

2008 TAX RETURN

GOVERNMENT COPY

Client: 52284779

Prepared for: CAPTAIN HOPE'S KIDS  
10555 NEWKIRK, SUITE 580  
DALLAS, TX 75220  
214-630-5765

Prepared by: LISA C. POTTER  
THOMAS STEPHEN & CO.  
3102 OAK LAWN SUITE 800, LB 101  
DALLAS, TX 75219  
(214) 824-2556

Date: AUGUST 1, 2009

Comments:

Route to: \_\_\_\_\_

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input 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.	<b>CAPTAIN HOPE' S KIDS</b> 10555 NEWKIRK, SUITE 580 DALLAS, TX 75220	<b>D</b> Employer Identification Number 75-2284779	<b>E</b> Telephone number 214-630-5765
<b>F</b> Name and address of principal officer: SAME AS C ABOVE			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) <b>H</b> (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: G WWW.CAPTAINHOPE.ORG		
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> OtherG		<b>L</b> Year of Formation: 1989	<b>M</b> State of legal domicile: TX	
<b>G</b> Gross receipts \$ 957,036.				

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE CRITICALLY NEEDED SUPPLIES FOR HOMELESS CHILDREN TO 42 AGENCIES.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> G if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	750,645.	934,181.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,997.	7,269.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-66,372.	-3,181.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	694,270.	938,269.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	490,717.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		136,904.	145,167.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) G		76,668.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		11,193.	154,219.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		638,814.	939,876.
19 Revenue less expenses. Subtract line 18 from line 12	55,456.	-1,607.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	411,757.	437,163.
	21 Total liabilities (Part X, line 26)	387.	8,633.
	22 Net assets or fund balances. Subtract line 21 from line 20	411,370.	428,530.

**Part II Signature Block**

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.

**Sign Here** **G** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer

**G** \_\_\_\_\_  
 Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>G</b> LISA C. POTTER	Date 8/01/09	Check if self-employed <input type="checkbox"/> G	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>G</b> THOMAS STEPHEN & CO. 3102 OAK LAWN SUITE 800, LB 101 DALLAS, TX 75219	EIN <b>G</b> N/A	Phone no. <b>G</b> (214) 824-2556	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

PROVIDE CRITICALLY NEEDED SUPPLIES FOR HOMELESS CHILDREN TO 42 AGENCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 832,012. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses G \$ 832,012. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	4		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III .....	5		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....	10		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	12	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I .....	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II .....	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III .....	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I .....	17		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....	19		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .....	21		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III .....	22	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J .....	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25 .....	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I .....	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I .....	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II .....	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III .....	27		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....	37	X

BAA

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
1a	2		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .		
2a	4		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . .		
4a	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)? . . . . .		X
4a			
4b	If 'Yes,' enter the name of the foreign country: G _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .		
7	Organizations that may receive deductible contributions under section 170(c). . . . .		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. . . . .		
9a	Did the organization make any taxable distributions under section 4966? . . . . .		
9b	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .		
10	Section 501(c)(7) organizations. Enter: . . . . .		
10a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
10b			
11	Section 501(c)(12) organizations. Enter: . . . . .		
11a	Gross income from other members or shareholders . . . . .		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		
12b			

**Part VI** Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? <b>SEE SCHEDULE O</b>	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. <b>SEE SCHEDULE O</b>	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. <b>SEE SCHEDULE O</b>	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?		X
15b	Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed G NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
G JEANNE REYER P.O. BOX 540548 DALLAS TX 75354-0548 214-630-5765

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

? List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

? List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.

