

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 2005 calendar year, or tax year beginning 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CHILDREN'S HOPE INTERNATIONAL. D Employer identification number: 43-1672909. E Telephone number: (314) 890-0086. F Accounting method: Cash, Accrual.

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

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

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)

G Website: WWW.CHILDRENSHOPE.NET

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

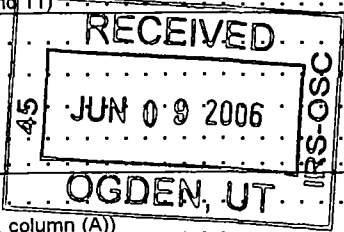
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 16,297,336.

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

Table with 21 rows and 3 columns: Description, Sub-row, Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 10,561,024. Total expenses: 9,605,592. Net assets at end of year: 7,763,540.

SCANNED JUL 26 2006 Revenue



**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 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 \$ <u>675,152.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	675,152.	675,152.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	187,318.	138,748.	46,670.	1,900.
26	Other salaries and wages	2,544,198.	1,886,625.	631,882.	25,691.
27	Pension plan contributions	15,963.	11,825.	3,976.	162.
28	Other employee benefits	173,366.	128,392.	43,224.	1,750.
29	Payroll taxes	216,716.	160,500.	54,027.	2,189.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	227,180.	99,135.	128,045.	
34	Telephone	110,458.	88,367.	22,091.	
35	Postage and shipping	172,256.	146,417.	17,226.	8,613.
36	Occupancy	223,376.	223,376.		
37	Equipment rental and maintenance				
38	Printing and publications	35,145.		35,145.	
39	Travel	180,463.	171,440.	9,023.	
40	Conferences, conventions, and meetings	35,741.	22,159.	13,582.	
41	Interest	1,828.	1,133.	695.	
42	Depreciation, depletion, etc (attach schedule)	254,398.	129,250.	125,148.	
43	Other expenses not covered above (itemize)				
a	STMT 4	4,552,034.	4,263,555.	257,220.	31,259.
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	9,605,592.	8,146,074.	1,387,954.	71,564.

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 the instructions.)

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

What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a TO PROVIDE ADOPTION SERVICES FOR CHILDREN IN CHINA, VIETNAM, KAZAKHSTAN, COLOMBIA, GUATEMALA, INDIA, NEPAL, AND RUSSIA. IN 2005, APPROXIMATELY 744 CHILDREN FOUND NEW HOMES.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	7,470,922.
<b>b CHI DISTRIBUTES HUMANITARIAN AID THROUGH ITS HELPING HANDS PROGRAM TO IMPROVE THE HEALTH &amp; WELFARE OF ORPHANED CHILDREN. PROJECTS IN 6 COUNTRIES WERE FUNDED IN 2005 BY THIS AID.</b>  (Grants and allocations \$ 675,152. ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	675,152.
<b>c</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	8,146,074.

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	1,595,213.	46 1,310,207.
	47a Accounts receivable	47a NONE	
	b Less allowance for doubtful accounts	47b 30,000.	47c NONE
	48a Pledges receivable	48a	
	b Less. allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	53 STMT. 6. 68,203.	189,767.
	54 Investments - securities (attach schedule) STMT. 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54 5,013,754.	2,601,818.
	55a Investments - land, buildings, and equipment: basis	55a	
	b Less accumulated depreciation (attach schedule)	55b	55c
	56 Investments - other (attach schedule)		56
	57a Land, buildings, and equipment basis	57a 4,662,906.	
	b Less accumulated depreciation (attach schedule)	57b 551,634.	57c 4,111,272.
	58 Other assets (describe <input type="checkbox"/> STMT 8 )	80,028.	58 99,078.
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58.	7,365,000.	59 8,312,142.	
Liabilities	60 Accounts payable and accrued expenses	166,757.	60 248,806.
	61 Grants payable		61
	62 Deferred revenue	62 STMT. 9. 346,500.	277,075.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule) STMT. 10.	64b 34,633.	22,721.
	65 Other liabilities (describe <input type="checkbox"/> )		65
66 <b>Total liabilities.</b> Add lines 60 through 65	547,890.	66 548,602.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>		
	67 Unrestricted	6,817,110.	67 7,763,540.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>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)	6,817,110.	73 7,763,540.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	7,365,000.	74 8,312,142.



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (board meetings), 75b (officers/employees), 75c (compensation), and 75d (conflict of interest policy).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (activity not reported), 77 (changes in documents), 78a (unrelated business gross income), 78b (tax return), 79 (liquidation), 80a (organization related), 80b (organization name), 81a (political expenditures), 81b (Form 1120-POL).

