

**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)

Department of the Treasury  
 Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning **2004**, and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S HOPE INTERNATIONAL</b>	<b>D</b> Employer identification number <b>43-1672909</b>
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite <b>11780 BORMAN DR.</b>	<b>E</b> Telephone number <b>(314) 890-0086</b>
	City or town, state or country, and ZIP + 4 <b>SAINT LOUIS, MO 63146</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

**G** Website: **WWW.CHILDRENSHOPEINT.ORG**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **10,081,576.**

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **▶**

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

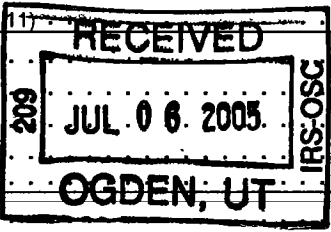
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number **▶**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>			
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>			
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>9,612,091.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>143,946.</b>
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe <b>▶</b> )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>325,539.</b>	<b>8a</b>	<b>NONE</b>		
	<b>308,251.</b>	<b>8b</b>	<b>1,717.</b>		
	<b>17,288.</b>	<b>8c</b>	<b>-1,717.</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			<b>15,571.</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>9,771,608.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>7,520,548.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>1,007,864.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>82,805.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>8,611,217.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>1,160,391.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>5,503,454.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>STMT .1</b>	<b>20</b>		<b>153,265.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>6,817,110.</b>



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

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 653,552, noncash \$ 838.)	654,390.	654,390.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	198,808.	149,996.	46,927.	1,885.
26	Other salaries and wages	2,122,936.	1,601,702.	501,103.	20,131.
27	Pension plan contributions	17,776.	13,412.	4,195.	169.
28	Other employee benefits	134,375.	101,386.	31,713.	1,276.
29	Payroll taxes	186,357.	140,607.	43,980.	1,770.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	176,775.	79,214.	97,561.	
34	Telephone	102,402.	81,922.	20,480.	
35	Postage and shipping	162,102.	137,787.	16,210.	8,105.
36	Occupancy	191,853.	191,853.		
37	Equipment rental and maintenance				
38	Printing and publications	25,293.		25,293.	
39	Travel	136,303.	129,488.	6,815.	
40	Conferences, conventions, and meetings	48,872.	30,301.	18,571.	
41	Interest	2,548.	1,580.	968.	
42	Depreciation, depletion, etc (attach schedule)	68,721.	43,261.	25,460.	
43	Other expenses not covered above (itemize) <b>STMT 4</b>	4,381,706.	4,163,649.	168,588.	49,469.
b	-----				
c	-----				
d	-----				
e	-----				
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	8,611,217.	7,520,548.	1,007,864.	82,805.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <b>STMT 5</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others.)
a <b>STMT 6</b> ----- ----- (Grants and allocations \$ _____)	6,603,932.
b ----- ----- (Grants and allocations \$ 654,390.)	916,616.
c ----- ----- (Grants and allocations \$ _____)	
d ----- ----- (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	7,520,548.

**Part IV Balance Sheets** (See page 25 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	<b>1,481,757.</b>	<b>46</b>	<b>1,595,213.</b>
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> <b>30,000.</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>120,625.</b>	<b>47c</b> <b>30,000.</b>
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .	<b>STMT. 7.</b>	<b>64,036.</b>	<b>53</b> <b>68,203.</b>
	<b>54</b> Investments - securities (attach schedule) <b>STMT. 8.</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>3,695,761.</b>	<b>54</b> <b>5,013,754.</b>
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>
<b>56</b> Investments - other (attach schedule) . . . . .			<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> <b>839,100.</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> <b>261,298.</b>	<b>322,232.</b>	<b>57c</b> <b>577,802.</b>	
<b>58</b> Other assets (describe <b>▶</b> <b>STMT. 9</b> )		<b>72,816.</b>	<b>58</b> <b>80,028.</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		<b>5,757,227.</b>	<b>59</b> <b>7,365,000.</b>	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b> <b>207,948.</b>	<b>166,757.</b>
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	<b>STMT. 10.</b>		<b>62</b> <b>346,500.</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	<b>STMT. 11.</b>	<b>45,825.</b>	<b>64b</b> <b>34,633.</b>
	<b>65</b> Other liabilities (describe <b>▶</b> )			<b>65</b>
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		<b>253,773.</b>	<b>66</b> <b>547,890.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .		<b>67</b> <b>5,503,454.</b>	<b>6,817,110.</b>
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		<b>5,503,454.</b>	<b>73</b> <b>6,817,110.</b>
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		<b>5,757,227.</b>	<b>74</b> <b>7,365,000.</b>