? List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA J. DUNN PRESIDENT	12	X					0.	0.	0.	
JEANNE REYER EXECUTIVE DIRECTOR	40			X			56,687.	0.	17,581.	
DAVID TOROK VICE PRESIDENT	2.5	X					0.	0.	0.	
JODY BISHOP VP SPECIAL EVEN	2.2	X					0.	0.	0.	
KARLA BAKER TREASURER	2.4	X					0.	0.	0.	
PAUL MINTON DIRECTOR	3.5	X					0.	0.	0.	
CHARLES L. QUENETTE DIRECTOR	3.4	X					0.	0.	0.	
KC KRONBACH DIRECTOR	2	X					0.	0.	0.	
TERRY L. BROWN DIRECTOR	1.3	X					0.	0.	0.	
KURT R. OPPELA DIRECTOR	0.6	X					0.	0.	0.	
REGINALD HARDWICK DIRECTOR	0.6	X					0.	0.	0.	
GREG CROUSE BOARD OF DIRECTOR	0.9	X					0.	0.	0.	
LAUREN DUGGER DIRECTOR	2.3	X					0.	0.	0.	
JENNE A. LE DIRECTOR	0.9	X					0.	0.	0.	
BONNIE BROWN DIRECTOR	1.9	X					0.	0.	0.	
CAREY MCMANN DIRECTOR	0.6	X					0.	0.	0.	



Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns . . . . .	1 a				
	b Membership dues . . . . .	1 b				
	c Fundraising events . . . . .	1 c	93,295.			
	d Related organizations . . . . .	1 d				
	e Government grants (contributions) . . . . .	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1 f	840,886.			
	g Noncash contribns included in lns 1a-1f: . . . . \$		517,854.			
	<b>h Total. Add lines 1a-1f. . . . .</b>	<b>G</b>	<b>934,181.</b>			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue . . . . .					
	<b>g Total. Add lines 2a-2f. . . . .</b>	<b>G</b>				
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts) . . . . .	G	7,269.		7,269.	
	4 Income from investment of tax-exempt bond proceeds . . . . .	G				
	5 Royalties . . . . .	G				
			(i) Real	(ii) Personal		
	6 a Gross Rents . . . . .					
	b Less: rental expenses . . . . .					
	c Rental income or (loss) . . . . .					
	<b>d Net rental income or (loss) . . . . .</b>	<b>G</b>				
			(i) Securities	(ii) Other		
	7 a Gross amount from sales of assets other than inventory . . . . .					
	b Less: cost or other basis and sales expenses . . . . .					
	c Gain or (loss) . . . . .					
	<b>d Net gain or (loss) . . . . .</b>	<b>G</b>				
	8 a Gross income from fundraising events (not including \$ 93,295. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	15,586.			
	b Less: direct expenses . . . . .	b	18,767.			
	<b>c Net income or (loss) from fundraising events . . . . .</b>	<b>G</b>	<b>-3,181.</b>		<b>-3,181.</b>	
	9 a Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
	b Less: direct expenses . . . . .	b				
<b>c Net income or (loss) from gaming activities . . . . .</b>	<b>G</b>					
10 a Gross sales of inventory, less returns and allowances . . . . .	a					
b Less: cost of goods sold . . . . .	b					
<b>c Net income or (loss) from sales of inventory . . . . .</b>	<b>G</b>					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue . . . . .						
<b>e Total. Add lines 11a-11d. . . . .</b>	<b>G</b>					
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>	<b>G</b>	<b>938,269.</b>	<b>0.</b>	<b>0.</b>	<b>4,088.</b>	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.	640,490.	640,490.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	74,268.	39,362.	11,883.	23,023.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	60,691.	32,166.	9,711.	18,814.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	1,400.	742.	224.	434.
9 Other employee benefits.	107.	56.	18.	33.
10 Payroll taxes.	8,701.	4,612.	1,392.	2,697.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.	8,310.	3,324.	831.	4,155.
12 Advertising and promotion.	3,752.	1,447.	549.	1,756.
13 Office expenses.	12,805.	12,187.	370.	248.
14 Information technology.	6,303.	5,043.	630.	630.
15 Royalties.				
16 Occupancy.	22,653.	18,049.	2,484.	2,120.
17 Travel.	2,889.	1,539.	349.	1,001.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,792.	896.	896.	
23 Insurance.	2,759.	1,700.	353.	706.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM CONTRACT LABOR	42,103.	41,261.	842.	
b PRINTING	26,078.	26,078.		
c SPECIAL EVENT EXPENSE	18,767.			18,767.
d PAYROLL FEE EXPENSE	1,471.	780.	235.	456.
e DELIVERY FUEL	1,111.	1,111.		
f All other expenses.	3,426.	1,169.	429.	1,828.
25 Total functional expenses. Add lines 1 through 24f.	939,876.	832,012.	31,196.	76,668.
26 Joint Costs. Check here G <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash - non-interest-bearing	1,616.	1	12,969.
	2 Savings and temporary cash investments	362,125.	2	355,327.
	3 Pledges and grants receivable, net	16,250.	3	26,250.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	27,991.	8	12,841.
	9 Prepaid expenses and deferred charges	250.	9	
	10a Land, buildings, and equipment: cost basis	10a 61,362.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 33,423.	1,688.	10c 27,939.
	11 Investments - publicly-traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,837.	15	1,837.
16 Total assets. Add lines 1 through 15 (must equal line 34)	411,757.	16	437,163.	
LIABILITIES	17 Accounts payable and accrued expenses	387.	17	8,633.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	387.	26	8,633.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	411,370.	27	403,530.
	28 Temporarily restricted net assets		28	25,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	411,370.	33	428,530.	
34 Total liabilities and net assets/fund balances	411,757.	34	437,163.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		



