Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

2008

Department of the Treasury Internal Revenue Service

SCANNED MAY 24 2010

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

Open to Public Inspection

OMB No 1545-1150

| Α | For t | he 2008 ca | alendar | year, or tax year beginning | 7/01 | , 2008, | , and er | nding | 6/30 | | | , 2009 |
|-----------------|----------------|------------------|-----------------------|--|--------------------------|-------------------------------|--------------|----------|-------------|------------|-----------------|---------------------------------------|
| В | Check | if applicable | | С | | | | |] [| D En | ployer i | dentification number |
| | Addres | ss change | Please use IRS | ChildBuilders | | | | | | 2 | 3-74 | 42963 |
| | Name | change | label or print or | 3800 Buffalo Speedw | vay #310 | l | | | Ī | | lephone | |
| <u>_</u> | Initial | return | type. See | Houston, TX 77098 | _ | | | | l | 7 | 13-4 | 00-1155 |
| \vdash | Termin | | Specific Instruc- | | | | | | l. | | | |
| \vdash | Į. | ded return | tions. | | | | | | | | oup E. ımber | xemption |
| | | ation pending | • | | | | - | G As | counting n | | | Cash X Accrual |
| | , | Section 5 • m | 501(c)(3 just atta | R) organizations and 4947(a)(1) ach a completed Schedule A (F | nonexempt Form 990 or | charitable trusts 990-EZ). | | | her (specif | | ,u | Casil A Accidal |
| | | | | | | | - | | neck ► | ~ | the or | ganization is not |
| ı | Web | site: ► W | ww.cl | hildbuilders.org | | | | rec | guired to a | ittach | Sche | dule B (Form 990, |
| J | Organ | ization type | (check or | x = -100 nly one) -100 $x = -100$ | (insert no.) | 4947(a)(1) or | 527 | . 99 | 0-EZ, or 9 | 90-P | F). | |
| K | Chec | | | anization is not a section 509(a | | | | | | | | not more than |
| | | | | ot required, but if the organizati | | | | | <u> </u> | retu | rn | · · · · · · · · · · · · · · · · · · · |
| L | | | | 7b, to line 9 to determine gross | receipts, if | \$1,000,000 or mo | ore, file | Form 9 | 990 | | ► s | 417,589. |
| D. | inste art İ | ad of Forn | | Expenses, and Changes | in Not Ac | cots or Fund I | Raland | 205 (8 | oo tho u | | | |
| Г | 1 | | | fts, grants, and similar amounts | | sets of Fullu i | Daiaii | CE3 (3 | ee the h | 150 | 1 | 251,804. |
| | 2 | | _ | revenue including government | | ontracts | | | | | 2 | 103,627. |
| | 3 | | | s and assessments . | ices and ce | initiacis . | • | | • | | 3 | 103,027. |
| | 4 | Investme | • | | | | | | | | 4 | 5,256. |
| | 1 - | | | om sale of assets other than in | ventory | | 5a | | | | | |
| | 1 | | | ner basis and sales expenses | | | 5b | | | | | |
| Ŗ | 1 | | | ale of assets other than inventory (Subt | ract In 5b from | In 5a) (att sch) . | | | | | 5с | |
| Ž | 6 | Special ever | nts and ac | ctivities (complete applicable parts of Sc | chedule G) If a | ny amount is from gar | ming, che | ck here | ▶ [| 7) [| | |
| Rモ>モスU | a | | | | | contributions | | | • | | | |
| E | | reported. | on line | DEIVE | | | 6a | | 56,9 | 02. | | |
| | l b | Less dir | ct expe | enses other than fur araising ex | penses | | 6Ь | | 28,2 | 51. | | |
| | 0 | Net income | or (loss) | And Doeral Went Dand activities (Subt | tract line 6b fro | m line 6a) . | | | | | 6с | 28,651. |
| | 7 a | Gross Sa | es of in | nventory, less returns and allow | | | 7 a | | | | | |
| | l t | Less cos | it of goo | 395 FEIGN 117 | • | , | 7 b | | | | | |
| | 0 | | | bles) From sales of inventory (S | ubtract line | 7b from line 7a) | | | • • | | 7с | |
| | 8 | Other reven | • | | | | | | | _). | 8 | |
| | 9 | | | add lines 1, 2, 3, 4, 5c, 6c, 7c, a | | | | • | | <u>.</u> | 9 | 389,338. |
| | 10 | | | ar amounts paid (attach schedi | ule) | | | | | | 10 | |
| Ε | 11 | | • | or for members. | | • | | • | | | 11 | 444 405 |
| X P E N S E | 12 | | | compensation, and employee be | | | • | • | | | 12 | 444,495. |
| E N | 13 | | | s and other payments to indepe | endent contr | ractors | | • | | • • • | 13 | 90,040. 29,184. |
| S | 14 | - | - | , utilities, and maintenance | • | | • | | | | 14 15 | 25,574. |
| S | 15 16 | | | tions, postage, and shipping cribe > See Statement 1 | • | • • • | | • | , | • | 16 | 130,252. |
| | 17 | | | (add lines 10 through 16) | * | | | | | • | 17 | 719,545. |
| | 18 | | | it) for the year (Subtract line 17 | 7 from line 9 | <u> </u> | | <u> </u> | | | 18 | -330,207. |
| Ą | | | • | nd balances at beginning of year | | • | · /must s | aroc v | th and at | | | |
| N S E E T | 19 | | | nd balances at beginning of yea on prior year's return). | ar (irom line | 27, column (A)) (| (must a | gree wi | ıın ena-oı- | year | 19 | 642,411. |
| ŦĘ | 20 | | | n net assets or fund balances (| attach expla | ination) | | | | | 20 | |
| S | 21 | | | nd balances at end of year. Cor | | | | | | • | 21 | 312,204. |
| Pa | art II | Bala | nce S | heets. If Total assets on line: | 25, column | (B) are \$2,500,00 | 0 or mo | re, file | Form 990 | ınste | ad of | Form 990-EZ. |
| | | | | (See the instructions for P | | · | | | Beginning | of ye | ar | (B) End of year |
| 22 | 2 Ca | sh, saving | s, and i | nvestments | • | | | | 470, | | | 294,214. |
| 23 | | nd and bui | _ | | •• | • | | | | <u>000</u> | | 2,000. |
| 24 | | | (descril | be See Statement 2 | ı | _) | | | 186, | _ | | 36,678. |
| 25 | | tal assets | | | 2 | | • | | 659, | | | 332,892. |
| 26 | | | | cribe See Statement | |) | | ļ | 16, | | | 20,688. |
| 27 | ' Ne | t assets of | r tuna b | palances (line 27 of column (B) | must agree | with line 21) | | 1 | 642, | 411 | . 27 | 312,204. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)



