6,930.		
Marketing	25,352.			25,352.
Moving expenses	7,000.		7,000.	
Total to Fm 990, ln 43	916,867.	740,520.	136,668.	39,679.

Form 990	Cash Grants and Allocations to Others	Statement	6
----------	--	-----------	---

Class of Activity/Donee's Name and Address	Amount
Donations to Ministries	73,463.
Donations to various Ministries	
Total Included on Form 990, Part II, line 22b	73,463.

Form 990	Other Investments	Statement	7
----------	-------------------	-----------	---

Description	Valuation Method	Amount
Deposits	Cost	372.
Deposit-Magnolia Property (Houston)	Cost	5,500.
Investment-Thomas Cox Ltd	Cost	10,693.
Total to Form 990, Part IV, line 56, Column B		16,565.

Form 990	Depreciation of Assets Not Held for Investment	Statement	8
----------	--	-----------	---

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.	825.	1,063.
Building Improv-1990	10,031.	8,278.	1,753.
Building 1987	3,630.	1,862.	1,768.
Building 1988	103,439.	50,427.	53,012.
Building 1990	2,255.	985.	1,270.
Building 1989	281.	130.	151.
Building 1986	74,176.	40,828.	33,348.
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.	11,568.	17,330.
Mobile Home	7,500.	7,500.	0.
Furniture	2,218.	2,218.	0.
Vehicles	20,107.	20,107.	0.
Building additions	5,161.	1,935.	3,226.
Furniture	6,451.	6,451.	0.
Vehicles	800.	800.	0.
Water Septic	410.	410.	0.
Land	100,828.	0.	100,828.
Building additions	4,700.	1,648.	3,052.
Furniture	8,596.	8,596.	0.
Vehicles	20,501.	20,501.	0.
Building additions	76,900.	24,995.	51,905.
Furniture	21,200.	21,200.	0.
Furniture	3,095.	3,095.	0.
Building additions	<838.>	0.	<838.>
Furniture	7,269.	6,906.	363.
Vehicles	4,000.	4,000.	0.
Buidling Additions	214,549.	53,639.	160,910.
Furniture	13,867.	13,867.	0.
Vehicles	3,999.	3,999.	0.
Buidling Additions	63,500.	14,290.	49,210.
Building additions	<3,192.>	0.	<3,192.>
Building additions	82,708.	14,475.	68,233.
Maintenance Equipment	8,245.	4,950.	3,295.
Water Systems	5,099.	2,040.	3,059.
Equipment	996.	600.	396.
Furniture & Fixtures	850.	510.	340.
Vehicles	12,485.	11,237.	1,248.
Tractor	20,500.	10,983.	9,517.
Shredder	595.	312.	283.
Computer-Acctg Dept	1,207.	864.	343.
Computer-Johnson	915.	641.	274.
Printing Equip	2,000.	1,001.	999.
Copy Machine	599.	410.	189.
Silk Screen Machine	500.	225.	275.
Gas golf cart	2,220.	1,004.	1,216.
2 Chainsaws & 6HP Log	1,356.	614.	742.