**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						
3 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. . . . .						
4 Total. Add lines 1-3. . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 Public support. Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	15	%
16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . .	<input type="checkbox"/>	

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .	431,785.	544,061.	684,803.	750,645.	934,181.	3,345,475.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .	95,428.	42,506.	28,587.	32,124.	15,586.	214,231.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
6 Total. Add lines 1-5 . . . . .	527,213.	586,567.	713,390.	782,769.	949,767.	3,559,706.
7a Amounts included on lines 1, 2, 3 received from disqualified persons . . . . .	35,387.	64,741.	84,970.	118,914.	100,926.	404,938.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .	94,132.	161,234.	0.	72,573.	54,321.	382,260.
c Add lines 7a and 7b. . . . .	129,519.	225,975.	84,970.	191,487.	155,247.	787,198.
8 Public support (Subtract line 7c from line 6.) . . . . .						2,772,508.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .	527,213.	586,567.	713,390.	782,769.	949,767.	3,559,706.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	267.	2,977.	7,481.	9,997.	7,269.	27,991.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
c Add lines 10a and 10b. . . . .	267.	2,977.	7,481.	9,997.	7,269.	27,991.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. . . . .		73.				73.
13 Total support. (add lns 9, 10c, 11, and 12.) . . . . .						3,587,770.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . G

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	15	77.3%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	70.2%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	0.8%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. . . . .	18	0.2%

19a 33-1/3 support tests \* 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . G

b 33-1/3 support tests \* 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . G



## PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME				73.	
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 73.</u>	<u>\$ 0.</u>

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
Schedule of Contributors  
G Attach to Form 990, 990-EZ and 990-PF  
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

CAPTAIN HOPE'S KIDS

Employer identification number

75-2284779

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 11,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 49,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 9,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$	
_____		\$	
_____		\$	
_____		\$	
_____		\$	

Name of organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring/enforcement details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenues and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment G \_\_\_\_\_ %
  - b Permanent endowment G \_\_\_\_\_ %
  - c Term endowment G \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                       | Yes    | No |
|---------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations                                                           | 3a(i)  |    |
| (ii) related organizations                                                            | 3a(ii) |    |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments' Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		61,362.	33,423.	27,939.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) G				27,939.