| Form | 990-EZ (2008) ChildBuilders | | | 23 | -744 | 12963 Page 2 |
|------|--|---|--|---|-------------|---|
| Par | | rvice Accomplishments | (See the instruction | ons.) | | Expenses |
| Desc | is the organization's primary exempt purpose? Pr cribe what was achieved in carrying out the ribe the services provided, the number of | comote mental healt ne organization's exempt purp i persons benefited, or other | h for children coses. In a clear and co relevant information for | ncise manner, each | ànd 4947 | uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional |
| prog | ram title | <u>'</u> | | | for o | thers) |
| 28 | See Statement 4 | | | | | |
| 20 | | nis amount includes foreign gr | rants, check here | > | 28 a | 277,251. |
| 29 | See Statement 5 | | | | 1 | |
| | | | | | | 161 164 |
| 30 | (Grants \$) If the See Statement 6 | ns amount includes foreign gr | rants, cneck nere | | 29 a | 161,164. |
| | | | | | | |
| | (Grants \$) If th | nis amount includes foreign gr | rants, check here | - | 30 a | 131,584. |
| 31 | Other program services (attach schedule (Grants \$) If the | e) | rants check here | | 31 a | |
| | Total program service expenses (add li | | - I arits, check here | • | 32 | 569,999. |
| Par | t IV List of Officers, Directors | | | | | |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributions employee benefit pla deferred compens | ns and | (e) Expense account and other allowances |
| | | | | | | |
| See | Statement 7 | | 78,750. | 5,4 | 122. | 3,500. |
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| • | | | Yes | No |
|----|--|----------|------------|-----------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | | Х |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | Х |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. See Statement 8 | | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | х |
| ı | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | X |
| | a Enter amount of political expenditures, direct or indirect, as described in the instructions . • 37a 0. | ┪── | | |
| | b Did the organization file Form 1120-POL for this year? | 37b | | Х |
| 38 | a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? I | 38 a | | X |
| | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved | <u> </u> | | |
| 39 | 501(c)(7) organizations. Enter. | 1 | | |
| | a Initiation fees and capital contributions included on line 9 | _ | | |
| | b Gross receipts, included on line 9, for public use of club facilities | 4 | | |
| 40 | section 4911 > 0.; section 4912 > 0.; section 4955 > 0. | | | |
| | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I | 40 ь | | Х |
| | c Enter amount of tax imposed on organization managers or disqualified persons during the | | | |
| | year under sections 4912, 4955, and 4958 | ⊣ | | |
| | | - | | |
| , | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | X |
| 41 | List the states with which a copy of this return is filed None | | | |
| | Telephone no. > 713-4 Located at > 3800 Buffalo Spdwy, Ste 310 Houston TX ZIP + 4 > 77098 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. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | 426 | 155 Yes | No X |
| | c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | 42c | - □ | X N/A |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | Yes | N/A No |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | | х |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | х |
| RΔ | | rm 990 | | |

