

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2003

Open to Public Inspection

Form **990**

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.

Department of the Treasury
Internal Revenue Service

A For the 2003 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"/> Final return <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 Teen Challenge International San Antonio (formerly Teen Challenge of South Texas)	D Employer identification number 74-1816616
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3850 S Loop 1604 W	E Telephone number 210-624-2075
		City or town, state or country, and ZIP + 4 San Antonio, TX 78264-3431	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <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).

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: _____

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: _____

G Website: N/A

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

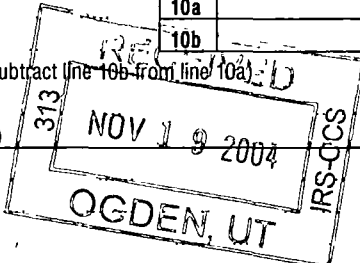
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **748,339.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	252,358.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>252,358.</u> noncash \$ _____)	1d		252,358.	
	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		4.	
	5 Dividends and interest from securities	5			
	6 a Gross rents See Statement 1	6a	2,630.		
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		2,630.	
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	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 <input type="checkbox"/>					
a Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)	9a	493,347.			
b Less: direct expenses other than fundraising expenses	9b	177,635.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		315,712.		
10 a Gross sales of inventory, less returns and allowances	10a				
	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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		570,704.		
13 Program services (from line 44, column (B))	13		383,535.		
14 Management and general (from line 44, column (C))	14		135,932.		
15 Fundraising (from line 44, column (D))	15		11,485.		
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17		530,952.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		39,752.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		515,720.		
20 Other changes in net assets or fund balances (attach explanation)	20		<30,552.>		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		524,920.		



DEC 10 '04 SCANNED Net Assets

**Teen Challenge International San Antonio
(formerly Teen Challenge of South Texas 74-1816616**

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
22	Grants and allocations (attach schedule) cash \$ 15,476. noncash \$	15,476.	15,476.	Statement 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	83,253.	0.	83,253.	0.
26	Other salaries and wages	190,688.	190,688.		
27	Pension plan contributions				
28	Other employee benefits	10,985.	9,291.	1,694.	
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	3,529.		3,529.	
32	Legal fees				
33	Supplies				
34	Telephone	14,843.	9,876.	4,967.	
35	Postage and shipping	2,538.	263.	727.	1,548.
36	Occupancy				
37	Equipment rental and maintenance	34,527.	34,527.		
38	Printing and publications	3,577.			3,577.
39	Travel	12,405.	12,405.		
40	Conferences, conventions, and meetings				
41	Interest	9,025.	7,577.	1,448.	
42	Depreciation, depletion, etc. (attach schedule)	26,396.	26,396.		
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	See Statement 4	123,710.	77,036.	40,314.	6,360.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	530,952.	383,535.	135,932.	11,485.

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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service 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 adult males. Teen challenge is a live-in center with facilities for 30 students.	383,535.
	(Grants and allocations \$ _____)	
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	383,535.

Teen Challenge International San Antonio
(formerly Teen Challenge of South Texas

Form 990 (2003)

74-1816616

Page 3

Part IV Balance Sheets

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	18,623.	45	36,687.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation		55c		
56 Investments - other	See Statement 6	0.	56	745.	
57 a Land, buildings, and equipment: basis	57a	1,009,170.			
b Less: accumulated depreciation	57b	342,442.			
58 Other assets (describe ▶ _____)		723,677.	57c	666,728.	
59 Total assets (add lines 45 through 58) (must equal line 74)		742,300.	59	704,160.	
Liabilities	60 Accounts payable and accrued expenses	26,134.	60	2,968.	
	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 8	166,792.	64b	150,720.
65 Other liabilities (describe ▶ Accrued IRS Assessments)		33,654.	65	25,552.	
66 Total liabilities (add lines 60 through 65)		226,580.	66	179,240.	
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		515,720.	67	524,920.
	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; column (B) must equal line 21)		515,720.	73	524,920.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		742,300.	74	704,160.	

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.