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	938,269.
2	Total expenses (Form 990, Part IX, column (A), line 25)	939,876.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-1,607.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	18,767.
9	Total adjustments (net). Add lines 4-8	18,767.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	17,160.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	977,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	20,901.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	18,767.
e	Add lines 2a through 2d	2e	39,668.
3	Subtract line 2e from line 1	3	938,269.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	938,269.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	960,777.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	20,901.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	20,901.
3	Subtract line 2e from line 1	3	939,876.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	939,876.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CAPTAIN HOPE'S KIDS

75-2284779

SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

EXPENSES REPORTED ON PAGE 9, LINE 8B.....	\$	18,767.
TOTAL	\$	<u>18,767.</u>

SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

EXPENSES REPORTED ON PAGE 9, LINE 8B.....	\$	18,767.
TOTAL	\$	<u>18,767.</u>



**Part II** Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMEN (event type)	MARDI S GRAS RU (event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	79,875.	29,006.		108,881.
	2 Less: Charitable contributions	74,295.	19,000.		93,295.
	3 Gross revenue (line 1 minus line 2)	5,580.	10,006.		15,586.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	18,286.	481.		18,767.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				G 18,767.
9 Net income summary. Combine lines 3 and 8 in column (d)					G -3,181.

**Part III** Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col. (a) through col. (c))			
1	Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					G
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					G

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers? .....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility.....	13 a	%
b	An outside facility.....	13 b	%
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: G _____		
	Address: G _____		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....	15 a	
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
c	If 'Yes,' enter name and address:		
	Name: G _____		
	Address: G _____		
16	Gaming manager information		
	Name: G _____		
	Gaming manager compensation G \$ _____		
	Description of services provided: G _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....	17 a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____		







SCHEDULE M  
(Form 990)

Non-Cash Contributions

OMB No. 1545-0047

2008

G To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

G Attach to Form 990.

Name of the organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art' Works of art				
2 Art' Historical treasures				
3 Art' Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		474,450.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities' Publicly traded				
10 Securities' Closely held stock				
11 Securities' Partnership, LLC, or trust interests				
12 Securities' Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate' Residential				
16 Real estate' Commercial				
17 Real estate' Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other G ( COMPUTERS )	X	2	5,717.	FMV
26 Other G ( PRINTING )	X	4	26,078.	FMV
27 Other G ( SUPPLIES )	X	14	11,610.	FMV
28 Other G ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.



Department of the Treasury  
Internal Revenue Service

G Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

Open to Public  
Inspection

Name of the organization

CAPTAIN HOPE'S KIDS

Employer identification number

75-2284779

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

MEETING THE CRITICAL NEEDS OF HOMELESS CHILDREN.

MISSION & PURPOSE

THE AVERAGE AGE OF A HOMELESS PERSON IN NORTH TEXAS IS SEVEN YEARS OLD. METRO DALLAS HOMELESS ALLIANCE REPORTS THAT APPROXIMATELY 5,675 HOMELESS INDIVIDUALS LIVING IN DALLAS COUNTY IN 2009. FOR THE SECOND YEAR IN A ROW, WOMEN AND CHILDREN REPRESENT OVER HALF OF THE TOTAL HOMELESS POPULATION (54%). ON ANY GIVEN NIGHT IN THE DALLAS AREA, THE LARGEST REPRESENTATION OF HOMELESS CHILDREN WILL BE IN THE AGE GROUP OF 1-3 YEARS (23%), WITH THE SECOND LARGEST AGE GROUP BEING 4-6 YEARS (18%); THIS IS JUST ONE OF THE COUNTIES THAT CAPTAIN HOPE'S KIDS SERVES.

THE MISSION OF CAPTAIN HOPE'S KIDS IS TO MEET THE CRITICAL NEEDS OF HOMELESS CHILDREN. IT IS THE ONLY AGENCY THAT ACTIVELY SOLICITS DONATIONS AND FUNDS FOR THE SOLE PURPOSE OF PROVIDING CRITICALLY NEEDED SUPPLIES TO HOMELESS CHILDREN THROUGHOUT THIS REGION.