Part VI Other Information (continued)

		Yes	No
82 a	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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	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		N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
b	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
89 a	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	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	
90 a	List the states with which a copy of this return is filed	IL, KS, MO, NY, OR, TN, WA,	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	63
91 a	The books are in care of	CHILDREN'S HOPE INTERNATIONAL Telephone no 314-890-0086	
	Located at	11780 BORMAN DRIVE ST. LOUIS, MO ZIP + 4 63146	
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)?	91b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
	If "Yes," enter the name of the foreign country	CHINA, ST. M. B.	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	NONE

**Part VII Analysis of Income-Producing Activities (See 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>					10,425,487.
b <b>MISCELLANEOUS</b>					8,341.
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	116,291.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	14,402.	
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	-3,497.	
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)) . . . . .				127,196.	10,433,828.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					10,561,024.

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 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	FEES RELATE TO ADOPTION SERVICES PROVIDED TO FAMILIES ADOPTING CHILDREN IN CHINA, RUSSIA, VIETNAM, COLUMBIA, GUATEMALA, AND INDIA.
93B	MISCELLANEOUS REVENUE RECEIVED THROUGH ADOPTION SERVICES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 belief, 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: Duyatt C. Gantt, E

**Paid Preparer's Use Only**

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



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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No 1545-0047

**2005**

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
SEE STATEMENT 12				

Total number of other employees paid over \$50,000 . . . ▶ **NONE**

**Part II-A 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
SEE STATEMENT 13		

Total number of others receiving over \$50,000 for professional services . . . ▶ **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **NONE**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

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

Table with 4 columns: Question, Yes, No. Rows include questions about lobbying activities (1), organizational acts (2), and property/asset transfers (a-e, 3a-c, 4a-b).

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 X 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) Check the box that describes the type of supporting organization Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

Table with 2 columns: (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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .			68,535.	43,982.	112,517.
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 . . . . .	10,049,216.	8,367,039.	7,876,632.	6,581,180.	32,874,067.
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 . . . . .	143,946.	75,172.	96,776.	62,283.	378,177.
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 . . . . .	10,193,162.	8,442,211.	8,041,943.	6,687,445.	33,364,761.
24 Line 23 minus line 17. . . . .	143,946.	75,172.	165,311.	106,265.	490,694.
25 Enter 1% of line 23. . . . .	101,932.	84,422.	80,419.	66,874.	
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 2001 through 2004 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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: (2004) _____ (2003) _____ <b>NONE</b> (2002) _____ <b>NONE</b> (2001) _____ <b>NONE</b>					
c Add: Amounts from column (e) for lines: 15 <u>112,517.</u> 16 _____ 17 <u>32,874,067.</u> 20 _____ 21 _____ . . . . .					27c 32,986,584.
d Add: Line 27a total . . . . . and line 27b total . . . . . <b>NONE</b> . . . . .					27d <b>NONE</b>
e Public support (line 27c total minus line 27d total) . . . . .					27e 32,986,584.
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . .					27f 33,364,761.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					27g 98.8665 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					27h 1.1335 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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 ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<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 -                      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>41</b>	
<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 )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **NOT APPLICABLE**  
 (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 . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<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 12 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?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains '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 [X] No

b If "Yes," complete the following schedule.

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	9,002.
TOTAL	9,002.

## 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 -----
GRANTS PAID =====			
DR. JOHN JOOSTEN GOOD SHEPARD SOCIETY 3166 381ST WAY AUBURN, WA 98001	N/A N/A	TSUNAMI RELIEF - INDIA	1,000.
CHILDREN'S HOPE INTERNATIONAL FOUNDATION 11780 BORMAN DR. SAINT LOUIS, MO 63146	N/A N/A	HUMANITARIAN AID PROJECTS	553,156.
NGUYEN THON THI DIEM THUY QUAN WAN, THUOAG HO CHI MINH CITY, VIETNAM	N/A N/A	HUMANITARIAN AID TO ORPHANAGES IN VIETNAM	88,773.
AMOR ORPHANAGE 4TA CALLE 31-43, ZONA 11, UTATLAN 2 GUATEMALA CITY, GUATEMALA	N/A N/A	FOSTER CARE SUPPORT	3,123.
KIDSAVE 11835 WEST OLYMPIC LOS ANGELES, CA 90064	N/A N/A	HUMANITARIAN AID FOR RUSSIA	16,500.
KEVIN GARRATT 20586 - 87A AVENUE LANGLEY, BRITISH COLUMBIA V1M3X2	N/A N/A	REFUGEE ASSISTANCE	5,000.



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
BIBLEWAY, INC. 9710 COOK LANE BOISE, ID 83704	N/A N/A	TSUNAMI RELIEF - THAILAND	7,600.
TOTAL CONTRIBUTIONS PAID			675,152.

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADOPTION EXPENSES	3,336,069.	3,336,069.		
ADVERTISING	298,782.	298,174.		608.
BANK CHARGES	52,070.	51,936.	134.	
CONTRACT LABOR	330,742.	330,742.		
FUNDRAISING EVENTS	30,651.			30,651.
INSURANCE	160,093.	99,258.	60,835.	
MISCELLANEOUS	18,635.		18,635.	
PROFESSIONAL FEES	180,956.	75,001.	105,955.	
REPAIRS AND MAINTENANCE	78,237.	48,800.	29,437.	
UTILITIES	38,025.	23,575.	14,450.	
MOVING EXPENSE	27,774.		27,774.	
TOTALS	4,552,034.	4,263,555.	257,220.	31,259.

