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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

Capstone Missions, Inc.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 561

City or town, state or country, and ZIP + 4

Jerome, Idaho 83338

D Employer identification number

06-1712860

E Telephone number

208-324-2351

F Group Exemption

Number ►

• 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) ►

I Website: ► <capstonemissions.org>**J** Tax-exempt status (check only one) — ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 129,294**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	61,098
	2	Program service revenue including government fees and contracts	2	18,450
	3	Membership dues and assessments	3	0
	4	Investment income	4	562
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	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 \$ 0 of contributions reported on line 1)	6a	49,183
	b	Less: direct expenses other than fundraising expenses	6b	11,647
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	37,536	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ► Miscellaneous Rental)	8	1	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	117,647	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	86,907
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	20,015
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,971
	16	Other expenses (describe ► See Attached Detail Schedule)	16	15,587
	17	Total expenses. Add lines 10 through 16	17	125,480
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7,833)
	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	47,172
	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 through 20	21	39,339

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

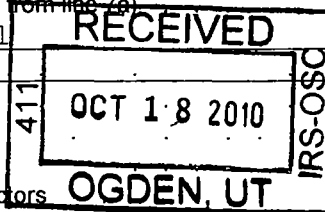
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	45,550	29,922
23 Land and buildings	0	0
24 Other assets (describe ► Equipment - At Cost)	1,965	9,931
25 Total assets	47,515	39,853
26 Total liabilities (describe ► Payroll Withholding)	343	514
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,172	39,339

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
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Expenses

What is the organization's primary exempt purpose? See Attached Statement
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, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Program 1: Corazon da Vida Foundation/St. Joseph's Home for
Children - See Supplemental Statement Attached

(Grants \$ 44,725) If this amount includes foreign grants, check here

28a	44,725
------------	--------

29 Program 2: Corazon da Vida Foundation/Hacienda Imaculada
Orphanage - See Supplemental Statement Attached

(Grants \$ 28,773) If this amount includes foreign grants, check here

29a	28,773
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30 Program 3: Home/Shelter Construction, Repair and Improvement
for the Poor - See Supplemental Statement Attached

(Grants \$) If this amount includes foreign grants, check here

30a	13,409
-----	--------

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here

31a _____

32 Total program service expenses (add lines 28a through 31a)

32	86,907
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

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

	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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None		
b Did the organization file Form 1120-POL for this year?	37b	X
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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b None		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a None		
b Gross receipts, included on line 9, for public use of club facilities 39b None		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ None, section 4912 ▶ None, section 4955 ▶ None		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ None		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ None		
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	40e	X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Kevin Rexroat, Treasurer Telephone no ▶ 208-324-2351 Located at ▶ 125 N. Buchanan St., Jerome, Idaho ZIP + 4 ▶ 83338		
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)?	42b	X
If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 ▶ N/A	42c	X
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 ▶ 43 N/A -None		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|------------|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |
- 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's 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."

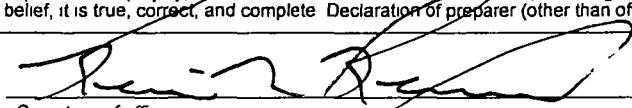
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				


f Total number of other employees paid over \$100,000 None

- 51** Complete this table for the organization's 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
None		

d Total number of other independent contractors each receiving over \$100,000 None

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer	October 11, 2010 Date	
	Kevin W. Rexroat, Treasurer Type or print name and title		

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no

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

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	79,661	42,336	45,773	40,025	61,098	268,893
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	17,613	32,405	36,553	43,338	55,987	185,896
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	97,274	74,741	82,326	83,363	117,085	454,789
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,596	15,760	31,255	18,164	25,386	101,161
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	10,596	15,760	31,255	18,164	25,386	101,161
8 Public support (Subtract line 7c from line 6)						353,628

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	97,274	74,741	82,326	83,363	117,085	454,789
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121	1,030	1,429	1,181	562	4,323
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	121	1,030	1,429	1,181	562	4,323
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12)						459,112
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	77.02 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	76.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.94 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.99 %

