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)

OMB No 1545-0047 2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Description of the property of the programme of the property	A	For the 2006 calendar year, or tax year beginning 7/01 , 2006, and ending	6/30	, 2007
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Total expenses. Add lines 16 and 44, column (A) Results or fund balances at beginning of year (from line 73, column (A)) Total expenses or fund balances at end of year Combine lines 18, 19, and 20 In the fundamental structure of the sear h o	E	'W		
16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 386, 049.		1 COLUMN ICAL TO THE A COLUMN	<u> </u>	
18 Excess or (deficit) for the year. Subtract line 17 from line 12. 18 Excess or (deficit) for the year. Subtract line 17 from line 12. 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20. 21 386,049.	N S			
18 Excess or (deficit) for the year. Subtract line 17 from line 12. 18 Excess or (deficit) for the year. Subtract line 17 from line 12. 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20. 21 386,049.	Ĕ		_	
Net assets or fund balances at beginning of year (from line 73, column (A)). Other changes in net assets or fund balances (attach explanation) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 386,049.			<u> </u>	
S 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 386, 049.	, A		<u> </u>	
S 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 386, 049.	ËË	- · · · · · · · · · · · · · · · · · · ·	—	
	¹ T S	• • • • • • • • • • • • • • • • • • • •	-	
	BΔ		<u>.</u>	

Part II Statement of Functional E required for section 501(c)(3) and	xpens	es All organizations m	ust complete column (/	23-744. \). Columns (B), (C), an			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	a (4) org	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22 a Grants paid from donor advised funds (attach sch) (cash \$ non-cash \$) If this amount includes foreign grants, check here	22a		SCIVICES	and general			
22 b Other grants and allocations (att sch) (cash \$	22 b						
23 Specific assistance to individuals (attach schedule).	23						
24 Benefits paid to or for members (attach schedule).	24				***		
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25 a	79,189.	59,392.	11,878.	7,919.		
 b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch) c Compensation and other distributions, not 	25 b	0.	0.	0.	0.		
included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.		
26 Salaries and wages of employees not included on lines 25a, b, and c	26	111,732.	91,771.	19,879.	82.		
Pension plan contributions not included on lines 25a, b, and c	27						
28 Employee benefits not included on lines 25a - 27	28	6,753.	3,171.	3,582.			
29 Payroll taxes30 Professional fundraising fees.	29 30	15,225.	12,484.	2,096.	645.		
31 Accounting fees32 Legal fees	31 32	8,042.		8,042.			
33 Supplies34 Telephone	33	9,343. 2,289.	6,343. 1,398.	1,364. 709.	1,636. 182.		
35 Postage and shipping	35	9,226.	488.	876.	7,862.		
36 Occupancy37 Equipment rental and maintenance	36 37	25,582. 5,419.	19,013. 3,917.	4,087. 1,020.	2,482. 482.		
38 Printing and publications	38	11,692.	5,100.	351.	6,241.		
39 Travel	39	4,350.	4,318.	25.	7.		
40 Conferences, conventions, and meetings	40	12,868.	10,120.	2,426.	322.		
41 Interest	41	2 200	017	2 202			
Depreciation, depletion, etc (attach schedule).Other expenses not covered above (itemize)	42	3,309.	917.	2,392.	 _		
a_Insurance	43a	4,088.	1,992.	1,830.	266.		
b Other expenses	43b	12,829.	5,791.	6,291.	747.		
c Other professional fees	43 c 43 d	47,480.	30,227.	11,139.	6,114.		
d e	43e						
1	43f						
g	43 g						
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) · (D), carry these totals to lines 13 · 15)	44	369,416.	256,442.	77,987.	34,987.		
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 X 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 \$							
to i unutaining Y		. 					

Form 990 (2006) C	ChildBuilders
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		omplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

		· · · · · · · · · · · · · · · · · · ·		
What is the organization's prin	nary exempt purpo	se? - Promote mental health for children		Program Service Expenses (Required for 501(c)(3) and
All organizations must describ clients served, publications issu	e their exempt pur ed, etc Discuss ach	pose achievements in a clear and concise manner. State the nun levements that are not measurable. (Section 501(c)(3) and (4) organ- ists must also enter the amount of grants and allocations to other	nber of	(4) organizations and 4947(a)(1) trusts, but optional for others)
a See Statement 2	empt charitable tru	ists must also enter the amount of grants and allocations to other	's)	optional for others)
a see statement z				
(Grants and allocations	\$) If this amount includes foreign grants, check here	▶	256,442.
b	-			
	·			
	. 		-,	
	Ş) If this amount includes foreign grants, check here		<u> </u>
с				
(Grants and allocations	\$) If this amount includes foreign grants, check here	-	
d				· · · · · · · · · · · · · · · · · · ·
			:	
	- -			
(Grants and allocations	\$) If this amount includes foreign grants, check here	<u> </u>	
e Other program services (Grants and allocations	\$) If this amount includes foreign aroute the state to the	. —	
) If this amount includes foreign grants, check here dequal line 44, column (B), Program services)		256,442.
Julia of Frogram Service	Expenses (Should	a equal line ++, column (b), Frogram services)		230,442.