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 2005, THE ORGANIZATION HAD 744 ADOPTIONS FROM CHINA, COLOMBIA, VIETNAM, GUATEMALA, INDIA, KAZAKHSTAN, NEPAL, AND RUSSIA.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	189,767.
TOTALS	----- 189,767. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
MONEY MARKET FUNDS	57,267.	FMV
CERTIFICATES OF DEPOSIT	269,055.	FMV
U.S. GOVERNMENT AGENCIES	274,926.	FMV
COMMON STOCK	839,347.	FMV
CORPORATE BONDS	NONE	FMV
MUTUAL FUNDS	1,161,223.	FMV
	-----	
TOTALS	2,601,818.	
	=====	

CHILDREN'S HOPE INTERNATIONAL  
FORM 990, PART IV - OTHER ASSETS  
=====

43-1672909

DESCRIPTION -----	ENDING BOOK VALUE -----
CASH VALUE OF OFFICER LIFE INS.	99,078.
TOTALS	----- 99,078. =====

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION

ENDING  
BOOK VALUE

DEFERRED REVENUE

277,075.

TOTALS

277,075.

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 .....	34,633.
ENDING BALANCE DUE .....	22,721.

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

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	22,721.
--	---------



FORM 990, PART V-A - CURRENT 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/WK	NONE	NONE	NONE
DWYATT C. GANTT 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	VICE PRES. EXEC DIR. 40 HR/WK	115,386.	4,751.	NONE
WILLIAM F. WINTER 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	TREASURER 2 HR/WK	NONE	NONE	NONE
MELODY WEN ZHANG 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	SECRETARY 40 HR/WK	71,932.	9,839.	NONE
MARGARET ORMONDE 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	MEMBER 1 HR/WK	NONE	NONE	NONE
BARRY PETROWSKY 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	MEMBER 1 HR/WK	NONE	NONE	NONE
RICK SHELTON 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	MEMBER 1 HR/WK	NONE	NONE	NONE
	GRAND TOTALS	187,318.	14,590.	NONE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
BARKER, BRENDA 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	BRANCH DIRECTOR 40 HR/WK	65,079.	643.	NONE
STANLEY, GWENDOLYN 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	BRANCH DIRECTOR 40 HR/WK	60,389.	589.	NONE
KUDINOV, YURI 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	FOUNDATION DIRECTOR 40 HR/WK	57,641.	4,246.	NONE
BRINER, DIANNA 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	FINANCE DIRECTOR 40 HR/WK	63,323.	628.	NONE
BARRON, CORY 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	PUBLIC REL DIRECTOR 40 HR/WEEK	57,641.	4,246.	NONE
	TOTAL COMPENSATION	----- 304,073. =====	----- 10,352. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
CATHI MOORE 9838 BENNINGTON CHASE DRIVE ORLANDO, FL 32829	ADOPTION CONSULT.	57,000.
TOTAL COMPENSATION		57,000.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

=====

AN OFFICER OF THE ORGANIZATION ACQUIRED AND HOLDS REAL ESTATE AS A  
NOMINEE FOR CHI DUE TO LOCAL LEGAL REQUIREMENTS. THE AMOUNT INVOLVED IS  
\$305,235. THE REAL ESTATE IS USED FOR THE ORGANIZATION'S PROGRAMS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990, PART V.

## FEDERAL FOOTNOTES

=====

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

LAND	\$ 606,000
BUILDINGS	2,866,483
BUILDING IMPROVEMENTS	161,309
EQUIPMENT	240,614
FURNITURE	706,630
VEHICLES	23,003
CAPITAL LEASE	58,867
	-----
	\$ 4,662,906
ACCUMULATED DEPRECIATION	551,634
	-----
	\$ 4,111,272

DEPRECIATION EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2005 WAS \$254,398. ASSETS ARE DEPRECIATED USING THE STRAIGHT-LINE METHOD, OVER THE USEFUL LIVES OF THE ASSETS WHICH RANGE FROM 3 TO 30 YEARS.

FEDERAL FOOTNOTES  
=====

FORM 990, PART I, LINE 8C

## (A) SALE OF PUBLICLY TRADED SECURITIES:

SALES PROCEEDS	\$5,732,815
COST BASIS	5,729,318
	-----
LOSS	\$ 3,497

FEDERAL FOOTNOTES

FORM 990 PART VI LINE 91C

CHI ALSO HAS OFFICES IN RUSSIA, KAZAKHSTAN, AND VIETNAM.



# 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).

<b>Type or print</b>  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>11780 BORMAN DR.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SAINT LOUIS, MO 63146</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 ▶ CHILDREN'S HOPE INTERNATIONAL

Telephone No. ▶ 314 890-0086 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 will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2005 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 ..... \$ NONE

**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 ..... \$ NONE

**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.

**RubinBrown LLP 43-0765316**  
**One North Brentwood St. Louis, MO 63105**