- 19a 33 1/3 % support tests—2009.** 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—2008.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

Capstone Missions, Inc.
Supplemental Schedules to Form 990-EZ
2009

Form 990-EZ, Line 6 - Special Events and Activities

	Crab Feast <u>Dinner</u> 1	Basque Feast <u>Dinner</u> 1	Sale of Books, Yard Statues, Info Booth	<u>Total</u>
Number of Times During Year Event Was Held				
6a Gross Receipts	\$ 34,842	\$ 14,243	\$ 98	\$ 49,183
6b Less Direct Expenses	(8,655)	(2,992)	-	(11,647)
Net Income (Loss)	<u>\$ 26,187</u>	<u>\$ 11,251</u>	<u>\$ 98</u>	<u>\$ 37,536</u>

Form 990-EZ, Line 10 - Grants & Similar Amounts Paid

St Joseph's Home for Special Needs Children, Tijuana Mexico (Amounts paid directly to assist with household expenses, including utilities and maintenance, and also paid to assist with food, clothing, school tuition and fees, etc)	\$ 44,725
Hacienda de Immaculada Orphanage, Tijuana Mexico (Amounts paid directly to assist with household expenses, including utilities and maintenance, and also paid to assist with food, clothing, school tuition and fees, etc)	\$ 28,773
St Joseph's Home for Special Needs Children, Hacienda de Immaculada Orphanage, and related Ministries for the Poor, in Tijuana, Mexico (Materials, purchased at cost, from unrelated parties, used to repair, construct, or improve homes or shelters for various individuals in poverty, and related religious ministries)	13,409
	<u>\$ 86,907</u>

Form 990-EZ, Line 16 - Other Expenses

Travel costs to transport and maintain volunteers at project sites	
Transportation, vehicle fuel & airfare	\$ 4,336
Food	2,611
Insurance	1,354
Liability insurance premiums	4,399
Meeting expense	345
Banking service fees	230
Office supplies & post office box rent	1,003
Training and development	1,309
	<u>\$ 15,587</u>

Capstone Missions, Inc
Supplemental Schedules to Form 990-EZ
2009

Part IV List of Officers, Directors, Trustees and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Avg Hours Per Week</u>	<u>Annual Compensation</u>	<u>Contributions to Empl Benefit Plans & Def Comp</u>	<u>Expense Account & Other Allowances</u>
Carol Brown 12303 West Armga Dr Boise, Idaho 83709	Exec Director	20	\$17,480	None	None
Rusty Gideon 2051 East 1500 South Hazelton, Idaho 83335	President	5	None	None	None
Colleen Crozier 241 W 300 South Jerome, Idaho 83338	Vice-President	5	None	None	None
Molly Bullock 5734 N Graham Boise, Idaho 83713	Secretary	5	None	None	None
Kevin Rexroat 232 12th Ave East Jerome, Idaho 83338	Treasurer	5	None	None	None
Chuck Skoro 416 W Ada Boise, Idaho 83702	Director	5	None	None	None
Deborah Miciak 632 Concordia Circle Twin Falls, Idaho 83301	Director	5	None	None	None
Betty Van Gheluwe 1440 East 8th North Mountain Home, Idaho 83647	Director	5	None	None	None
Eric Adolfson 2757 West Pebblestone Meridian, Idaho 83642	Director	5	None	None	None
Teresa Patrick 5543 N Hondo Lane Eagle, Idaho 83616	Director	5	None	None	None
Darlene Wagner 3228 N Meadow Ridge Cir Twin Falls, Idaho 83301	Director	5	None	None	None
Dave Ankenbauer 526 Robie Creek Rd Boise, Idaho 83716	Director	5	None	None	None
Mary McGeoghan 1127 Sunburst St Twin Falls, Idaho 83301	Director	5	None	None	None
Steve Ellis 4895 Loma Cir Idaho Falls, Idaho 83406	Director	5	None	None	None

Capstone Missions, Inc.
EIN #06-1712860
Supplemental Statements/Descriptions
2009 Form 990-EZ, Lines 28, 29 and 30