| | EZ(2008) ChildBuilders | | | 23-7442 | |
|-----------------|--|--|--|---|---|
| Part VI | Section 501(c)(3) organization and complete the tables for line | s only. All section (es 50 and 51. | 501(c)(3) organiza | | uestions 46-49 tatement 9 |
| 46 Did t | he organization engage in direct or indire | ct political campaign as | ctivities on behalf of o | | tes Yes No |
| • | ublic office? If 'Yes,' complete Schedule (he organization engage in lobbying activity | | Sahadula C. Bart II | | 46 X 47 X |
| | e organization engage in lobbying activities organization operating a school as desc | | | molete Schedule F | 48 X |
| | he organization make any transfers to an | | | • | 49a X |
| | es,' was the related organization(s) a sect | • | J | | 49b |
| 50 Com | plete this table for the five highest compe wed more than \$100,000 of compensation | nsated employees (oth from the organization | er than officers, directly lift there is none, enter | tors, trustees and key emper 'None.' | oloyees) who each |
| (a |) Name and address of each employee paid more than \$100,000 | (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 number | of other employees paid over \$100,000 | | | | |
| 51 Com | plete this table for the five highest compe the organization off there is none, enter " | nsated independent co None ' | ntractors who each re | eceived more than \$100,00 | 0 of compensation |
| | (a) Name and address of each independent contr | actor paid more than \$100,000 | | (b) Type of service | (c) Compensation |
| None | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | • | |
| Total numl | ber of other independent contractors rece | ıvıng over \$100,000 | . • | | |
| | Under penalties of perjury, I declare that I have examinue, correct and complete Declaration of preparer (| | | | wledge and belief, it is |
| Sign Here | Signature of officer | | | Date L | 1.22.10 |
| | Type or print name and title | - Zre | cutive | rector | |
| Paid | Preparer's signature | CPA CPA | Date | 1 (a) Self- | eparer's Identifying Number se instructions) |
| Pre- | B1 1 5 17 11 | | - 2.12 | · / Ø employed ► X N/ | · A |
| parer's Use | yours if self- | Suite 200 | | EIN ► Ì | N/A |
| Only | address and | 27-5132 | | Phone no. ► (713 | |
| | RS discuss this return with the preparer sh | | ctions | 4 | ►X Yes No |
| BAA | | · | | | Form 990-EZ (2008) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2008