Teen Challenge International San Antonio
(formerly Teen Challenge of South Texas)

Form 990 (2003)

74-1816616

Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Roy E. Folis 3850 S. Loop 1604 W #3 San Antonio, TX	Executive Director	40 37,421.	0.	0.
Louis J. Heurich 7519 Echo Trail San Antonio, TX	Executive Director	40 25,842.	0.	0.
Reginald B. Hollenbeck PO Box 642 Somerset, TX 78069	Program Director	40 19,990.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Teen Challenge International San Antonio
(formerly Teen Challenge of South Texas)

Form 990 (2003)

74-1816616

Page 5

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> 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
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?	82a	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 5,750.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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? N/A	85g	
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? N/A	85h	
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	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 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	89b	X
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.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> Texas		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 15		
91	The books are in care of <input type="checkbox"/> Roy Follis Telephone no. <input type="checkbox"/> 210-624-2075		

Located at 3850 SW Loop 1604 #1, San Antonio, TX

ZIP + 4 78264

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

323041
12-17-03

Form 990 (2003)

Part VII Analysis of Income-Producing Activities (See page 33 of 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	4.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	2,630.	
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			02	315,712.	
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))		0.		318,346.	0.
105 Total (add line 104, columns (B), (D), and (E))					318,346.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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 page 34 of 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 page 34 of 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).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge.

1/15/04 ▶ Roy E. Hollis - Executive Director
Type or print name and title.

Date Check if self- Preparer's SSN or PTIN

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 Section 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

2003

Name of the organization **Teen Challenge International San Antonio
(formerly 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 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 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 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.		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.) See Statement 9		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- 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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Teen Challenge International San Antonio

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	276,404.	270,821.	281,573.	223,487.	1,052,285.
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	483,080.	375,485.	347,969.	254,398.	1,460,932.
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	9,382.	2,265.			11,647.
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	768,866.	648,571.	629,542.	477,885.	2,524,864.
24 Line 23 minus line 17	285,786.	273,086.	281,573.	223,487.	1,063,932.
25 Enter 1% of line 23	7,689.	6,486.	6,295.	4,779.	
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 1999 through 2002 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: (2002) 0. (2001) 0. (2000) 0. (1999) 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 11, 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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines: 15 1,052,285. 16 _____ 17 1,460,932. 20 _____ 21 _____					27c 2,513,217.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,513,217.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 2,524,864.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.5387%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .4613%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

Teen Challenge International San Antonio

Part V Private School Questionnaire (See page 7 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.) _____ _____		
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.) _____ _____		
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.) _____ _____		
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		

Teen Challenge International San Antonio

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 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:	Yes	No	Amount
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.)			0.

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

2003 DEPRECIATION AND AMORTIZATION REPORT

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	Amount Of Depreciation
	Buildings											
4	Building Improv-1990	070190SL		40.0016		1,888.			1,888.	590.		47.
5	Building Improv-1990	070191SL		20.0016		10,031.			10,031.	5,768.		502.
6	Building 1987	070187SL		40.0016		3,630.			3,630.	1,407.		91.
7	Building 1988	070188SL		40.0016		103,439.			103,439.	37,497.		2,586.
8	Building 1990	070190SL		40.0016		2,255.			2,255.	705.		56.
9	Building 1989	070189SL		40.0016		281.			281.	95.		7.
10	Building 1986	010186SL		40.0016		74,176.			74,176.	31,525.		1,854.
31	Building additions	070192SL		40.0016		28,898.			28,898.	7,947.		722.
35	Building additions	010193SL		40.0016		5,161.			5,161.	1,290.		129.
40	Building additions	070194SL		40.0016		4,700.			4,700.	1,058.		118.
44	Building additions	070195SL		40.0016		76,900.			76,900.	15,380.		1,923.
48	Building additions	070197SL		20.0016		<838.>			<838.>			0.
51	Building Additions	070198SL		40.0016		214,549.			214,549.	26,819.		5,364.
54	Building Additions	070199SL		40.0016		63,500.			63,500.	6,350.		1,588.
55	Building additions	070101SL		40.0016		<3,192.>			<3,192.>			0.
56	Building additions	070101SL		40.0016		82,708.			82,708.	4,135.		2,068.
	* 990 Page 2 Total Buildings					668,086.		0.	668,086.	140,566.	0.	17,055.