IN 2008, CAPTAIN HOPE'S KIDS DISTRIBUTED AN ESTIMATED \$640,490 WORTH OF CRITICALLY NEEDED ITEMS TO A COLLABORATIVE NETWORK OF 38 OF OUR 48 HOMELESS SERVICE PROVIDERS IN NORTH TEXAS. WE PROVIDED 376,239 DIAPERS OR TRAINING PANTS LAST YEAR - THAT IS 7,235 DIAPERS OR TRAINING PANTS EACH WEEK. WE ALSO SUPPLIED MORE THAN \$134,704 SCHOOL UNIFORMS, SUPPLIES AND BACK PACKS TO CHILDREN TRYING TO ATTEND SCHOOL WHILE LIVING IN A HOMELESS SHELTER.

CAPTAIN HOPE'S KIDS ADDRESSES THE IMMEDIATE NEEDS OF THE MANY INFANTS, TODDLERS AND CHILDREN STRUGGLING TO SURVIVE AND OVERCOME THE MOST DIFFICULT OF CIRCUMSTANCES

Name of the organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

DURING THEIR MOST PRECIOUS YEARS. IT IS OUR GOAL TO MEET THE NEEDS OF THESE CHILDREN SO THAT THEY MAY BECOME HEALTHY AND PRODUCTIVE CITIZENS IN OUR COMMUNITY.

PROGRAMS & SERVICES

LIFE'S NECESSITIES

FOR BABIES AND TODDLERS

THE INCREASING NUMBER OF HOMELESS FAMILIES WITH BABIES CREATES A SHARP RISE IN THE NEED FOR DIAPERS, WIPES, OINTMENT, FORMULA, BABY FOOD AND BABY TOILETRIES. BECAUSE HOMELESS PARENTS ARE OFTEN UNABLE TO AFFORD THESE ITEMS, MANY INFANTS SUFFER POOR HEALTH AND HYGIENE. IMPROPER NUTRITION AND THE RESULTING DEPRESSED IMMUNE SYSTEM CAN SET THE STAGE FOR YEARS OF POOR HEALTH. LAST YEAR WE DISTRIBUTED MORE THAN 7,520 DIAPERS EVERY WEEK. CAPTAIN HOPE'S KIDS PROVIDES LIFE'S NECESSITIES FOR THE MOST VULNERABLE OF THE HOMELESS - BABIES AND TODDLERS.

FOR SCHOOL AGE CHILDREN

A SURVEY OF METROPLEX SHELTERS REVEALED THAT EDUCATION IS A CRITICAL LONG-TERM NEED OF A HOMELESS CHILD AND THE KEY TO BREAKING THE CYCLE OF HOMELESSNESS. CAPTAIN HOPE'S KIDS PROVIDES BASICS THAT HOMELESS CHILDREN, AGES 4 TO 17, NEED TO ATTEND AND STAY IN SCHOOL, INCLUDING SCHOOL UNIFORMS, SHIRTS, PANTS, SKIRTS, SHOES, SOCKS, UNDERWEAR, SCHOOL SUPPLIES, TOYS AND ATHLETIC EQUIPMENT. WE ACCEPT NEW AND GENTLY USED ITEMS THROUGH INDIVIDUAL DONATIONS AND COMPANY-SPONSORED DRIVES. HOMELESSNESS HAS A DEVASTATING IMPACT ON HOMELESS CHILDREN'S EDUCATIONAL OPPORTUNITIES. WITHOUT BASIC TOILETRIES, SCHOOL SUPPLIES AND CLOTHING, CHILDREN ARE LESS LIKELY TO DO WELL IN SCHOOL. DISTRIBUTING CRITICAL ITEMS TO HOMELESS CHILDREN ALLOWS HOMELESS PARENTS TO DEVOTE MORE ENERGY TO ACTIVITIES THAT WILL HELP THEM TO BREAK OUT OF HOMELESSNESS.