Backhoe	2,500.	1,131.	1,369.
Dump Truck	1,800.	792.	1,008.
Saw	510.	225.	285.
HP Computer-Dir. office	909.	546.	363.
2003 Ford Van	19,979.	13,320.	6,659.
Factory addition	13,505.	1,042.	12,463.
Sheldon Road Property (Houston)	707,144.	0.	707,144.
28'x60' Building	6,500.	353.	6,147.
Women's Center add-on	111,691.	7,213.	104,478.
Multi-purpose Building	189,162.	9,458.	179,704.
Factory addition	39,538.	2,223.	37,315.
New Chapel	11,433.	715.	10,718.
Multi-purpose Building Septic system	12,077.	2,147.	9,930.
Lawn Mower	1,599.	427.	1,172.
Computer-Development dept	561.	318.	243.
Forklift	3,500.	1,250.	2,250.
Computer-Bro. Follis	1,457.	679.	778.
Air Compressor	739.	238.	501.
Computer-Claude Johnson	747.	410.	337.
Telephone system	3,813.	1,544.	2,269.
Washer and Dryer	777.	259.	518.
94 Ford, 44 Passenger School Bus	9,150.	5,338.	3,812.
1992 Champion Bus	3,000.	1,650.	1,350.
1999 Chevy Lumina	5,000.	2,250.	2,750.
Houston Improvements	3,470.	188.	3,282.
Multi-purpose Building	26,572.	775.	25,797.
Factory improvements	1,385.	41.	1,344.
Women's Dorm improvements	6,920.	202.	6,718.
Aerobic System	25,718.	2,572.	23,146.
Dell computer & printer	798.	306.	492.
Bobcat & Auger	21,499.	4,863.	16,636.
Planer, sander & shaper (craft shop)	1,898.	316.	1,582.
Backhoe attachment for Bobcat	10,000.	1,667.	8,333.
Portable sound system	740.	115.	625.
Safe w/front drop	1,499.	339.	1,160.
Furniture & Appliances	7,000.	1,167.	5,833.
Major Appliance	500.	83.	417.
Ricks furniture	2,500.	357.	2,143.
1995 Ford Minivan	1,000.	367.	633.
1994 Dodge Van	1,000.	367.	633.
1990 Dodge Pickup	5,000.	1,833.	3,167.
1997 Astrovan	3,500.	1,225.	2,275.
1991 Ford F350 Van	2,500.	875.	1,625.
1987 E350 Shuttle Bus	1,000.	333.	667.
Sub	2,100.	665.	1,435.
1999 Dodge Van	1,500.	450.	1,050.
1996 Ford 15 passenger van	500.	142.	358.
1994 Van Vin#5176	1,330.	355.	975.
2 VANS	7,600.	1,900.	5,700.

2 VANS	3,200.	800.	2,400.
5 Vans- Willeford Chevrolet	150,933.	32,703.	118,230.
Copier (SA)	552.	147.	405.
Laptop (Follis)	900.	330.	570.
Dell computer & monitor (SA Bookkeeping)	562.	149.	413.
Dell Computer (Grant writer)	547.	145.	402.
Dell Computer (Greg)	547.	145.	402.
Dell Computer (Claude)	547.	145.	402.
Paper folder machine	3,599.	720.	2,879.
Corpus Christi Building	1,138,475.	35,577.	1,102,898.
Staff Housing trailer	8,250.	963.	7,287.
Land-Corpus Christi	108,000.	0.	108,000.
Computer & Printer Tomball	1,058.	220.	838.
Furniture	1,613.	230.	1,383.
Land-Magnolia Property	28,040.	0.	28,040.
LAND-Celina Property	36,103.	0.	36,103.
RV Staff Housing-1	10,160.	226.	9,934.
RV Staff Housing-2	10,160.	226.	9,934.
RV Staff Housing-3	10,160.	226.	9,934.
RV Staff Housing-4	10,160.	226.	9,934.
RV Staff Housing-5	10,160.	226.	9,934.
RV Staff Housing	13,501.	0.	13,501.
RV Staff Housing	13,501.	0.	13,501.
Build. & Imvprov-Celina	340,186.	709.	339,477.
Build. & Imvprov-Magnolia	372,536.	5,433.	367,103.
Drop safe	700.	92.	608.
80G Compressor	744.	80.	664.
2 speed thick planer	500.	42.	458.
HP Computer- Office	899.	105.	794.
Delta scroll saw	580.	48.	532.
Industrial planer	760.	54.	706.
Telephone system	5,331.	317.	5,014.
Compressor & Hose	879.	52.	827.
Exhaust Fan	500.	30.	470.
HP Computer	900.	60.	840.
Table saw	549.	26.	523.
Scroll saw	580.	28.	552.
2 Table Saws	1,098.	39.	1,059.
Telephone system	1,523.	54.	1,469.
P-C Air & Refrigeration	496.	18.	478.
Telephone system	9,163.	218.	8,945.
Trailer 5X10 Tilt	846.	10.	836.
Shop Equip-Coastal Bend	4,862.	58.	4,804.
Computer & Monitor	864.	158.	706.
Computer-Ass Exec Dir	1,030.	155.	875.
Computers-Corp office	2,780.	371.	2,409.
Laptop	1,637.	218.	1,419.
Computer-office depot	513.	60.	453.
Corp Computer	728.	61.	667.
Corp Computer	723.	24.	699.
Corp Computers	1,320.	22.	1,298.
VHS Recorder	1,121.	147.	974.

