

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

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

**A For the 2007 calendar year, or tax year beginning , and ending**

- B Check if applicable:
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
CAPTAIN HOPE'S KIDS

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
10555 NEWKIRK, SUITE 580

City or town, state or country, and ZIP + 4  
DALLAS TX 75220

**D Employer identification number**  
75-2284779

**E Telephone number**  
214-630-5765

**F Accounting method:**  Cash  Accrual  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  Yes  No

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** WWW.CAPTAINHOPE.ORG

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **792,766**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Contributions to donor advised funds	<b>1a</b>		
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	750,645	
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		
<b>e Total</b> (add lines 1a through 1d) (cash \$ 432,917 noncash \$ 317,728 )	<b>1e</b>		750,645
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		2,376
<b>5</b> Dividends and interest from securities	<b>5</b>		7,621
<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b> Other investment income (describe )	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>		
<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ 181,302 of contributions reported on line 1b)	<b>9a</b>	SEE WORKSHEET	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	32,124	
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	98,496	-66,372
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		694,270
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		548,490
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		31,193
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		59,131
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		638,814
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		55,456
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		355,914
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		411,370

**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. (See the instructions.)

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule) ..... STMT 1	490,717	490,717		
<b>24</b> Benefits paid to or for members (attach schedule) .....	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A ..... SEE STATEMENT 2	60,731	32,185	9,718	18,828
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B .....	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c .....	58,688	31,273	9,353	18,062
<b>27</b> Pension plan contributions not included on lines 25a, b, and c .....	601	318	96	187
<b>28</b> Employee benefits not included on lines 25a - 27 .....	8,225	4,360	1,316	2,549
<b>29</b> Payroll taxes .....	8,659	4,589	1,385	2,685
<b>30</b> Professional fundraising fees .....	<b>30</b>			
<b>31</b> Accounting fees .....	4,522	1,809	452	2,261
<b>32</b> Legal fees .....	<b>32</b>			
<b>33</b> Supplies .....	2,427	970	451	1,006
<b>34</b> Telephone .....	6,736	5,388	674	674
<b>35</b> Postage and shipping .....	677	68	68	541
<b>36</b> Occupancy .....	22,675	18,072	2,471	2,132
<b>37</b> Equipment rental and maintenance .....	378	76	76	226
<b>38</b> Printing and publications .....	<b>38</b>			
<b>39</b> Travel .....	114	114		
<b>40</b> Conferences, conventions, and meetings .....	1,120	689	158	273
<b>41</b> Interest .....	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule) .....	1,456	728	728	
<b>43</b> Other expenses not covered above (itemize): <b>a</b> SEE STATEMENT 3	-28,912	-42,866	4,247	9,707
<b>b</b> .....	<b>43b</b>			
<b>c</b> .....	<b>43c</b>			
<b>d</b> .....	<b>43d</b>			
<b>e</b> .....	<b>43e</b>			
<b>f</b> .....	<b>43f</b>			
<b>g</b> .....	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....	638,814	548,490	31,193	59,131

**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 IV Balance Sheets** (See the instructions.)

<b>Note:</b> 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
45	Cash—non-interest-bearing .....	5,797	45	1,616
46	Savings and temporary cash investments .....	281,003	46	362,125
47a	Accounts receivable .....		47a	
b	Less: allowance for doubtful accounts .....		47b	47c
48a	Pledges receivable .....	16,250		
b	Less: allowance for doubtful accounts .....		48a	48b
49	Grants receivable .....	44,152	49	16,250
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule) .....		50b	
51a	Other notes and loans receivable (attach schedule) .....		51a	
b	Less: allowance for doubtful accounts .....		51b	51c
52	Inventories for sale or use .....	27,897	52	27,991
53	Prepaid expenses and deferred charges .....		53	250
54a	Investments—publicly-traded securities .....		54a	
b	Investments—other securities (attach schedule) .....		54b	
55a	Investments—land, buildings, and equipment: basis .....		55a	
b	Less: accumulated depreciation (attach schedule) .....		55b	55c
56	Investments—other (attach schedule) .....		56	
57a	Land, buildings, and equipment: basis .....	52,850		
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 5 .....	51,162	57a	57b
58	Other assets, including program-related investments (describe SEE STATEMENT 6) .....	3,144	58	1,688
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	2,087	59	1,837
60	Accounts payable and accrued expenses .....	364,080	60	411,757
61	Grants payable .....	8,166	61	387
62	Deferred revenue .....		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
64a	Tax-exempt bond liabilities (attach schedule) .....		64a	
b	Mortgages and other notes payable (attach schedule) .....		64b	
65	Other liabilities (describe) .....		65	
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	8,166	66	387
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted .....	316,114	67	411,370
68	Temporarily restricted .....	39,800	68	
69	Permanently restricted .....		69	
<b>Organizations that do not follow SFAS 117, check here</b> <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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	355,914	73	411,370
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	364,080	74	411,757





<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b> 22,863		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>h</b>	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		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	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>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b> 4	
<b>91a</b>	The books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no. <input type="checkbox"/> 214-630-5765 P.O. BOX 540548 Located at <input type="checkbox"/> DALLAS, TX ZIP + 4 <input type="checkbox"/> 75354-0548		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ .....