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Form 990 (2006)

No	te: l	Nhere required, attached schedules and amounts with column should be for end-of-year amounts only	n the c	lescription	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing				45	
	46	Savings and temporary cash investments			280,064.	46	367,556.
				Ì			· · · · · · · · · · · · · · · · · · ·
	47 a	Accounts receivable	47 a			[]	
	l t	Less allowance for doubtful accounts	47 b		2,460.	47 c	
	ı	Pledges receivable	48 a	2,500.			
	b	Less allowance for doubtful accounts	48 b		30,500.	48 c	2,500.
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, director employees (attach schedule)	rs, trus	tees, and key		50 a	
Δ	b	Receivables from other disqualified persons (as defin and persons described in section 4958(c)(3)(B) (attack)	ed und	ler section 4958(f)(1)) edule)		50 b	
A S E T S	51 a	Other notes and loans receivable (attach schedule)	51 a				
Ś		Less allowance for doubtful accounts .	51 b			51 c	
	I	Inventories for sale or use				52	
		Prepaid expenses and deferred charges			6,591.	53	13,486.
		Investments – publicly-traded securities	•	Cost FMV		54 a	
		Investments - other securities (attach sch)	• •	Cost FMV		54 b	
	55 a	Investments - land, buildings, & equipment basis	55 a	2,000.		1 1	
	b	Less: accumulated depreciation (attach schedule) Statement 3	55 b		2,000.	55 c	2,000.
	56	Investments — other (attach schedule)		_		56	**
	57 a	Land, buildings, and equipment: basis	57 a	13,510.		1	
	b	Less accumulated depreciation (attach schedule) Statement 4	57b	6,512.	7,555.	57 c	6,998.
	58	Other assets, including program-related investments					
		(describe •		}		58	
	59	Total assets (must equal line 74). Add lines 45 through	jh 58	· ·	329,170.	59	392,540.
	60	Accounts payable and accrued expenses	•	· [7,685.	60	6,491.
	61	Grants payable	•	•		61	
į	62	Deferred revenue	٠	-		62	-
A B I L	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
Ţ		Tax-exempt bond liabilities (attach schedule)	• •	-		64 a	
E S		Mortgages and other notes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·		64 b	
5		Other liabilities (describe		⁾	7 (05	65	C 401
	66	Total liabilities. Add lines 60 through 65			7,685.	66	6,491.
N E T	orga	anizations that follow SFAS 117, check here X and through 69 and lines 73 and 74.	iiu con	plete lines 67			
_	67	Unrestricted			237,259.	67	306 040
Ş	68	Temporarily restricted		· ·· }	84,226.	68	386,049.
ASSETS	69	Permanently restricted	•	··	04,220.	69	-
		anizations that do not follow SFAS 117, check here	\Box	and complete lines		"	
Q R E		70 through 74.	<u> </u>				
מאלי	70	Capital stock, trust principal, or current funds				70	
D	71	Paid-in or capital surplus, or land, building, and equip	ment 1	und		71	
Ā	72	Retained earnings, endowment, accumulated income,	or oth	er funds .		72	
∢ZCE ⊘	73	Total net assets or fund balances. Add lines 67 throu 72. (Column (A) must equal line 19 and column (B) n	gh 69 1ust ed	or lines 70 through qual line 21)	321,485.	73	386,049.
•	74	Total liabilities and net assets/fund balances. Add lin		·	329,170.	74	392,540.
BA	1						Form 990 (2006)