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

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return</b> (See page 27 of the instructions.)			<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>		
a	Total revenue, gains, and other support per audited financial statements . . . ▶	a <b>9,924,873.</b>	a	Total expenses and losses per audited financial statements . . . . ▶	a <b>8,611,217.</b>
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included on line a but not on line 17, Form 990:	
(1)	Net unrealized gains on investments . . . \$ <b>153,265.</b>		(1)	Donated services and use of facilities \$ _____	
(2)	Donated services and use of facilities \$ _____		(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$ _____	
(3)	Recoveries of prior year grants . . . . . \$ _____		(3)	Losses reported on line 20, Form 990 \$ _____	
(4)	Other (specify): _____ \$ _____		(4)	Other (specify): _____ \$ _____	
	Add amounts on lines (1) through (4) ▶	b <b>153,265.</b>		Add amounts on lines (1) through (4) . . ▶	b _____
c	Line a minus line b . . . . . ▶	c <b>9,771,608.</b>	c	Line a minus line b . . . . . ▶	c <b>8,611,217.</b>
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included on line 17, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____	
(2)	Other (specify): _____ \$ _____		(2)	Other (specify): _____ \$ _____	
	Add amounts on lines (1) and (2) . . ▶	d _____		Add amounts on lines (1) and (2) . . ▶	d _____
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e <b>9,771,608.</b>	e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e <b>8,611,217.</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(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
<b>SEE STATEMENT 12</b>		<b>198,808.</b>	<b>9,430.</b>	<b>NONE</b>

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <b>CHILDREN'S HOPE INTERNATIONAL FOUNDATION</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions.	81a	NONE
81b	Did the organization file Form 1120-POL for this year?	81b	N/A
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
82b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	NONE
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <b>NONE</b> ; section 4912 <b>NONE</b> ; section 4955 <b>NONE</b>		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			NONE
90a	List the states with which a copy of this return is filed <b>MO, KS, OR, TN, NY, AND WA</b>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	64
91	The books are in care of <b>CHILDREN'S HOPE INTERNATIONAL</b> Telephone no <b>314-890-0086</b> Located at <b>11780 BORMAN DRIVE, ST. LOUIS, MO</b> ZIP + 4 <b>63146</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <b>92</b>		NONE

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>ADOPTION FEES</b>					9,612,091.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	143,946.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	15,571.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				159,517.	9,612,091.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					9,771,608.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	<b>FEES RELATE TO ADOPTION SERVICES PROVIDED TO FAMILIES ADOPTING CHILDREN IN CHINA, RUSSIA, VIETNAM, COLUMBIA, GUATEMALA, AND INDIA.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

Under penalties of perjury, I declare that I have examined this return and believe, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: *[Handwritten Signature]*  
 Type or print name and title: *Dwight C Gantt, Exec*

**Paid Preparer's Use Only**

Preparer's signature: *[Handwritten Signature]*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **RUBIN, BROWN, GORNST  
 ONE NORTH BRENTWOOD  
 SAINT LOUIS, MO**

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

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

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

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

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

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHILDREN'S HOPE INTERNATIONAL**

Employer identification number

**43-1672909**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>BARKER, BRENDA</u> 11780 BORMAN DRIVE ST. LOUIS, MO 63146	BRANCH DIRECTOR  40 HR/WK	69,800.	2,772.	NONE
<u>STANLEY, GWENDOLYN</u> 11780 BORMAN DRIVE ST. LOUIS, MO 63146	BRANCH DIRECTOR  40 HR/WK	62,260.	2,704.	NONE
<u>KUDINOV, YURI</u> 11780 BORMAN DRIVE ST. LOUIS, MO 63146	FOUNDATION DIRECTOR  40 HR/WK	60,800.	4,098.	NONE
<u>BRINER, DIANNA</u> 11780 BORMAN DRIVE ST. LOUIS, MO 63146	FINANCE MANAGER  40 HR/WK	66,100.	2,747.	NONE
<u>BARRON, CORY</u> 11780 BORMAN DRIVE ST. LOUIS, MO 63146	PUBLIC RELATIONS  40 HR/WEEK	62,600.	1,332.	NONE
Total number of other employees paid over \$50,000 ▶	NONE			

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

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

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . <b>STMT 14</b>	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .		X
b Do you have a section 403(b) annuity plan for your employees? . . . . .		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)**