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**

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion 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	2,376	
96 Dividends and interest from securities			14	7,621	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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			1	-66,372	
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		-56,375	0
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					-56,375

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

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

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

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

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

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		<input checked="" type="checkbox"/>

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a .....			
b .....			
c .....			
<b>Totals</b>			

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		<input checked="" type="checkbox"/>

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a .....			
b .....			
c .....			
<b>Totals</b>			

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No

**Please Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>LISA C. POTTER</b>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <b>P00236767</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>DAVIS CLARK &amp; COMPANY 2705 SWISS AVE DALLAS, TX 75204-5923</b>	EIN <b>20-5674886</b>	Phone no. <b>214-824-2556</b>	

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

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

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

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

CAPTAIN HOPE'S KIDS

Employer identification number

75-2284779

**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 empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	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.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	X	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		0
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0

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

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, and (e) Total. Rows include items like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions; Gross income from interest, dividends; Net income from unrelated business; Organizations described on lines 10 or 11; Organizations described on line 12; and Unusual Grants.

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>			
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 .....			
<b>The lobbying nontaxable amount is-</b>			
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 .....	<b>41</b>		
\$225,000 plus 5% of the excess over \$1,500,000 .....			
\$1,000,000 .....			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

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

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

Employer identification number

CAPTAIN HOPE'S KIDS

75-2284779

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 \$5,000 or 2% of the amount on line 1 of these forms. (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.) ..... ▶ \$ \_\_\_\_\_

**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** check the box in the heading of their Form 990, 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

CAPTAIN HOPE'S KIDS

Employer identification number

75-2284779

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 49,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
2	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 30,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
3	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 26,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
4	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 25,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
5	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 16,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>



**Federal Statements****Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

<u>Description</u>	<u>Amount</u>
HYGIENE/GROOMING	\$ 49,230
SCHOOL/EDUCATION	51,802
TOYS	75,360
HEALTH AIDS AND MEDICINE	4,692
BABY ITEMS	161,835
HOUSEHOLD ITEMS	41,455
PROGARM-ALL OTHER	215
RAP	74,774
SERVICES/SUPPLIES TO CHK	31,354
TOTAL	<u>\$ 490,717</u>

Vertical line on the left side of the page.

Vertical line segment.

Vertical line segment.

Vertical line segment.

Vertical line segment.

Vertical line segment.

Vertical line segment.

Vertical line segment.

Vertical line segment.

Vertical line segment.

Vertical line segment.

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
ANNUAL CAMPAIGN	1,095			1,095
AUTO INSURANCE	1,355	1,355		
BANK CHARGES	1,167	117	525	525
CONTRACT LABOR	9,248	3,884	2,312	3,052
DELIVERY FUEL	998	998		
DUES & SUBSCRIPTIONS	696	139	209	348
FUNDRAISING	948			948
GRANT EXPENSE	28	14		14
INSURANCE- D&O	1,403	350	350	703
INVENTORY VALUE ADJUSTMENT	-54,301	-54,301		
MARKETING	156	78		78
MILEAGE REIMBURSEMENT	1,436	1,336	100	
PAYROLL FEES	1,568	831	251	486
SUPPORT SERVICES	3,426	1,370	343	1,713
VOLUNTEER & DONOR APPREC.	881	441		440
WORKER'S COMP INSURANCE	984	522	157	305
TOTAL	<u>\$ -28,912</u>	<u>\$ -42,866</u>	<u>\$ 4,247</u>	<u>\$ 9,707</u>

# Federal Statements

## Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

### Description

---

PROVIDE CRITICALLY NEEDED SUPPLIES FOR HOMELESS CHILDREN TO  
42 AGENCIES.

**Federal Statements****Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
MACHINERY AND EQUIPMENT	\$ 52,850	\$ 49,706	\$ 52,850	\$ 51,162
TOTAL	<u>\$ 52,850</u>	<u>\$ 49,706</u>	<u>\$ 52,850</u>	<u>\$ 51,162</u>

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 2,087	\$ 1,837
TOTAL	<u>\$ 2,087</u>	<u>\$ 1,837</u>

**Federal Statements****Statement 7 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
EXPENSES REPORTED ON LINE 9B	\$ 98,496
TOTAL	\$ <u>98,496</u>

**Statement 8 - Form 990, Part IV-B - Other Expenses included on Financial Statements**

Description	Amount
EXPENSES REPORTED ON LINE 9B	\$ 98,496
TOTAL	\$ <u>98,496</u>

**Federal Statements****Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
OTHER INCOME	\$ <u>          </u>	\$ <u>      73</u>	\$ <u>          </u>	\$ <u>          </u>
TOTAL	\$ <u>      0</u>	\$ <u>      73</u>	\$ <u>      0</u>	\$ <u>      0</u>