P	rt IV-A Reconciliation of Revenu instructions.)	e per Audited Financia	l Statemen	ts with	Revenue per Re	etur	n (See the
_	Total revenue, gains, and other support	nor audited financial stateme					422 000
a b	Amounts included on line a but not on F		ents	•	•	<u>a</u>	433,980.
U	1 Net unrealized gains on investments	art i, inte 12.		ь1			
	2Donated services and use of facilities			b2	· · · · · · · · · · · · · · · · · · ·	i	
	3Recoveries of prior year grants	• •		b3		1	
	4Other (specify)	• •	• •			1	
				ь4			
	Add lines b1 through b4			<u></u>		Ь.	
С	Subtract line b from line a					c	433,980.
d	Amounts included on Part I, line 12, but	not on line a:					
	1 Investment expenses not included on Pa			d1			
	2Other (specify):]	
				d2]	
	Add lines d1 and d2 .	•			, ,	d	
e	Total revenue (Part I, line 12) Add lines				-	е	433,980.
Pa	art IV-B Reconciliation of Expens	es per Audited Financia	al Stateme	nts with	Expenses per	Ret	urn
а	Total expenses and losses per audited for					a	369,416.
b	Amounts included on line a but not on P	art I, line 17					
	1Donated services and use of facilities	•		b1		1	
	2Prior year adjustments reported on Part	I, line 20		b2]	
	3Losses reported on Part I, line 20	• •		b3			
	4Other (specify):						
				b4	 -		
	Add lines b1 through b4		•	•		Щ	
с	Subtract line b from line a					С	369,416.
d	Amounts included on Part I, line 17, but			امدا			
	1 Investment expenses not included on Pa		• •	d1		-	
	20ther (specify).			امد			
	Add lines d1 and d2			d2			
е	Total expenses (Part I, line 17). Add line	nc.c.and.d	• •			d e	369,416.
	ort V-A Current Officers Director	a Tructore and Vay E		4			303,410.
	Current Officers, Director or key employee at any time du	ring the year even if they wer	nployees e not comper	(List each Isated.) <i>(</i> (i person who was a S <i>ee the instruction</i> s	n ofi ;.)	ricer, director, trustee,
		(B) Title and average hours	(C) Compe	nsation	(D) Contributions	to	(E) Expense
	(A) Name and address	per week devoted to position	(if not p enter -	aid,	employee benef	ıt	account and other
		ιο μοσιτίστι	enter -	0-)	compensation pla		allowances
					· · · · · · · · · · · · · · · · · · ·		
Se	e Statement 5		6	7,789.	7,20	0.	4,200.
					•		
						- 1	
							
						ł	
	ľ					ı	

Form 990 (2006) ChildBuilders			23-7442963	3	F	age 6	
Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)							
75 a Enter the total number of officers, directors, and trustees	permitted to vote on organizati	ion business as board meeting	gs ► 15				
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)							
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fror to the organization? See the instructions for ti	nsated professional and n any other organization	d other independent cor ns. whether tax exempt	atractors listed in Schedule	75 c		X	
If 'Yes,' attach a statement that includes the i	nformation described in	the instructions.					
d Does the organization have a written conflict of				75 d			
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions.)	or, trustee, or key empl	loyee received compens of compensation or othe	sation or other benefits (des	crihed	helow) e	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	count	opense and ot ances	ther	
None			, , , , ,				
	<u></u>						
		•					
Part VI Other Information (See the Inst.	ructions \				V		
Fact VI Other information (See the list	ructions.)	_			Yes	No	
76 Did the organization make a change in its acti If 'Yes,' attach a detailed statement of each cl	vities or methods of coinange	nducting activities?		76		X	
77 Were any changes made in the organizing or	governing documents b	ut not reported to the IF	RS?	77		Х	
If 'Yes,' attach a conformed copy of the chang	es					l .	
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						Х	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?						'A	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement						Χ	
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?						X	
b If 'Yes,' enter the name of the organization ▶	N/A					- 	
		eck whether it is ex	cempt or nonexempt.				
81 a Enter direct and indirect political expenditures	. (See line 81 instructio	ons.)	81 a 0.]			
b Did the organization file Form 1120-POL for the	ıs year?		<u></u>	81 ь		<u>X</u>	

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Form **990** (2006)

