

## Short Form Return of Organization Exempt From Income Tax

# 2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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.

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> CONTACT CRISIS LINE			<b>D Employer identification number</b> 75-1285960	
		Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 800742		Room/suite	<b>E Telephone number</b> (972) 233-0866	
		City, town, or country DALLAS	State TX	ZIP + 4 75380-0742	<b>F Group Exemption Number</b> . . . ▶	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

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

**I Website:** ▶ [www.contactcrisisline.org](http://www.contactcrisisline.org)

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

**K Check**  if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 597,845

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	435,327
	2 Program service revenue including government fees and contracts . . . . .	2	2,200
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	12,898
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 111,481 of contributions reported on line 1) . . . . .	6a	147,420
	b Less: direct expenses other than fundraising expenses . . . . .	6b	130,410
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	17,010	
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less: cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8 Other revenue (describe ▶ _____)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	9	467,435	
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	564,773
	13 Professional fees and other payments to independent contractors . . . . .	13	10,895
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	109,012
	15 Printing, publications, postage, and shipping . . . . .	15	2,266
	16 Other expenses (describe ▶ See attached statement)	16	142,594
17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	829,540	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-362,105
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	843,216
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	481,111

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . .	707,095	22	429,306
23 Land and buildings . . . . .	64,691	23	43,794
24 Other assets (describe ▶ See attached statement)	174,226	24	18,634
25 <b>Total assets</b> . . . . .	946,012	25	491,734
26 <b>Total liabilities</b> (describe ▶ See attached statement)	102,796	26	10,623
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	843,216	27	481,111

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? TELEPHONE CRISIS LINE		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	THE MISSION OF CONTACT CRISIS LINE IS TO OFFER FREE 24 HOUR IMMEDIATE AND CONFIDENTIAL ONE-ON-ONE TELEPHONE CRISIS PREVENTION AND INTERVENTION, INFORMATION AND REFERRAL EMERGENCY AID AND COMMUNITY EDUCATION AND OUTREACH. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 830,488
29	..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. (add lines 28a through 31a) ..... <input type="checkbox"/>	32 830,488

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name BENAYE Y. ROGERS Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title ED Hr/WK 40.00	82,500	6,360	
Name KIMBERLY LAY Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title PRESIDENT Hr/WK 1.00			
Name STACYE MCINTYRE Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title PRES ELECT Hr/WK 1.00			
Name CRAIG HARRIS Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title PAST PRES Hr/WK 1.00			
Name STEVEN R. CURTS Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title TREASURER Hr/WK 1.00			
Name JOAN LANE Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title SECRETARY Hr/WK 1.00			
Name P J BATE Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title VP Hr/WK 1.00			
Name SUSAN ODOM Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title VP Hr/WK 1.00			
Name STEVE PATRICK Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title VP Hr/WK 1.00			
Name EDWARD W. ROSE Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name WILLIAM J. ALCORN Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name REV. SHANTE' BUCH Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name CHARLES HART Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name LESTER KELIHER Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name CARLA MCCLANAHAN Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name FRAN MATERA Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name TRACY MOTT Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name DEBI PENA Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		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.		X
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.		X
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.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a 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?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.		
39b	b Gross receipts, included on line 9, for public use of club facilities.		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
40b	b Section 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.		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/>		
40d	d Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
40e	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.		X
41	41 List the states with which a copy of this return is filed. <input type="text"/> NONE		
42a	42a The books are in care of <input type="text"/> Name BENAYE ROGERS Telephone no. <input type="text"/> (972) 233-0866 Located at <input type="text"/> P.O. BOX 800742 City DALLAS ST TX ZIP + 4 <input type="text"/> 75380		
42b	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="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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: <input type="text"/>		X
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="text"/> 43 N/A		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	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.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
b If "Yes," was the related organization(s) a section 527 organization? . . . . .		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Total number of other independent contractors each receiving over \$100,000 . . . . ▶		

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

**Sign Here**

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

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

**Paid Preparer's Use Only**

Preparer's signature *Wm A Albright* Date 9/9/2009 Check if self-employed  Preparer's Identifying Number (See instructions) P00237328

Firm's name (or yours if self-employed), address, and ZIP +4 ALBRIGHT, HILL and SUMPTER, PC EIN ▶ 20-0104286

12160 N. ABRAMS RD SUITE 412, DALLAS, TX 75243 Phone no. ▶ (972) 270-5452

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
Name GINGER WILLIAMS Str P.O. BOX 800742 City DALLAS ST TX ZIP 75380	Title DIRECTOR Hr/WK 1.00			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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**Public Charity Status and Public Support**

**2008**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization	Employer identification number
CONTACT CRISIS LINE	75-1285960

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	

**h Provide the following information about the organizations the organization supports.**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 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
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	314,812	242,539	499,074	902,810	598,584	2,557,819
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	234,988	352,347	401,429	337,779	69,240	1,395,783
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 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 . . . . .	549,800	594,886	900,503	1,240,589	667,824	3,953,602
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	298,248	210,691	358,100	611,100	345,992	1,824,131
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 . . . . .	22,802	80,836	87,263			190,901
c Add lines 7a and 7b . . . . .	321,050	291,527	445,363	611,100	345,992	2,015,032
8 Public support (Subtract line 7c from line 6.) . . . . .						1,938,570