Form 990-EZ, Line 28, Achievements for Program 1, St. Joseph's Home for Children:
Capstone Missions, Inc. provided funding for St. Joseph's Home for Children (the Orphanage) facility and operating expenses throughout the year, including schooling for the children who were unable to attend public schools due to the nature of their disabilities. The Orphanage housed between ten and fifteen children of various ages, with various disabilities, during the 2009 year. Capstone's support during the year furthered the Organization's primary goal of enabling the Orphanage to remain financially stable, continuing the opportunity that these children have for a safe and productive life. In 2009, Capstone directors and volunteers worked at the Orphanage in on-site projects during the months of January, March, May and October, assisting in operations planning, as well as facility maintenance, repairs and small capital projects.

Form 990-EZ, Line 28, Achievements for Program 1, Hacienda Immaculada Orphanage:
Capstone Missions, Inc. provided funding for the Hacienda de Immaculada Orphanage facility and operating expenses throughout the 2009 year. The Orphanage housed a varied, but significant number of children of various ages during the 2009 year. Capstone's support during the year furthered the Organization's goals of enabling this second Orphanage to remain financially stable, continuing the opportunity that these children have for a safe and productive life. In 2009, Capstone directors and volunteers worked at the Orphanage in on-site projects during the months of January, March, May and October, assisting in operations planning, as well as facility maintenance, repairs and small capital projects.

Form 990-EZ, Line 30, Achievements for Program 2, Home/Shelter Construction and Repair for the Poor:

Capstone volunteers worked on-site at several other projects during the above noted months, providing improvements to homes/shelters, the goal of their labors being to preserve the basic dignity of human existence. These projects included roof repairs, door repairs, floor repairs, bathroom construction and remodel, painting, and minor structural remodeling for several extremely poor individuals and families.

Capstone Missions, Inc.
EIN #06-1712860
Supplemental Schedule to Form 990-EZ
Part III, Line 28, Primary Exempt Purpose

Overview:

Capstone Missions, Inc. addresses the needs of Tijuana's homeless, special needs orphans, and the working poor, and women leaving prostitution with a unique people-to-people partnership involving a network of Idaho volunteers supporting grassroots leaders and service providers in Tijuana.

Capstone Missions engages in two primary activities:

1. Raising money to support two orphanages, St. Joseph's Home for Children and Hacienda de la Inmaculada, in Tijuana, Mexico, and
2. The recruitment and preparation of volunteers from the United States who travel to Tijuana, living there for one week, participating in building projects and service work to assist the very poor.

Several hundred volunteers over the past few years, including scores of college and high school students, have had unforgettable educational experiences working with and for Tijuana's poorest and those who serve them. Vital understanding and even new service-oriented vocational directions for students have emerged from this cross-cultural contact. The Board of Capstone Missions plans to increase the opportunity for volunteers to work for and assist the very poor in Tijuana, Mexico, as time and funding allow.

The Need that Capstone Missions Addresses:

A sprawling border city of between two and three million, Tijuana, Mexico has many social and economic needs, especially in the wake of the economic downturn and restrictions on work in neighboring San Diego, put into place following September 11, 2001. Capstone Missions supports private initiatives by Tijuans to address these problems to the grassroots level.

St. Joseph's Home for Children

St. Joseph's is the first priority of Capstone Missions. This activity requires approximately 50% of the total funding of Capstone Missions, and approximately one-third of the volunteer time. St. Joseph's Home for Children opened 18 years ago to care for children that neither the government nor any other orphanage would - abandoned children living with HIV+/AIDS, and other serious medical conditions or disabilities. A Roman Catholic nun currently cares for the children residing at St. Joseph's. Good schooling and tutoring, successful medical interventions, and lots of expert loving care have brought about transformations in these children's lives. Capstone Missions has over the past twelve years completely renovated and added additional space to their facilities. The main St. Joseph's building is a 2400 square-foot house on two levels. Capstone Missions has funded all repairs and additions.