| | | Bui. | | | | | | | | | | | | | | | | | | | | | | <u>4429</u> | | | | | |
|--------|------------|-----------------------|-----------------------|-------------------------|-------------------------|-------------------------------|------------------------------|-----------------|------------------------------------|----------------------------------|-----------------------|----------------------------|--|------------------------|------------------|----------------|------------------|--|-----------|----------------------------|--|--------------------|---------------------|--------------------------------------|------------------------|---------------------|---------------|------------------|-----------------|
| Par | <u>t I</u> | Re | aso | n fo | r Pu | ıbli | : CI | <u>nari</u> | ty S | tatı | 1S (| <u>All o</u> | rgar | nizat | tions | mı | ıst c | omp | let | te this | part | .) (s | ee | instr | ucti | ions) | | | |
| The o | orgai | nızatı | on i | s no | a pr | ıvate | fou | ındat | tion b | eca | use i | it is: (| (Plea | se ch | neck (| only | one | organ | iiza | tion.) | | | | | _ | | | | |
| 1 | \Box | A ch | urch | ı, coı | rvent | ion d | of ct | iurch | ies oi | rass | ocia | ition c | of chu | urche | s des | scrib | ed in | secti | ion | 170(b) | (1)(A)(| i). | | | | | | | |
| 2 | П | A sc | hoo | des | cribe | d in | sect | ion 1 | 1 70 (b | X1X | AXii | i). (At | ttach | Sche | edule | E.) | | | | | | | | | | | | | |
| 3 | | | | | | | | | - | | | | | | | - | sectio | on 17 | 0(Ь | X1XAX | iii). <i>(A</i> | Attact | ı Scl | hedul | e H. | .) | | | |
| 4 | _ | | | | | | | | | | | - | | | | | | | - | in sec | | | | | | • | hos | :nital | c |
| • | | | | | nd st | | , | | 0,5 | | | | | ••• | | | | | | | | | ν | ٠,, | | | | Pitai | • |
| 5 | \Box | An d | rgai | nizati | on o | pera | ted to | or the | ne be | nefit | ofa | a colle | ege o | r uni | versit | ty ow | ned | or op | era | ted by | a gove | ernm | enta | l unit | des | cribed | in s | ectio | 'n |
| 6 7 | | An d | rgai | nizatı | on th | at n | orma | ally r | | es a | sut | bstant | | | | | | | | 70(b)(1) /ernme | | | fron | n the | gen | eral pu | blic | desc | ribed |
| 8 | П | | | | | | - | | | | | '') (b)(1)(| ΔVvi |) (C | omple | oto E | Part II | | | | | | | | | | | | |
| 9 | H | | | - | | | | | | | | | | - • | • | | | • | ~~*- | ributions | | horak | 6. | | | | | . | |
| 3 | | from inves June | acti stme : 30, | vities ent in 197 | relate come 5. Se | ed to e and e se | its e d un ctio | relat n 50 | ipt fur ted bu 9(a)(2 | nctioi usine 2). (C | ns – ess t Comp | subje taxabl plete l | ct to le inc Part | certa come III.) | in exc (less | ceptic sec | ons, a tion s | ind (2) 511 ta |) no | from b | than 33 usines: | 3-1/3 ses a | % of icqui | its su red b | ppo y th | rt from e orga | aros | SS | after |
| 10 | Ш | An c | rgai | nızatı | on o | ganı | zed | and | oper | ated | exc | :lusive | ely to | test | for p | ublic | safe | ty. S | ee | section | 1 509 (a |)(4) . | (se | e inst | ruct | ions) | | | |
| 11 | | more | e pu ribe | blicly s the | SUDI | oorte | d o | organ portir | nization ng or | ons o gani | desc zatio | lusive ribed on and | in se d con | nplet | n 509(e line | (a)(1 es 11 | or : e thr | sectio ough | n 5 | | 2). See | of, o | r ca tion | rry ou 509(a | it th i)(3) | e purpo . Chec | oses :k th | s of o ne bo | ne or x that |
| | _ | a | Ту | oe I | | | | Ь | \Typ | e II | | | С | ∐Т | ype I | II – | Func | tional | lly ı | integra | ted | | | d [| | Type I | 11— | Othe | r |
| е | _ | By c than 509(| fou | ndatı | this b on m | ox, l anaç | cer gers | tify t and | hat the | he o r tha | rgan an or | izatio ie or | n is i | not c pub | ontro | lled supp | direc orted | tly or orga | ind | directly ations | by one describ | e or r bed ii | nore 1 se | disquetion : | ualıf 509 | fied pe (a)(1) d | rso or so | ns otl ection | ner 1 |
| f | | If the | e org | ganiz is bo | ation x | rece | eive | wst. | vritter | n de | term | ninatio | n fro | m th | e IRS | S tha | | Туре | | Type II | or Ty | pe III | sup | portir | ng o | rganiza | atior | ٦, | |
| g | | Sinc | e Aı | ıgust | 17, 2 | 2006 | , ha | s the | orga | aniza | ation | acce | pted | any | gift d | or co | ntrib | ution | fro | m any | of the | follov | ving | perso | ons? | ? | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
| | | (i) | | | | | | | | | | | | | | | | | | sons d | | | | | | 11 g | (i) | | |
| | | (ii) | | _ | | | | | | | | | | | | | | | | | | | | | | 11 g | Ü) | | |
| | | (iii) | a 3 | 5% | contro | olled | ent | ity of | f a pe | ersor | n de: | scribe | ed in | (i) or | : (II) a | above | e? | | | | | | | | | 11 g | (iii) | | <u>L</u> |
| h | | Prov | ide | the f | wollo | ing i | nfor | matic | on ab | out | the o | organ | izatıc | ons th | ne org | ganiz | zatior | sup | por | ts. | | | | | | | | | |
| | Ø | Name Org | of S janiza | upport stion | ed | | | (ii) E | .IN | | | | e of or bed on a or IRG instruc | ı lınes C secti | 1-9 ion | | anızatı | s the on in co in you ming nent? | | the organ col. | ou notify ization in (i) of upport? | n í orga | anızat | s the ion in c zed in t S.? | ol he | (vil) Ar | noun | t of Su | pport |
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| Total | | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (e) 2008 (c) 2006 (d) 2007 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... 234,505 376,209 209,573 658,096 251,804 1,730,187. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. 0. 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. 234,505 376,209 209,573 658,096. 251,804 1,730,187. **Total.** Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 539,456. Public support. Subtract line 5 1,190,731. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 251,804 234,505 376,209 209,573 658,096 730,187. 7 Amounts from line 4....... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 3,205 5,843 10,028 6,459 5,256 30,791. Net income form unrelated business activities, whether or not the business is regularly 0. carried on . Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV) 0. Total support. Add lines 7 through 10 1,760,978. 284,056. 12 Gross receipts from related activities, etc. (see instructions) . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ | Section C. Computation of Public Support Percentage 14 67.6% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 76.8% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization...... b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization...... 17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.....