Form 990 (2006) ChildBuilders	23-7442963	3	P	age 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge or at	82 a	х	
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.)	82 b			
83 a Did the organization comply with the public inspection requirements for returns and exemption	on applications?	83a	_x	<u></u>
b Did the organization comply with the disclosure requirements relating to quid pro quo contrib	utions?	83Ь	Х	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such condition tax deductible?	ontributions or gifts were	84b	N,	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members	?	85 a	N,	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N.	<u>'A</u>
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless t waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A	1		
d Section 162(e) lobbying and political expenditures .	85 d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A		l	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A		- ,	/ 78
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of	85 h	Ñ	<u>'A</u>
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on	86a N/A			
line 12 b Gross receipts, included on line 12, for public use of club facilities	86b N/A]	
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a N/A	ł	- 1	
b Gross income from other sources (Do not net amounts due or paid to other sources	1,11			
against amounts due or received from them)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	corporation or partnership, 701-2 and 301.7701-3?	88 a		Х
b At any time during the year, did the organization, directly or indirectly, own a controlled entit section 512(b)(13)? If 'Yes,' complete Part XI	y within the meaning of	88 b		<u> </u>
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year u	nder:			
section 4911 ► 0. , section 4912 ► 0. ; section 4	9550.	l		,
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	ss benefit transaction 'Yes,' attach a statement	89 b		X _
c Enter Amount of tax imposed on the organization managers or disqualified persons during t	he			
year under sections 4912, 4955, and 4958	▶0.		- 1	
d Enter Amount of tax on line 89c, above, reimbursed by the organization	▶0.		-	-
e All organizations. At any time during the tax year, was the organization a party to a prohibite		89 e	-	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable in	nsurance contract? .	89f		
g For supporting organizations and sponsoring organizations maintaining donor advised funds. organization, or a fund maintained by a sponsoring organization, have excess business hold the year?	Did the supporting ngs at any time during	89 g	_	Х
90 a List the states with which a copy of this return is filed None				
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		90 ь		4
91a The books are in care of ► David Castle Telephone nu	mber ► 7 <u>13-400-</u> 115	5		
Located at ► 3800 Buffalo Spdwy, Ste 310, Houston TX	ZIP + 4 ► 77098			
LAL	au alban aulbanko arra a	Γ	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other financial.)	or other authority over a nancial account)?	91 Ь		X
If 'Yes,' enter the name of the foreign country				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			
BAA		Form	990 (2006)

	Other Information (continue	-	_				Yes No		
c At any time during the calendar year, did the organization maintain an office outside of the United States? [91c] X									
	If 'Yes,' enter the name of the foreign country 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here N/A								
	and enter the amount of tax-exempt interest received or accrued during the tax year								
	Analysis of Income-Produc						N/A		
Unrelated business income Excluded by section 512, 513, or 514									
Note: Enter otherwise in	r gross amounts unless ndicated	(A) Business code	ļ	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income		
93 Pro	gram service revenue								
	ogram fees						<u>65,384.</u>		
									
<u> </u>									
f Med	licare/Medicaid payments				 				
	& contracts from government agencies								
•	nbership dues and assessments								
95 Inter	est on savings & temporary cash invmnts			· · · · · · · · · · · · · · · · · · ·	14	10,028.			
96 Divi	dends & interest from securities								
97 Net r	ental income or (loss) from real estate	·							
	t-financed property					· · · · · · · · · · · · · · · · · · ·			
	debt-financed property	-			1				
	ental income or (loss) from pers prop				 				
	er investment income								
othe	n or (loss) from sales of assets er than inventory								
	ncome or (loss) from special events				1	8,950.			
	s profit or (loss) from sales of inventory				-				
	er revenue. a								
									
	· · · · · · · · · · · · · · · · · · ·				<u> </u>				
е									
104 Subt	otal (add columns (B), (D), and (E))					18,978.	65,384.		
105 Tota	al (add line 104, columns (B), (D), a	nd (E))					84,362.		
	105 plus line 1e, Part I, should equa								
	Relationship of Activities to	the Accor	mplish	ment of Ex	<u>empt Purpos</u>	es (See the instruc	tions.)		
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	income is re ses (other th	ported in an by pro	n column (E) oviding funds	of Part VII contri for such purpose	buted importantly to the es).	accomplishment		
93a	Parents Under Construc		_				s for		
	programs held at schoo	ls and v	<u>ariou</u>	s child o	care center	s.			
									