Name of the organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

RECREATIONAL ACTIVITIES PROGRAM

THIS PROGRAM PROVIDES FUNDS FOR HOMELESS CHILDREN TO PARTICIPATE IN ACTIVITIES WITH THE DALLAS MAVERICKS AND TEXAS RANGERS. THESE ACTIVITIES PROVIDE OPPORTUNITIES FOR CHILDREN TO GET OUT OF THE SHELTER SETTING, LEARN MORE ABOUT THE WORLD AROUND THEM AND HAVE FUN. IN 2008, WE PROVIDED \$54,535 IN RECREATIONAL ACTIVITIES TO HOMELESS CHILDREN.

HOPE-N-BOX

THIS PROGRAM PROVIDES A SIMPLE, GIFT-WRAPPED SHOEBOX FILLED WITH SMALL GIFTS, TOILETRIES, AND SPECIAL SURPRISES FOR HOMELESS CHILDREN WHO ARE CELEBRATING THEIR BIRTHDAYS WHILE LIVING IN A SHELTER. BY VOLUNTEERING TO CREATE BIRTHDAY BOXES, CHILDREN OF ALL AGES AND BACKGROUNDS HAVE THE OPPORTUNITY TO HELP OTHER CHILDREN WHO ARE LESS FORTUNATE.

WE HOPE THAT YOU WILL JOIN THE GROWING NUMBER OF THOSE WHO STAND BEHIND OUR EFFORTS TO GIVE HOMELESS CHILDREN A REASON TO SMILE.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT

PADGETT PRINTING, BOARD MEMBER DAVID TOROK INVOICED WORK IN 2008 WITH:

PADGETT PAID FOR WORK WITH PAUL MINTON'S BOARD MEMBERS WIFE (TRACERY) COMPANY TCD - \$1,330 PAID

PADGETT PAID FOR WORK WITH LAUREN DUGGER PAST BOARD MEMBERS COMPANY SUNWEST COMMUNICATION - \$8,200 PAID

CHUCK QUENETTE BOARD MEMBER PAID BY PADGETT PRINTING AS A CONSULTANT WITH Q-MARK - \$8,250 PAID

Name of the organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

FORM 990 IS PROVIDED TO THE GOVERNING BODY VIA E-MAIL BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

WE AS A BOARD MONITOR ISSUES BEING DISCUSSED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND WE SEQUESTER BOARD MEMBERS FROM DISCUSSIONS AND VOTING ON ANY ISSUES FOR WHICH THE BOARD MEMBERS ARE IDENTIFIED AS HAVING A POTENTIAL CONFLICT OF INTEREST. IT IS SO NOTED IN THE MINUTES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THESE FORMS ARE AVAILABLE AT WWW.CAPTAINHOPE.ORG AS WELL AS UPON REQUEST.

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

Department of the Treasury  
Internal Revenue Service

G 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 G

? 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 G

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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>CAPTAIN HOPE' S KIDS</b>	Employer identification number <b>75-2284779</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>10555 NEWKIRK, SUITE 580</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS, TX 75220</b>	

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 (section 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 G JEANNE REYER -----

Telephone No. G 214-630-5765 ----- FAX No. G 214-630-8782 -----

? If the organization does not have an office or place of business in the United States, check this box G

? 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 . G  . If it is for part of the group, check this box . G  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 8/15 \_\_\_\_, 20 09\_\_, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- G  calendar year 20 08\_\_ or  
G  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 .....	3a	\$	0.
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	\$	0.
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	\$	0.

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.

STMT. OF FUNCTIONAL EXPENSES (990)  
ADVERTISING AND PROMOTION

OFFICE SUPPLIES.....	\$	1,078.
POSTAGE.....		80.
SOFTWARE/HARDWARE.....		289.
TOTAL	\$	<u>1,447.</u>