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| Schedule A (Form 990 or 990-EZ) 200 | 8 ChildBui | lders | | | 23-744 | 2963 | Page 3 |
|--|-------------------------|---|--|----------------------|-----------------|---------------------|-------------|
| Part III Support Schedule fo | r Organizatior | ıs Described i | n Section 509 | (a)(2) | | | |
| . (Complete only if you ched | cked the box on li | ne 9 of Part I.) | | | | | |
| Section A. Public Support | | | | | | | |
| Calendar year (or fiscal yr beginning in)► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | 3 | (f) Total |
| Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). | | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | - | | | | |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | · | | | : | |
| 6 Total. Add lines 1-5. 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | ! | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000. | | | | | | | |
| c Add lines 7a and 7b | | · - · · · · - · · · · · · · · · · · · · | | | | | |
| 8 Public support (Subtract line | | | | ļ | | | |
| 7c from line 6.) | | | | | | | |
| Section B. Total Support | | · · · · · · · · · · · · · · · · · · · | , | | | | |
| Calendar year (or fiscal yr beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | 3 | (f) Total |
| 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| c Add lines 10a and 10b | | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). | | | | | | | |
| 13 Total support. (add ins 9, 10c, 11, and 12.) 14 First five years. If the Form 990 organization, check this box and | | | nd, third, fourth, | or fifth tax year as | a section 5 | 01(c)(3) | . ▶∏ |
| Section C. Computation of Pul | | | . 10 | | | 45 1 | |
| 15 Public support percentage for 20 | • | • | | |) — | 15 | <u>%</u> |
| 16 Public support percentage from 2 | | | | ······ | | 16 | <u> </u> |
| Section D. Computation of Inv | | | | (0) | | 17 | |
| 17 Investment income percentage for | | - | - | | | 17 | <u></u> %_ |
| 18 Investment income percentage fi | | | | | _ | 18 | %_ |
| 19a 33-1/3 support tests – 2008. If the comore than 33-1/3%, check this b | ox and stop here | . The organization | n qualifies as a p | ublicly supported o | organization. | | |
| b 33-1/3 support tests — 2007. If the is not more than 33-1/3%, check | this box and sto | p here. The organ | k on line 14 or 19 iization qualifies a | as a publicly supp | orted organiz | -1/3%, and ation | ► |