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	Amount Of Depreciation
	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.
19	Building Furn 1989	070189SL		5.00	16	300.			300.	300.		0.
20	Building Furn 1990	070190SL		5.00	16	313.			313.	313.		0.
21	Office furniture	070186SL		5.00	16	124.			124.	124.		0.
22	Office furniture 89	070189SL		5.00	16	1,899.			1,899.	1,899.		0.
23	Office furniture 90	070190SL		5.00	16	5,697.			5,697.	5,697.		0.
24	Office furniture 91	070191SL		5.00	16	1,871.			1,871.	1,871.		0.
25	School Furniture 89	070189SL		5.00	16	330.			330.	330.		0.
26	School Furniture 91	070191SL		5.00	16	250.			250.	250.		0.
33	Furniture	070192SL		5.00	16	2,218.			2,218.	2,218.		0.
36	Furniture	010193SL		5.00	16	6,451.			6,451.	6,451.		0.
41	Furniture	070194SL		5.00	16	8,596.			8,596.	8,596.		0.
45	Furniture	070195SL		10.00	16	21,200.			21,200.	16,960.		2,120.

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	Amount Of Depreciation
47	Furniture	070196SL		10.00	16	3,095.			3,095.	2,167.		310.
49	Furniture	070197SL		10.00	16	7,269.			7,269.	3,635.		727.
52	Furniture	070198SL		10.00	16	13,867.			13,867.	6,934.		1,387.
60	Furniture & Fixtures * 990 Page 2 Total Furniture & Fixtures Machinery & Equipment	070102SL		10.00	16	850.			850.	85.		85.
57	Maintenance Equipment	070102SL		10.00	16	8,245.		0.	8,245.	825.		825.
59	Equipment * 990 Page 2 Total Machinery & Equipment Transportation Equipment	070102SL		10.00	16	996.			996.	100.		100.
1	Auto	070190SL		4.00	16	675.		0.	9,241.	925.	0.	925.
2	Van	070189SL		4.00	16	12,500.			12,500.	12,500.		0.
3	Van	070191SL		4.00	16	5,000.			5,000.	5,000.		0.
34	Vehicles	070192SL		4.00	16	20,107.			20,107.	20,107.		0.
37	Vehicles	070193SL		4.00	16	800.			800.	800.		0.
42	Vehicles	070194SL		4.00	16	20,501.			20,501.	20,501.		0.
50	Vehicles	070197SL		4.00	16	4,000.			4,000.	4,000.		0.
53	Vehicles	070198SL		4.00	16	3,999.			3,999.	3,999.		0.

325102 05-01-03 (D) - Asset disposed (D) - Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

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	Amount Of Depreciation
61	Vehicles * 990 Page 2 Total	070102SL		5.00	16	12,485.			12,485.			2,497.
	Transportation Equipme					80,067.		0.	80,067.	67,582.	0.	2,497.
	Land					20,200.			20,200.			0.
30	Land		L			104,953.			104,953.			0.
39	Land	070194L				<4,125.>			<4,125.>			0.
46	Land * 990 Page 2 Total	070195L				121,028.		0.	121,028.	0.	0.	0.
	Land											
	Water & Septic System											
	Other											
27	Septic System	070189SL		15.00	16	4,962.			4,962.	4,962.		0.
28	Septic System	070187SL		15.00	16	325.			325.	336.		0.
29	Water Systems	070189SL		15.00	16	16,036.			16,036.	16,036.		0.
38	Water Septic	070193SL		15.00	16	410.			410.	273.		27.
58	Water Systems * 990 Page 2 Total	070102SL		15.00	16	5,099.			5,099.	340.		340.
	Other					26,832.		0.	26,832.	21,947.	0.	367.
	* 990 Page 2 Total - Water & Septic System					26,832.		0.	26,832.	21,947.	0.	367.
	Mobile Home											
	Other											

2003 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	Amount Of Depreciation
11	Building 1987	070187SL		15.00	16	978.			978.	1,011.		0.
12	Building 1988	070188SL		15.00	16	12,703.			12,703.	12,280.		423.
13	Mobile Home	070186SL		15.00	16	1,040.			1,040.	1,040.		0.
32	Mobile Home	070192SL		15.00	16	7,500.			7,500.	5,500.		500.
	* 990 Page 2 Total											
	Other					22,221.		0.	22,221.	19,831.	0.	923.
	* 990 Page 2 Total -											
	Mobile Home					22,221.		0.	22,221.	19,831.	0.	923.
	* Grand Total 990 Page					1,009,170.		0.	1,009,170.	316,046.	0.	26,396.
	2 Depr											

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. Name of Exempt Organization: Teen Challenge International San Antonio (formerly Teen Challenge of South Texas). Employer identification number: 74-1816616. Address: 3850 S Loop 1604 W, San Antonio, TX 78264-3431.