In addition to the extensive construction, remodeling and repair work completed at St. Joseph's, Capstone Missions provides approximately 80% of the financial support to fund St. Joseph's.

Over the past twelve years, over \$300,000 has been donated and used for construction and monthly financial support. Currently, Capstone Missions provides an average of \$3,750 per month to fund the St. Joseph's operations. Capstone Missions has sole responsibility for maintenance and construction at St. Joseph's Home for Children. The plan is for the organization to continue in these roles.

Hacienda de la Inmaculada:

Beginning in September of 2008, Capstone Missions began providing funding to a second orphanage, Hacienda de la Inmaculada, which houses dozen of children. Capstone Missions has been involved in specific projects at the orphanage facilities, installing bunk beds, and providing bedding, funding and constructing a walk-in refrigeration room for food preservation, and a project to acquire laundry equipment and upgrade the on-site laundry facilities, to clean and care for the children's clothing.

Capstone also currently provides \$750 per month to assist the orphanage's operations, which represents only a small portion of Hacienda de la Inmaculada's total monthly budget.

Capstone Missions plans to continue supporting the orphanage in these roles.

Missionaries of Charity:

The Missionaries of Charity facilities in Tijuana are, from time-to-time, an important link for Capstone Missions to connect with the very poor. The *daycare center* has been the site of much of the work completed at those facilities. The Catholic nuns at the *daycare center* care for 60 to 80 children from the very poorest - young single mothers who have no one to turn to. The work there has consisted of painting, and some repairs and remodeling.

Missionaries of Charity Contemplative House:

The Contemplative House has been the focus of considerable effort by Capstone Missions. Repairs have been accomplished in regard to the roof, walls and doors of the facility, along with the painting of the entire exterior.

Casa Santa Inez:

Casa Santa Inez, a facility operated by a Roman Catholic nun, is a transitional facility for women trying to leave prostitution. They provide living and working opportunities for the women, and schooling for their children. Capstone Missions has worked at this facility several times in the last few years, completing projects that include: Extensive interior painting, removal and rebuilding of an interior wall, construction of a closet, replacement of an exterior door, roofing the entire facility, painting of exterior and perimeter walls, and removal of a sliding glass door - replaced with a large window.

About Capstone Missions:

The Capstone Board and core volunteers include educators, civic leaders, building contractors, farmers, Catholic religious, and business people. The Board has significant experience in organization building and advocacy for the poor. We enjoy the active support of a number of civic and church organizations, and individuals who want to be of assistance to our neighbors.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization Capstone Missions, Inc.	Employer identification number 06-1712860
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. Box 561	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Jerome, Idaho 83338	

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

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

• The books are in the care of ► **Kevin W. Rexroat, Treasurer**

Telephone No. ► **208-324-2351** FAX No. ► **208-324-8266**

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20**09** or
- ☐ tax year beginning _____, 20____, and ending _____, 20_____.



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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **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).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		

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 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.

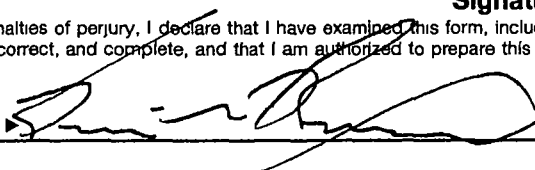
- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check 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 _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 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 _____

8a 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.	8a	\$
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.	8b	\$
c Balance Due. 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.	8c	\$

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

TREASURER

Date

5-17-10

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **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).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Capstone Missions, Inc.	Employer identification number 06-1712860
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 561	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Jerome, Idaho 83338	

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 **Kevin W. Rexroat, Treasurer**
Telephone No. **208-324-2351** FAX No. **208-324-8266**
- 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 October 15, 2010.
- 5 For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____.
- 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 We are summarizing projects conducted during the 2009 year, and allocating expenses thereto, to provide accurate and complete financial information for Form 990-EZ.

8a 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.	8a \$
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.	8b \$
c Balance Due. 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.	8c \$ <u>0.00</u>

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 **Treasurer** Date **08/13/2010**