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

| Schedule A | A (Form 990 or 990-EZ) 2008 | B ChildBuilders | 5 | 23-7442963 | Page 4 |
|--------------|-----------------------------|-------------------------|-----------------------|---|---------------|
| Part IV | Supplemental Inform | ation. Complete this | s part to provide the | e explanation required by Part II, lir additional information. (see instru | ne 10; |
| • | Tartii, iiile 17a or 17 | b, or rait iii, line 12 | 2. I Tovide any other | additional information. (See instru | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2008

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18,

Open to Public

| nternal Revenue Service | or 19, and | l by organization | ons that e | nter more | than \$15,000 on Form | 990-EZ, | line 6a. | Inspection |
|--|---|---|--|------------------------------------|---|---|---|---------------------------------------|
| Name of the organization | | | | | | | Employer identifica | ation number |
| ChildBuilders | | | | | | | 23-744296 | 3 |
| | a Activities. | Complete if | the orga | nization | answered 'Yes' to | Form | | |
| 1 Indicate whether the Mail solicitation Email solicitation Phone solicitation In-person solicitation In-person solicitation Email solicitation Phone solicitation In-person In-p | the organization in the organizations of the organizations on have written of the form 990, Par in highest paid in east \$5,000 by the dividual | raised funds the or oral agreeme t VII) or entity i dividuals or ent | ent with ar in connect tities (func Form 990 (iii) Did | of the foll y individu ion with p | answered 'Yes' to owing activities. Check Solicitation of non- Solicitation of gove Special fundraising al (including officers, di rofessional fundraising ursuant to agreements are not required to com (iv) Gross receipts from activity | all that governm rnment events rectors, services under w plete thi (v) An (or r | apply. nent grants grants trustees or key? | [′] … ∐Yes ∏No |
| or criticy (rune | il alsely | | of contr | butions? | non activity | ranar | col.(i) | organization |
| | | · | Yes | No | | | | · · · · · · · · · · · · · · · · · · · |
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| Total | | · · · · · · · · · · · · · · · · · · · | | 🟲 | l | . <u></u> | | |
| List all states in w or licensing. | hich the organiza | ation is register | ed or lice | nsed to so | licit funds or has been i | notified | it is exempt fro | m registration |
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| | | reported more than \$15,000 on F | orm 990-EZ, line 6 | a. List events with | gross receipts gre | ater than \$5,000. |
|--|--------------|--|---------------------------|---|-------------------------------|--|
| | | | (a) Event #1 Annual Lunch | (b) Event #2 | (c) Other Events | (d) Total Events (Add col. (a) through |
| R | | | (event type) | (event type) | (total number) | col. (c)) |
| ************************************** | 1 | Gross receipts | 163,750. | | | 163,750. |
| Ĕ | 2 | Less: Charitable contributions | 106,848. | | | 106,848. |
| | 3 | Gross revenue (line 1 minus line 2) | 56,902. | | | 56,902. |
| | 4 | Cash prizes | | | | |
| DIRECT | 5 | Non-cash prizes | | | | |
| | 6 | Rent/facility costs | 16,801. | | | 16,801. |
| EXPENSES | 7 | Other direct expenses | 11,450. | | | 11,450. |
| Š | 8 | Direct expense summary. Add lines 4- th | nrough 7 in column (d) | | , | 28,251. |
| | 9 | Net income summary. Combine lines 3 a | nd 8 in column (d) | | <u>.</u> | 28,651. |
| Par | T III | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a | ation answered Ye | s' to Form 990, Pai | rt IV, line 19, or re | ported more than |
| REVENUE | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) |
| E U | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| D-RECT | 3 | Non-cash prizes | | | | |
| Č S T E S | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes % | Yes% | |
| | 7 | Direct expense summary. Add lines 2 thr | ough 5 in column (d) | | , | |
| | 8 | Net gaming income summary. Combine li | ines 1 and 7 in column | (d) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| а | Is th | er the state(s) in which the organization op ne organization licensed to operate gaming o,' Explain: | activities in each of th | | | 9a YES NO |
| | | e any of the organization's gaming license es,' Explain: | s revoked, suspended | | e tax year? | 10a |
| 11 | Doe: | s the organization operate gaming activities | es with nonmembers? | | | 11 |
| 12 | Is th adm | e organization a grantor, beneficiary or truinister charitable gaming? | ustee of a trust or a me | mber of a partnership o | or other entity formed to | 12 |