Digital Camera	543.	19.	524.
Furniture & Equip-Celina	75,000.	893.	74,107.
Furniture	1,613.	211.	1,402.
Washer & Dryer-Womens Ctr	517.	68.	449.
10 Bunk beds	2,500.	60.	2,440.
10 Bunkbeds	2,500.	60.	2,440.
20 Bunk Beds	5,000.	60.	4,940.
10 Bunkbeds	2,500.	30.	2,470.
A/C-Choir office	3,733.	47.	3,686.
A/C-Mens dorm upstairs	4,852.	61.	4,791.
A/C-Mens dorm downstairs	4,814.	50.	4,764.
5-ton Seer eff w/electric heat	4,385.	46.	4,339.
2007 Dodge 1 Ton pickup 2x2	37,077.	5,562.	31,515.
Fiesta Dodge truck	24,550.	2,864.	21,686.
2006 Chrysler Van	16,149.	1,884.	14,265.
2006 Chrysler Van	16,149.	1,884.	14,265.
2006 Dodge Caravan	14,995.	1,250.	13,745.
2 Trailers for fundraising	950.	63.	887.
98 F800 dump truck	6,500.	325.	6,175.
2007 Dodge Minivan	18,282.	914.	17,368.
Celina Vans-1	21,454.	715.	20,739.
Celina Vans-2	21,454.	715.	20,739.
Celina Vans-3	21,453.	715.	20,738.
2006 Ford Van Italy	14,995.	500.	14,495.
2007 12-Passenger Van-1	16,100.	537.	15,563.
2007 12-Passenger Van-2	16,100.	537.	15,563.
2007 12-Passenger Van-3	16,100.	537.	15,563.
2007 12-Passenger Van-4	16,100.	537.	15,563.
Enclosed Trailer	700.	12.	688.
Magnolia Improvements	18,740.	234.	18,506.
Magnolia Improvements	19,333.	40.	19,293.
Paving-staff housing	8,500.	236.	8,264.
Septic System Improv-SA	7,954.	0.	7,954.
Septic System-Channelview	35,790.	1,193.	34,597.
Fence- Houston Center	2,431.	41.	2,390.
Coastal Bend Improvements	16,338.	91.	16,247.
Septic system-Magnolia	1,600.	53.	1,547.
Shop Expansion	1,200.	33.	1,167.
Electrical Improv- SA	2,600.	72.	2,528.
Total to Form 990, Part IV, ln 57	5,140,309.	633,567.	4,506,742.

Form 990	Mortgages Payable	Statement	9
Description		Balance Due	
Wachovia		2,141,024.	
Land Home Investments		195,463.	
Total included on Form 990, Part IV, line 64b, Column B		2,336,487.	

Form 990	Other Liabilities	Statement	10
Description	Beginning of Year	End of Year	
Payroll liabilities	1,234.	609.	
Credit card payable	10,620.	17,044.	
Total to Form 990, Part IV, line 65	11,854.	17,653.	

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 Expense Contrib Account	
Roy E. Follis 3850 S. Loop 1604 W San Antonio, TX 78264	Executive Director/President 40.00	97,057.	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.
Randy Garcia 9719 Lindrith Helotes, TX 78023	Vice-Chairman 10.00	0.	0.	0.
Chip Morrow 5514 Darmondale San Antonio, TX 78261-2622	Secretary/Treasurer 10.00	0.	0.	0.
Doug Roberts 16110 Tree Ridge Place San Antonio, TX 78247	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.
Richard Contreras 2935 Roosevelt San Antonio, TX 78214	Secretary/Treasurer 10.00	0.	0.	0.
Don Nordin 9701 Almeda Genoa Road Houston, TX 77075	Members at Large 10.00	0.	0.	0.
Jarrold Flanagan 3850 S. Loop 1604 W San Antonio, TX 78264	VP/CFO 40.00	54,081.	0.	0.

Teen Challenge of Texas

74-1816616

Greg Fleck	COO			
3850 S. Loop 1604 W	40.00	54,459.	0.	0.
San Antonio, TX 78214				
Totals Included on Form 990, Part V-A		<u>205,597.</u>	<u>0.</u>	<u>0.</u>

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)

A corporation 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 a corporation 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 Teen Challenge of Texas	Employer identification number 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 corporation required to file Form 990-T) extension of time until **August 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2007** 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)