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

- Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

4 I request an additional 3-month extension of time until November 15, 2004. 5 For calendar year 2003, or other tax year beginning and ending. 6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

7 State in detail why you need the extension. All information needed to prepare a complete and accurate return has not yet been received.

8a 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. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a. 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.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CMA Date: 8/12/04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other

By: Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: JIM OLIVER & ASSOCIATES P.C. & CPAs. Number and street (include suite, room, or apt. no.) Or a P.O. box number: 17300 Henderson Pass, Suite 240. City or town, province or state, and country (including postal or ZIP code): San Antonio, Texas 78232.

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)
- Note: 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)

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

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

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 |

- 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-month, for **990-T corporation**) extension of time until August 15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2003 or
 ▶ tax year beginning _____, 20____, and ending _____, 20____.

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. \$ _____

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. \$ _____

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. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶ 5/10/04

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

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 International San Antonio (formerly Teen Challenge of South Texas) 3850 S Loop 1604 W San Antonio, TX 78264-3431	Social security number(s) _____ Daytime telephone number 210-624-2075	Employer 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. 7800-91345 Telephone No. 210-344-0205 Fax No. 210-344-4362 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Kathie D. 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 <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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 <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

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	12-31-00 12-31-01
Exempt Organization	Form 990	12-31-02 12-31-03
Exempt Organization	Form 990	12-31-04 12-31-05

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	11/15/04 Date	Executive Director Title (if applicable)
Roy E. Follis Print Name	[Empty Box] PIN Number	[Empty Box] Print name of taxpayer from line 1 if other than individual
[Empty Box] Signature	[Empty Box] Date	[Empty Box] Title (if applicable)
[Empty Box] Print Name	[Empty Box] PIN Number	[Empty Box] Print name of taxpayer from line 1 if other than individual

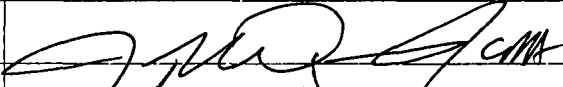
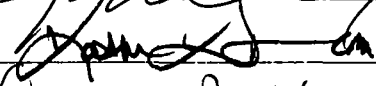
Part II Declaration of Representative

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 C.F.R., 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		11/12/04
B	Texas		11/12/04
B	Texas	Anna M. Bell, CPA	11/12/04

Form 990	Rental Income	Statement	1
Kind and Location of Property	Activity Number	Gross Rental Income	
	1	2,630.	
Total to Form 990, Part I, line 6a		2,630.	

Form 990	Special Events and Activities				Statement	2
Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income	
Parades	3,128.		3,128.	768.	2,360.	
Entry Fee	18,521.		18,521.	21,180.	<2,659.>	
Work Revenue	336,397.		336,397.	80,302.	256,095.	
Phoneathon	1,570.		1,570.	838.	732.	
Garage Sale & Other Receipts	13,162.		13,162.		13,162.	
Pancake Dinner	19,939.		19,939.	35,051.	<15,112.>	
Banquet	25,885.		25,885.	8,865.	17,020.	
Crafts	32,238.		32,238.	12,689.	19,549.	
Choir	42,507.		42,507.	17,942.	24,565.	
To Fm 990, Part I, line 9	493,347.		493,347.	177,635.	315,712.	