| Schedule G (Form 990 or 990-EZ) 2008 ChildBullders | <u> </u> | age 3 |
|---|---|--|
| • | YES | NO |
| 13 Indicate the percentage of gaming activity operated in: | | |
| a The organization's facility | | |
| b An outside facility | | |
| 14 Provide the name and address of the person who prepares the organizati | on's gaming/special events books and records: | |
| | | |
| Name: • | | |
| | | |
| Address: - | | |
| 45 5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| 15a Does the organization have a contact with a third party from whom the or | | |
| b If 'Yes,' enter the amount of gaming revenue received by the organization | and the amount | |
| of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address: | | |
| Cit res, enter hame and address. | | |
| Name: ▶ | | |
| Name: • | | |
| Address: ► | | i |
| | | |
| 16 Gaming manager information | | |
| • | | |
| Name: ► | · | |
| | · | |
| Gaming manager compensation ► \$ | | |
| | | |
| Description of services provided: | | |
| | • | |
| Director/officer Employee Inde | pendent contractor | |
| | | |
| 17 Mandatory distributions | | |
| a is the organization required under state law to make charitable distribution | ns from the gaming proceeds to retain the | الــــــــــــــــــــــــــــــــــــ |
| state gaming license? | | , |
| b Enter the amount of distributions required under state law distributed to o | ther exempt organizations or spent in the | |
| organization's own exempt activities during the tax year: ► \$ | 0.1-4.1-0 (F 000 - 000 F. | 2005 |
| BAA TEEA3703L 07/18/0 | Schedule G (Form 990 or 990-EZ) | 2008 |

| 2008 Fe | ederal Statements | Page 1 |
|---|---|---|
| • | ChildBuilders | 23-7442963 |
| Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses | | |
| Bank & credit card fees Conferences & meetings Depreciation Dues Equipment rental & maintenance Insurance Other expenses Supplies Teacher stipends Telephone Travel | | 4,509. 33,633. 5,704. 1,570. 35,550. 4,716. 3,533. 8,724. 12,650. 5,283. 14,380. 130,252. |
| Statement 2 Form 990-EZ, Part II, Line 24 Other Assets | | |
| Accounts receivable Pledges receivable Office furniture & equipment, net Prepaid expenses | Beginning \$ 6,128. \$ 157,500. 9,566. 13,380. Total \$ 186,574. \$ | 7,213. 5,650. 15,863. 7,952. 36,678. |
| Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities | | |
| Accounts payable | Beginning | 20,688. 20,688. |

Statement 4 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

Parents Under Construction (PUC): PUC is the only comprehensive preschool through high school parenting education program in the country that teaches children and adolescents the parenting skills they will need in the future. This award-winning, research-based curriculum is available in English and Spanish. Trained facilitators use group discussion, role playing, interactive activities, and videos to teach students and their parents about healthy child development, effective communication skills, non-violent conflict resolution, and positive discipline techniques. 11,300 students served; 425 facilitators trained.