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .	549,800	594,886	900,503	1,240,589	667,824	3,953,602
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,457	11,709	26,198	29,808	12,898	84,070
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	3,457	11,709	26,198	29,808	12,898	84,070
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						4,037,672

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

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	48.01%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	40.97%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	2.08%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	1.56%

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

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		SPiRiT OF CONTACT (event type)	_____ (event type)	NONE (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	258,901		258,901	
	2	Less: Charitable contributions . . . . .	111,481		111,481	
	3	Gross revenue (line 1 minus line 2) . . . . .	147,420		147,420	
Direct Expenses	4	Cash prizes . . . . .				
	5	Non-cash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Other direct expenses . . . . .	130,410		130,410	
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				( 130,410)
	9	Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶				17,010

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

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

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

		Yes	No			
13	Indicate the percentage of gaming activity operated in:					
	a The organization's facility . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px;">13a</td> <td style="width: 150px;"></td> </tr> <tr> <td>13b</td> <td></td> </tr> </table>	13a		13b		
13a						
13b						
	b An outside facility . . . . .					
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name ▶ .....					
	Address ▶ .....					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a				
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....					
	c If "Yes," enter name and address:					
	Name ▶ .....					
	Address ▶ .....					
16	Gaming manager information:					
	Name ▶ .....					
	Gaming manager compensation ▶ \$ .....					
	Description of services provided ▶ .....					
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor					
17	Mandatory distributions:					
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	17a				
	b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....					

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b> <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>CONTACT CRISIS LINE</b>	Employer identification number <b>75-1285960</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 800742</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS TX 75380-0742</b>	

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

- |   |   |                                      |                                    |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

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

- The books are in the care of  **THE ORGANIZATION PO BOX 800742 DALLAS TX 75380-0742**  
Telephone No.  **972-233-0866** FAX No.
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box.  . If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until 11/15/2009

**5** For calendar year 2008, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

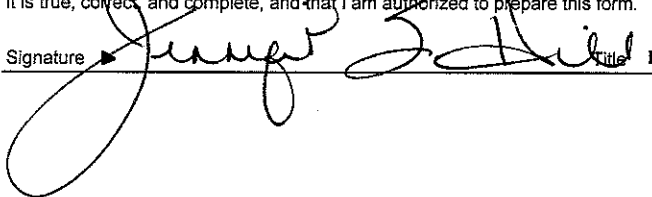
**6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

<b>8 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification**

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

Signature  Title CPA Date 8-3-09

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	261,337
2	NonCash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	62,509
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events) . . . . .	6	111,481
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	435,327

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	12,898
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	Total . . . . .	5	12,898

**Part I, Line 16 (990-EZ) - Other Expenses**

142,594

1	Travel, Meals and Entertainment		
	a Travel . . . . .	1a	
	b Total meals and entertainment . . . . .	1b	
2	Fundraising . . . . .	2	
3	From Form 4562 - Amortization . . . . .	3	
4	Conferences, conventions, and meetings . . . . .	4	
5	Depreciation, depletion, etc. . . . .	5	16,412
6	Equipment rental and maintenance . . . . .	6	
7	Interest . . . . .	7	
8	Supplies . . . . .	8	4,513
9	Telephone . . . . .	9	
10	Unrelated business income taxes . . . . .	10	
11	EMERGENCY AID . . . . .	11	32,842
12	TRAINING . . . . .	12	4,507
13	MISCELLANEOUS . . . . .	13	9,781
14	TEEN PROGRAM . . . . .	14	28,054
15	COMMUNITY OUTREACH . . . . .	15	17,806
16	INFORMATION TECHNOLOGY . . . . .	16	21,677
17	VOLUNTEER EXPENSE . . . . .	17	7,002
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part II, Line 24 (990-EZ) - Other Assets**

174,226

18,634

	Description	Beginning	End
1	GRANTS RECEIVABLE	174,226	10,969
2	PREPAID RENT		7,665
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Part II, Line 26 (990-EZ) - Liabilities**

102,796

10,623

	Description	Beginning	End
1	ACCOUNTS PAYABLE & ACCRUED EXPENSES	22,416	10,623
2	DEFERRED REVENUE	80,380	
3			
4			
5			
6			
7			
8			
9			
10			

**Perjury Statement**

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Officer's Signature**

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 75128

Date: 09/09/2009

**ERO Declaration**

I declare that the information contained in this electronic return is the information furnished to me by the corporation. If the exempt organization furnished me a completed return, I declare that the information contained in this electronic return is identical to that contained in the return provided by the exempt organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

I am signing this tax return by entering my PIN below:

ERO's PIN 75223175150

(Enter EFIN plus 5 self-selected numerics)

**Part I (8868) - Books in care of**

Name			
<input type="checkbox"/>	Person		
<input checked="" type="checkbox"/>	Business	THE ORGANIZATION	
Address		Fax no.	Telephone no.
PO BOX 800742			972-233-0866
City	State	Zip code	Foreign country
DALLAS	TX	75380-0742	