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



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

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)		68,535.	43,982.	269,554.	382,071.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,367,039.	7,876,632.	6,581,180.	3,978,788.	26,803,639.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	75,172.	96,776.	62,283.	163,880.	398,111.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	8,442,211.	8,041,943.	6,687,445.	4,412,222.	27,583,821.
24 Line 23 minus line 17	75,172.	165,311.	106,265.	433,434.	780,182.
25 Enter 1% of line 23	84,422.	80,419.	66,874.	44,122.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 <b>NOT APPLICABLE</b>					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) <u>NONE</u> (2002) <u>NONE</u> (2001) <u>NONE</u> (2000) <u>NONE</u>					
c Add: Amounts from column (e) for lines: 15 <u>382,071.</u> 16 _____ 17 <u>26,803,639.</u> 20 _____ 21 _____					27c 27,185,710.
d Add: Line 27a total _____ and line 27b total <u>NONE</u>					27d NONE
e Public support (line 27c total minus line 27d total)					27e 27,185,710.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 27,583,821.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.5567 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.4433 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.) **NOT APPLICABLE**  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>			
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	}	
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .		
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable					
<b>48</b> amount . . . . .					
Grassroots ceiling amount					
<b>49</b> (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		X
(ii) Other assets		X
<b>b</b> Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED GAIN ON INVESTMENTS	153,265.
	-----
TOTAL	153,265.
	=====

## FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
<b>GRANTS PAID</b>			
FANG TAN 2041 EVERGREEN CARBONDALE, IL 62901	N/A N/A	CHINA STUDENT PRODUCTION ABOUT ADOPTION	1,000.
BEIJING CHI FOUNDATION BEIJING, CHINA	N/A N/A	CHINA FOSTER CARE CENTER	816.
MINAL DANI INDIA	N/A N/A	MAITRIN ORPHANAGE	5,000.
CHILDREN'S HOPE INTERNATIONAL FOUNDATION 11780 BORMAN DR. SAINT LOUIS, MO 63146	N/A N/A	HUMANITARIAN AID PROJECTS IN RUSSIA	453,608.
NGUYEN THON THI DIEM THUY HO CHI MINH CITY, VIETNAM	N/A N/A	HUMANITARIAN AID TO ORPHANAGES IN VIETNAM	15,701.
CHILDREN'S HOPE INTERNATIONAL FOUNDATION 11780 BORMAN DRIVE ST. LOUIS, MO 63146	N/A N/A	HUMANITARIAN AID TO ORPHANAGES IN VIETNAM	76,405.
AMOR ORPHANAGE GUATEMALA	N/A N/A	FOSTER CARE SUPPORT	63,043.
BALA YMITI KAZAKHSTAN	N/A N/A	HUMANITARIAN AID TO KAZAKHSTAN	5,974.
NEPAL ORPHANAGE NEPAL	N/A N/A	COMPUTERS PURCHASED FOR ORPHANAGE	838.

## FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TANYA YURLOVA RUSSIA	N/A N/A	ORPHANAGE SUPPORT	105.
KIDSAVE 11835 WEST OLYMPIC LOS ANGELES, CA 90064	N/A N/A	HUMANITARIAN AID FOR COLOMBIA & RUSSIA	18,000.
CHILDREN'S HOPE INTERNATIONAL FOUNDATION 11780 BORMAN DRIVE ST. LOUIS, MO 63146	N/A N/A	HUMANITARIAN AID IN COLOMBIA - 13 ADOPTIONS	3,900.
CHILDREN'S HOPE INTERNATIONAL FOUNDATION 11780 BORMAN DRIVE ST. LOUIS, MO 63146	N/A N/A	HUMANITARIAN AID IN KAZAKHSTAN -5 ADOPTIONS	10,000.
		TOTAL CONTRIBUTIONS PAID	654,390.

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
-----	-----	-----	-----	-----
ADOPTION EXPENSES	3,382,592.	3,382,592.		
ADVERTISING	335,235.	316,880.		18,355.
BANK CHARGES	63,628.	62,915.	713.	
CONTRACT LABOR	241,120.	241,120.		
FUNDRAISING EVENTS	31,114.			31,114.
INSURANCE	140,805.	87,299.	53,506.	
MISCELLANEOUS	9,126.		9,126.	
PROFESSIONAL FEES	105,451.	34,859.	70,592.	
REPAIRS AND MAINTENANCE	58,504.	29,223.	29,281.	
UTILITIES	14,131.	8,761.	5,370.	
	-----	-----	-----	-----
TOTALS	4,381,706.	4,163,649.	168,588.	49,469.
	=====	=====	=====	=====



FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

CHILDREN'S HOPE INTERNATIONAL WAS ESTABLISHED TO SUPPORT HUMANITARIAN CAUSES FOR AT-RISK CHILDREN THROUGHOUT THE WORLD. THEIR WORK FOCUSES ON THOSE WHO ARE LEFT HOMELESS FOR ANY NUMBER OF REASONS. FINDING A FAMILY FOR EVERY CHILD REMAINS THE MISSION OF CHILDREN'S HOPE INTERNATIONAL. IN 2004, THE ORGANIZATION HAD 806 ADOPTIONS FROM CHINA, COLOMBIA, VIETNAM, GUATEMALA, INDIA, KAZAKHSTAN, NEPAL, AND RUSSIA.

## FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
----	-----	-----	-----
A	TO PROVIDE ADOPTION SERVICES FOR CHILDREN IN CHINA, VIETNAM, KAZAKHSTAN, COLOMBIA, GUATEMALA, INDIA, NEPAL, AND RUSSIA. IN 2004, APPROXIMATELY 806 CHILDREN FOUND NEW HOMES.		6,603,932.
B	CHI DISTRIBUTES HUMANITARIAN AID THROUGH ITS HELPING HANDS PROGRAM TO IMPROVE THE HEALTH & WELFARE OF ORPHANED CHILDREN. PROJECTS IN 8 COUNTRIES WERE FUNDED IN 2004 BY THIS AID.	654,390.	916,616.
TOTAL		654,390.	7,520,548.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	68,203.
TOTALS	68,203.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
MONEY MARKET FUNDS	309,514.
CERTIFICATE OF DEPOSIT	1,295,351.
U.S. GOVERNMENT AGENCIES	351,575.
COMMON STOCK	265,249.
CORPORATE BONDS	111,372.
MUTUAL FUNDS	2,680,693.
	-----
TOTALS	5,013,754.
	=====

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
CASH SURRENDER VALUE OF OFFICER LIFE INSURANCE	80,028.
TOTALS	80,028.

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	346,500.
TOTALS	346,500.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: DE LAGE LANDEN FINANCIAL SERVICES, INC.  
ORIGINAL AMOUNT: 58,868.  
INTEREST RATE: 6.250000  
DATE OF NOTE: 09/05/2002  
MATURITY DATE: 08/05/2007  
REPAYMENT TERMS: \$1,145 A MONTH FOR 60 MONTHS  
SECURITY PROVIDED: NONE  
PURPOSE OF LOAN: TO LEASE OFFICE EQUIPMENT

BEGINNING BALANCE DUE .....	45,825.
ENDING BALANCE DUE .....	34,633.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	45,825.
---	---------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	34,633.
--	---------

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL WILD 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	PRESIDENT 2 HR/WEEK	NONE	NONE	NONE
DWYATT C. GANTT 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	VICE PRESIDENT 40 HR/WEEK	116,700.	4,937.	NONE
WILLIAM F. WINTER 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	TREASURER 2 HR/WEEK	NONE	NONE	NONE
MELODY WEN ZHANG 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	SECRETARY 40 HR/WEEK	82,108.	4,493.	NONE
MARGARET ORMONDE 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	MEMBER 1 HR/WEEK	NONE	NONE	NONE
JEFFREY HOR 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	MEMBER 1 HR/WEEK	NONE	NONE	NONE
BARRY PETROWSKY 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	MEMBER 1 HR/WEEK	NONE	NONE	NONE
RICK SHELTON 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	MEMBER 1 HR/WEEK	NONE	NONE	NONE



FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
	GRAND TOTALS	198,808.	9,430.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990, PART V.

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
SALE OF SECURITIES	VAR	VAR	325,539.		308,251.	17,288.
LOSS ON EQUIPMENT	VAR	VAR	NONE		1,717.	-1,717.
<b>Totals</b>						15,571.

FEDERAL FOOTNOTES

FORM 990, PART I, LINE 8C

## (A) SALE OF PUBLICLY TRADED SECURITIES:

SALE PROCEEDS	\$ 325,539
COST BASIS	308,251
	-----
GAIN	\$ 17,288

## (B) DISPOSAL OF EQUIPMENT:

SALES PROCEEDS	\$ 0
ADJUSTED BASIS	1,717
	-----
(LOSS)	(\$ 1,717)

FEDERAL FOOTNOTES

FORM 990, PART II, LINE 42 AND PART IV, LINE 57

LAND	\$ 10,000
BUILDINGS	334,282
BUILDING IMPROVEMENTS	141,914
EQUIPMENT	160,074
FURNITURE & FIXTURES	110,959
VEHICLES	23,003
CAPITAL LEASE	58,868
	-----
	\$ 839,100
ACCUMULATED DEPRECIATION	261,298
	-----
	\$ 577,802

DEPRECIATION EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2004 WAS \$68,721.

ASSETS ARE DEPRECIATED USING THE STRAIGHT-LINE METHOD, OVER THE USEFUL LIVES OF THE ASSETS WHICH RANGE FROM 5 TO 30 YEARS.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns  
Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>CHILDREN'S HOPE INTERNATIONAL</b>	Employer identification number <b>43-1672909</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>9229 LACKLAND ROAD</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>SAINT LOUIS, MO 63114-5412</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" 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 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 ▶ DIANNA BRINER

Telephone No. ▶ 314 890-0086 FAX No ▶ 314 427-4288

- 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 **Form 990-T corporation**) extension of time until 08/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2004 or
- ▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

**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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Rubin, Brown, Gornstein & Co. LLP 43-0765316**  
**One North Brentwood St. Louis, MO 63105**