ChildBuilders

23-7442963

Statement 5
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

We Help Ourselves® (WHO): The WHO program teaches children and adolescents how to avoid and/or respond to victimization by using appropriate decision-making and communication skills. WHO helps children and adolescents see themselves as capable, worthy human beings who do not deserve abuse of any kind and to understand that, if they are victimized, they are not to blame. Trained school personnel or volunteers deliver engaging, age-appropriate presentations on child abuse, peer pressure, Internet stalkers, domestic violence, sexual and emotional abuse, kidnapping, date rape, and suicide. 48,394 students served; 201 facilitators trained.

Statement 6
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

LOVE U2: The Love U2 program teaches middle and high school students how to form emotionally healthy and sound dating relationships based on mutual respect, equality, kindness, and responsibility. Topics include attraction, infatuation, rejection, falling in love, emotions, dating, breaking up, and coping with a broken heart. The program teaches why a particular "sequence" of some of life's most important events, such as establishing a healthy union before having a baby, really matters. 1,117 students served; 108 facilitators trained.

Statement 7 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title and Average Hours <u>Per Week Devoted</u> | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|---|-------------------|----------------------------------|------------------------------|
| Linda Murphy 3800 Buffalo Speedway, #310 Houston, TX 77036 | Co-President \$ 2.00 | 0. | \$ 0. | \$ 0. |
| Jan Redford, Ph.D. 3800 Buffalo Speedway, #310 Houston, TX 77036 | Co-President 2.00 | 0. | 0. | 0. |
| Darlene Aust 3800 Buffalo Speedway, #310 Houston, TX 77036 | Vice President 2.00 | 0. | 0. | 0. |
| Ellen Gaber 3800 Buffalo Speedway, #310 Houston, TX 77036 | Secretary 2.00 | 0. | 0. | 0. |

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Federal Statements

Page 3

ChildBuilders

23-7442963

Statement 7 (continued)
Form 990-EZ, Part IV
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 | |
|---|--|-------------------|----------------------------------|-------|
| Marla Barnard 3800 Buffalo Speedway, #310 Houston, TX 77036 | Development Chr 2.00 | \$ 0. | \$ 0. | \$ 0. |
| Sally Brassow 3800 Buffalo Speedway, #310 Houston, TX 77036 | Finance Chair 2.00 | 0. | 0. | 0. |
| Steve Miller, Jr. 3800 Buffalo Speedway, #310 Houston, TX 77036 | Nomination Chr 2.00 | 0. | 0. | 0. |
| Jerry Acosta 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Traci Ariss 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Jon Bates 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Louis Danna 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Don Haley 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Fernando Isart, M.D. 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Jane Ann Leeves, M.D. 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Bill McCullough 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |
| Brooks Tutor 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director 2.00 | 0. | 0. | 0. |

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|---|---|---|----|
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Federal Statements

Page 4

ChildBuilders

23-7442963

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title and Average Hours <u>Per Week Devoted</u> | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|---|-------------------|----------------------------------|------------------------------|
| Revena Whitley 3800 Buffalo Speedway, #310 Houston, TX 77036 | Director \$ 2.00 | 0. | \$ 0. | \$ 0. |
| Patricia King 3800 Buffalo Speedway, #310 Houston, TX 77036 | Executive Direc 40.00 | 78,750. | 5,422. | 3,500. |
| | Total § | 78,750. | \$ 5,422. | \$ 3,500. |

Statement 8
Form 990-EZ, Part V, Line 35
Reason for Income Not Reported on Form 990-T

Program service fees reported on line 2 relate to the "Love U2" program which offers 13 activity-based lessons to guide teens in building healthy relationships and making wise choices.

Statement 9
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

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