Dart IV	Information Describer Taxa	blo Subal	diariac	and Diares	anded Entitie	e (Soo the instruct	ione)		
Part IX	Information Regarding Taxa (A)		<u>uiaries</u>	and Disreg					
		(B)	.	,,	-)	(D)	(E)		
	address, and EIN of corporation, nership, or disregarded entity	Percentage ownership int		Nature of	activities	Total income	End-of-year assets		
N/A			ક						
			ફ		<u> </u>				
			8						
	 	<u> </u>	8		1.00				
	Information Regarding Tran								
	organization, during the year, receive any fun	•	• • •		·		Yes X No		
	e organization, during the year, pay	-	_	=	ıı a personal ber	ent contract/	∐ Yes X No		
Note: //	'Yes' to (b), file Form 8870 and For	III 4/20 (See	uistructi	uris)	-	TEE A01001 04/04/0	7 Form 990 (2006)		

Form 990 (2006) ChildBuilders

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Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity (A) (B) (C) Name, address, of each Employer identification Description of	lo {
Yes,' complete the schedule below for each controlled entity (A) (B) (C) Name, address, of each Employer identification Description of (D)	
(A) Name, address, of each Employer Identification Description of (D)	
controlled entity Number transfer Amount of transfe	er
a	
b	
c	
Totals	
Yes N	lo
Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If Yes, complete the schedule below for each controlled entity	<u> </u>
(A) Name, address, of each controlled entity (B) Employer Identification Number (C) Description of transfer Amount of transfe	er
a	
b	
c	
Totals	
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	lo (
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, corect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 5.14.08 Date Type or print hame and title Date Da	
Paid Preparer's SSN or PTIN (See Signature Preparer's SSN or PTIN (See Seneral Instruction W) Preparer's SSN or PTIN (See Self employed Preparer's SSN or P	,
parer's Use Firm's name (or yours if self-employed). ► ■ Blakek & Vetterling LLP	
Only 2 P+4 Houston, TX 77027-5132 Phone no. ► (713) 439-5739 BAA Form 990 (200	06)

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

Supplementary Information — (See separate instructions.)

2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

	1.7.1	22 -7442062				
ChildBu				23-7442963		
Part I	Compensation of the Five Hi (See instructions. List each o	ghest Paid Employees Oth ne. If there are none, enter	er Than Officers ' 'None.')	s, Directors, an	d Trustees	
((a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances	
None		-				
					-	
Total numbe	er of other employees paid	•		l .	L	
Part II — /		ghest Paid Independent Co	ontractors for Pr	ofessional Ser	vices	
(a) Nam	e and address of each independent conf		(b) Type ((c) Compensation	
None						
\$50,000 for j	r of others receiving over professional services	0				
Part II — E	Compensation of the Five Hi (List each contractor who per firms. If there are none, enter	formed services other than	professional ser	her Services vices, whether	individuals or	
(a) Name	e and address of each independent cont	ractor paid more than \$50,000	(b) Type (of service	(c) Compensation	
None						
			-			
·				· · · · · · · · · · · · · · · · · · ·		
Total numbe	or of other contractors receiving				_ <u> </u>	

Pa	Statements About Activities (See Instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	1		
	or incurred in connection with the lobbying activities . > \$ N/A	ľ		
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with an taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or princip beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	ny al		
	a Sale, exchange, or leasing of property?	2 a		<u> </u>
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	. <u>2c</u>		Х
	See Form 990, Part V			
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	X	
	e Transfer of any part of its income or assets?	2 e		<u>X</u>
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.).	3a		<u> </u>
	b Did the organization have a section 403(b) annuity plan for its employees?	. 3b		<u>X</u>
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		<u> </u>
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>X</u>
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966?	4ь	N,	<u>/A</u>
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N,	<u>/A</u>
	d Enter the total number of donor advised funds owned at the end of the tax year ▶	 .		N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
	f Enter the total number of separate funds or accounts owned at the end of the 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
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

ChildBuilders

Schedule A (Form 990 or 990-EZ) 2006

23-7442963

Page 2

Part	Reason for Non-Private F	oundation Status (S	See instructions.)						
certı	ify that the organization is not a private for	oundation because it is: ((Please check only ONE ap	plicable 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 s	service organization. Sec	tion 170(b)(1)(A)(III).						
8	A federal, state, or local government	or governmental unit Se	ection 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 ben (Also complete the Support Schedul	nefit of a college or unive le in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Sed	ction 170(b)(1)(A)(iv)			
11 a	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	es a substantial part of it lete the Support Schedu	s support from a governme le ın Part IV-A)	ntal unit or	from the gene	erał public.			
11 b	A community trust. Section 170(b)(1))(A)(vi) (Also complete t	he Support Schedule in Pa	rt IV-A.)					
12	An organization that normally receive from activities related to its charitable from gross investment income and unorganization after June 30, 1975. Se	le, etc, functions – subje inrelated business taxable	ct to certain exceptions, an e income (less section 511	d (2) no mo tax) from bu	re than 33-1/3 usinesses acc	3% of its support			
13	An organization that is not controlled requirements of section 509(a)(3) C	d by any disqualified pers heck the box that describ	ons (other than foundation les the type of supporting o	managers) organization.	and otherwise	e meets the			
	Type I Type II		onally Integrated	Type III		<u></u>			
	(a)	(b) Employer identification number (EIN)	out the supported organiza (c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz gove docum	(e) Amount of support				
				Yes	No				
		*	-						
				<u> </u>					
	_								
Γotal		<u> </u>	·	· · · · · · · · · · · · · · · · · · ·	•	0.			
14	An organization organized and opera	ated to test for public set	aty Section 509(a)(A) (Sec	a instruction	e)				
14 3AA	An organization organized and opera	ated to test for public sal	ety. Section 303(a)(4). (386			990 or 990-EZ) 2006			