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
Description		Amount	
Adjustment for Accumulated Depreciation		<30,552.>	
Total to Form 990, Part I, line 20		<30,552.>	

Form 990	Other Expenses			Statement	4
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
Insurance	44,005.	21,565.	22,440.		
Dues & Subscriptions	5,345.	4,321.	1,024.		
Licenses & Permits	2,043.	2,043.			
Public Relations	6,360.			6,360.	
Outreach Ministry	2,163.	2,163.			
Utilities	50,735.	46,699.	4,036.		
Bank Charges	2,632.		2,632.		
Flowers	245.	245.			
Office	6,917.		6,917.		
Property Taxes	1,457.		1,457.		
Other administrative expense	1,808.		1,808.		
Total to Fm 990, ln 43	123,710.	77,036.	40,314.	6,360.	

Form 990	Cash Grants and Allocations			Statement	5
Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount	
Donations to Ministries			None	15,476.	
Total Included on Form 990, Part II, line 22				15,476.	

Form 990	Other Investments		Statement	6
Description		Valuation Method	Amount	
Payroll asset		Cost	745.	
Total to Form 990, Part IV, line 56, Column B			745.	

Form 990 Depreciation of Assets Not Held for Investment Statement 7

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.	637.	1,251.
Building Improv-1990	10,031.	6,270.	3,761.
Building 1987	3,630.	1,498.	2,132.
Building 1988	103,439.	40,083.	63,356.
Building 1990	2,255.	761.	1,494.
Building 1989	281.	102.	179.
Building 1986	74,176.	33,379.	40,797.
Building 1987	978.	1,011.	<33.>
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.	336.	<11.>
Water Systems	16,036.	16,036.	0.
Land	20,200.	0.	20,200.
Building additions	28,898.	8,669.	20,229.
Mobile Home	7,500.	6,000.	1,500.
Furniture	2,218.	2,218.	0.
Vehicles	20,107.	20,107.	0.
Building additions	5,161.	1,419.	3,742.
Furniture	6,451.	6,451.	0.
Vehicles	800.	800.	0.
Water Septic	410.	300.	110.
Land	104,953.	0.	104,953.
Building additions	4,700.	1,176.	3,524.
Furniture	8,596.	8,596.	0.
Vehicles	20,501.	20,501.	0.
Building additions	76,900.	17,303.	59,597.
Furniture	21,200.	19,080.	2,120.
Land	<4,125.>	0.	<4,125.>
Furniture	3,095.	2,477.	618.

Building additions	<838.>	0.	<838.>
Furniture	7,269.	4,362.	2,907.
Vehicles	4,000.	4,000.	0.
Buidling Additions	214,549.	32,183.	182,366.
Furniture	13,867.	8,321.	5,546.
Vehicles	3,999.	3,999.	0.
Buidling Additions	63,500.	7,938.	55,562.
Building additions	<3,192.>	0.	<3,192.>
Building additions	82,708.	6,203.	76,505.
Maintenance Equipment	8,245.	1,650.	6,595.
Water Systems	5,099.	680.	4,419.
Equipment	996.	200.	796.
Furniture & Fixtures	850.	170.	680.
Vehicles	12,485.	2,497.	9,988.
Total to Form 990, Part IV, ln 57	1,009,170.	342,442.	666,728.

Form 990	Mortgages Payable	Statement	8
----------	-------------------	-----------	---

Description	Balance Due
Capital Improvement Note	150,720.
Total included on Form 990, Part IV, line 64b, Column B	150,720.

Schedule A	Statement Regarding Activities with Substantial Contributors, Trustees, Directors, Creators, Key Employees, Etc., Part III, Line 2	Statement	9
------------	---------------------------------------------------------------------------------------------------------------------------------------------	-----------	---

See Part V, Form 990

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print.	Name of Exempt Organization Teen Challenge International San Antonio (formerly Teen Challenge of South Texas)	Employer identification number 74-1816616
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions. 3850 S Loop 1604 W	For IRS use only
	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):

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

4 I request an additional 3-month extension of time until November 15, 2004.

5 For calendar year 2003, or other tax year beginning _____ and ending _____.

6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

7 State in detail why you need the extension
All information needed to prepare a complete and accurate return has not yet been received.

8a 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 \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name JIM OLIVER & ASSOCIATES P.C. & CPAs
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 17300 Henderson Pass, Suite 240
	City or town, province or state, and country (including postal or ZIP code) San Antonio, Texas 78232

323832
05-01-03