	: You may use the worksheet in the					unung.
	ndar year (or fiscal year					(e)
begi	nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	355,709.	224,505.	390,850.	326,606.	1,297,670.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	32,806.	47,837.	20,154.	25,888.	126,685.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,843.	3,205.	1,109.	1,793.	11,950.
19	Net income from unrelated business activities not included in line 18			<u></u>	·	0.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets.					0.
23	Total of lines 15 through 22.	394,358.	275,547.	412,113.	354,287.	1,436,305.
24	Line 23 minus line 17 .	361,552.	227,710.	391,959.	328,399.	1,309,620.
	Enter 1% of line 23	3,944.	2,755.	4,121.	3,543.	
	Organizations described on line		er 2% of amount in c		► 26a	26,192.
ı	Prepare a list for your records to show the supported organization) whose total gifts t return. Enter the total of all these excess	or 2002 through 2005 excee	ibuted by each person (oth ded the amount shown in I	er than a governmental unit ine 26a. Do not file this lis	t or publicly t with your . 26 b	297,848.
(: Total support for section 509(a)(l) test [.] Enter line 24,			. ► 26 c	1,309,620.
•	Add Amounts from column (e) for		11,950.	19		
		22		26b 297,8		309,798.
	Public support (line 26c minus lin	•				
	Public support percentage (line Organizations described on line		led by line 26c (deno	minator))	► 26f	70.34 6
2,	For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were lived in each year from	n, each 'disqualified p	person.' Do not file th	is list with your retur	n. Enter the sum of
	(2005)	(2004)	(2003) _		_ ⁽²⁰⁰²⁾ 	
	bFor any amount included in line to show the name of, and amour \$5,000 (Include in the list organ After computing the difference be differences (the excess amounts)	it received for each ye zations described in letween the amount re	ear, that was more th lines 5 through 11b, a ceived and the largei	an the larger of (1) these well as individuals. Tramount described in	ne amount on line 25 Do not file this list to (1) or (2), enter the s	for the year or (2) with your return. sum of these
	(2005)	(2004)	(2003)_		_ (2002)	
•	(2005) Add. Amounts from column (e) for 17 Add Line 27a total Public support (line 27c total min	or lines: 15		16	, ,	
		20		21	27c	
•	Add Line 27a total	ar	nd line 2/b total	•	27 d	
•	Public support (line 27c total min Total support for section 509(a)(3	ius line 2/d total)	from line 22 column	(0) 1 274	2/e	
1	otal support for section 509(a)(a) Public support percentage (line	2) lest Enter amount 27e (numerator) divid	nom line 23, column led by line 27f (deno	minator))	27.0	<u> </u>
	, Public Support percentage (line i Investment income percentage (-		or)). ► 27h	
	Unusual Grants: For an organiza					

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A					
			Yes	No			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29					
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?						
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31					
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)						
	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	-				
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32 b					
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c 32 d					
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)						
		-					
	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?	33 a					
	b Admissions policies?	33 b					
	c Employment of faculty or administrative staff?	33 c					
	d Scholarships or other financial assistance?	33 d					
	e Educational policies?	33 e					
	f Use of facilities?	33 f					
	g Athletic programs?	33 g					
	h Other extracurricular activities?	33h					
34	Describe assessment assessment and transport and assessment assessment assessment.	24-					
	a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?	34a 34b					
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.	340		-			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35					

Schedule A (Form 990 or 990-EZ) 2006

Par	t VI-A Lobbying Ex	kpenditures by Ele ed ONLY by an eligible	cting Public Chariorganization that filed	ties (See ınstr Form 5768)	uctions)				N/A	
Chec	ck a If the organi	zation belongs to an aff	filiated group. Check	▶ b If yo	ou checke	ed ' a ' and '	limited	contro	ol' provisions apply	
		imits on Lobbying	•	ad.)		Affiliate	a) ed grou tals	ib	(b) To be completed for all electing	
		 			1 26				organizations	_
36	Total lobbying expendition Total lobbying expendition	•		• •	36 37			- 		-
37	Total lobbying expendit	_		oying)	38		-			_
38 39	Other exempt purpose		37)	•	39			+		_
40	Total exempt purpose e	•	38 and 39)	•••	40			+		_
41	Lobbying nontaxable ar			 hle —	1					
41	If the amount on line 40		lobbying nontaxable a							
	Not over \$500,000		of the amount on line					ł		
	Over \$500,000 but not over \$1		000 plus 15% of the excess of	1						
	Over \$1,000,000 but not over \$		000 plus 10% of the excess of		- 41					
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ov							
	Over \$17,000,000	\$1,0	000,000							
42	Grassroots nontaxable	amount (enter 25% of I	ine 41) .		42					
43	Subtract line 42 from lin	ne 36. Enter -0- if line 4	2 is more than line 36		. 43					
44	Subtract line 41 from lin				44					_
	Caution: If there is an a	amount on either line 4	3 or line 44, you must t	file Form 4720				l	···	_
	(Some organ	izations that made a se	Averaging Period ection 501(h) election de the instructions for li	o not have to c	omplete		ive col	umns l	oelow.	
			Lobbying Expen	ditures During	4 -Year A	Averaging	Period	 		
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004			(d) 003		(e) Total	
45	Lobbying nontaxable amount					· · · · · · · · · · · · · · · · · · ·				
46	Lobbying ceiling amount (150% of line 45(e))									_
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures									
Par	t VI-B Lobbying A	ctivity by Nonelect only by organizations th	ing Public Charitie at did not complete Pa	es irt VI-A) (See ir	nstruction	ns)				
Durii atter	ng the year, did the orga	nization attempt to influ	ience national, state or	local legislatio	n, includ		Yes	No	Amount	_
,	Volunteers							Х		_
	Paid staff or manageme	ent (Include compensat	ion in expenses reporte	ed on lines c th	rough h.			Х		
	: Media advertisements							Х		
	Mailings to members, le	egislators, or the public				•		Х		
	Publications, or publish	-	ents					Х		
	Grants to other organiz							Х		
	Direct contact with legis						\Box	Х		_
	n Rallies, demonstrations			or any other me	eans			Х		_
i	Total lobbying expendit					•			0	÷
		ve, also attach a stateme	nt giving a detailed descri	ription of the lob	bying acti					_
BAA	1					Sch	edule A	A (Forr	n 990 or 990-EZ) 200	JΕ

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

						<u> </u>		
51 Did the	e reporting organization (Code (other than section	directly or in 501(c)(3) (ndirectly engage in any c organizations) or in secti	of the following	ing with any other organization descrit ting to political organizations?	oed in sect	ion 50	1(c)
	ers from the reporting or						Yes	No
(i)Ca						51 a (i)		X
(ii)Ot	her assets .			•		a (ii)		Х
b Other	transactions							-
(i) Sa	les or exchanges of asse	ets with a n	oncharitable exempt org	anızatıon		b (i)		Х
(ii)Pu	rchases of assets from a	a noncharita	ible exempt organization	ı		b (ii)		Х
(iii)Re	ental of facilities, equipm	ent, or othe	r assets		•	b (iii)		X
(iv)Re	embursement arrangeme	ents				b (iv)		X
(v) Lo	ans or loan guarantees					b (v)		X
(vi)Pe	rformance of services or	r membersh	ip or fundraising solicita	tions		b (vi)		X
c Sharın	g of facilities, equipment	t, mailing lis	sts, other assets, or paid	employees		С		X
d If the a the go- any tra	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ve is 'Yes,' vices given ingement, s	complete the following s by the reporting organiz how in column (d) the va	schedule Co ation If the	olumn (b) should always show the fair organization received less than fair moods, other assets, or services receive	market val arket value	ue of	
(a)	(b)		(c)		(d)			
Line no	Amount involved	Name of	noncharitable exempt or	ganization	Description of transfers, transactions, and	i sharing arra	ngemen	ts
N/A								
	- 1	,						
								
			 					
					1			
descrit	organization directly or in sed in section 501(c) of the complete the following	the Code (o	iliated with, or related to ther than section 501(c)(, one or mor (3)) or in sec	re tax-exempt organizations ction 527?	► ☐ Ye	s X	No
	(a)		(b)		(c)			
	Name of organization		Type of organiza	ation	Description of relation	inship		
N/A								_
								
·								
			_					
BAA					Schedule A (Forr	n 990 or 9	90-EZ)	2006

2006 Federal Statements								
. ChildBuilders								
Statement 1 Form 990, Part I, Line 9 Net Income (Loss) from Special Evo	ents							
Special Events	Less Gross Contri- Gross <u>Receipts butions Revenue</u>	Less Net Direct Income Expenses (Loss)						
Annual Luncheon Total	$\frac{162,679.}{\$ \ 162,679.} \ \frac{140,045.}{\$ \ 140,045.} \ \frac{22,634}{\$ \ 22,634}$							
Statement 2 Form 990, Part III, Line a Statement of Program Service Acco	omplishments	Program						
Des	cription	Grants and Service Allocations Expenses						
on current children's mental family systems through our wand various other media inclenglish and Spanish distributh the goal of CEP was to promelations; gather facts and pertaining to children's menother organizations concerne	website, www.childbuilders.org, uding annual brochures in uted throughout the Houston area. note awareness; enhance public disseminate information utal health; to network with ed with children's mental health embers and other Advisory Council regarding children's mental	5,105.						
program for children and add Spanish. It is a research-ba	(PUC) is a parenting education plescents provided in English and used, award-winning program coday the parenting skills they Includes Foreign Grants: No	130,166.						
We Help Ourselves (WHO) is a for children and adolescents Volunteers go into schools to protect children and adolesce emotional abuse, sexual abuse much more, and who to tell in The Adults and Children Toge teachers, nurses, child care information on the signs and handle a disclosure of abuse their legal responsibility to	121,171.							
		<u>\$ 0.</u> <u>\$ 256,442.</u>						

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2006 . Fe	deral Statements	Page 2
	ChildBuilders	23-7442963
Statement 3 Form 990, Part IV, Line 55b Investments - Land, Buildings, and Equipm Category Land	nent	Accum. Book Deprec. Value \$ 2,000. \$ 2,000.
Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment		
Category	<u>Basis</u>	Accum. Book <u>Deprec. Value</u>
Furniture and Fixtures	Total $\frac{\$}{\$}$ 13,510. $\frac{\$}{\$}$	6,512. 6,512. \$ 6,998. 6,998.
Statement 5 Form 990, Part V-A List of Officers, Directors, Trustees, and Ko	ey Employees Title and Average Hours Comper Per Week Devoted satio	
Patricia King 3800 Buffalo Speedway, #310 Houston, TX 77036		789. \$ 7,200. \$ 4,200.
Steve Miller Jr. 3800 Buffalo Speedway, #310 Houston, TX 77036	President 1	0. 0. 0.
Linda Murphy 3800 Buffalo Speedway, #310 Houston, TX 77036	Vice President 1	0. 0. 0.
Ellen Gaber 3800 Buffalo Speedway, #310 Houston, TX 77036	Treasurer 1	0. 0. 0.
Dr. Jan Redford 3800 Buffalo Speedway, #310 Houston, TX 77036	Secretary 1	0. 0. 0.
Bill McCullough, CPA 3800 Buffalo Speedway, #310 Houston, TX 77036	Finance Chair 1	0. 0. 0.

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20	nc.
ZU	UO

Federal Statements

Page 3

ChildBuilders

23-7442963

Statement 5 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	
Darlene Aust 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	\$ 0.	\$ 0.	\$ 0.
Jane Cirillo Harfenist, EdD 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
Dr. Fernando Isart 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
Louis Danna 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
Martha McGee 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
Evelyn Miro 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
Charles Pflueger 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
Dr. Sonja Randle 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
Dr. Dorothy Wong 3800 Buffalo Speedway, #310 Houston, TX 77036	Director 1	0.	0.	0.
	Total	\$ 67,789.	\$ 7,200.	\$ 4,200.

6/30/07

2006 Federal Book Summary Depreciation Schedule

Page 1

ChildBuilders

23-7442963

<u>No</u> Form	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Fui	rniture and Fixtures									
1	Furniture and equipment	Various		13,510			3,203	\$/L	10 _	3,309
	Total Furniture and Fixtures			13,510		0	3,203			3,309
Lai	nd —									
2	Land	Various		2,000					_	0
	Total Land			2,000		0	0			0
	Total Depreciation			15,510		0	3,203		-	3,309
	Grand Total Depreciation			15,510		0	3,203		=	3,309