

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 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, 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: Accrual.

G Website: WWW.CHILDRENSHOPE.NET. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 11,988,764.

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

Table with 12 columns for revenue and expenses, and 12 rows for net assets. Includes sub-rows for contributions, program services, special events, and inventory. Total revenue: 10,036,799. Total expenses: 10,523,841. Net assets at end of year: 7,332,927.

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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 the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, 25b Compensation of former officers, 25c Compensation and other distributions, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a-27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc (attach schedule), 43 Other expenses not covered above (itemize), 44 Total functional expenses.

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 [X] 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? SEE STATEMENT 5 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.)
a TO PROVIDE ADOPTION SERVICES FOR CHILDREN IN CHINA, VIETNAM, KAZAKHSTAN, COLOMBIA, INDIA, ETHIOPIA AND RUSSIA. IN 2007, APPROXIMATELY 503 CHILDREN FOUND NEW HOMES. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	7,840,995.
b CHI DISTRIBUTES HUMANITARIAN AID THROUGH ITS HELPING HANDS PROGRAM TO IMPROVE THE HEALTH & WELFARE OF ORPHANED CHILDREN. PROJECTS IN 6 COUNTRIES WERE FUNDED IN 2007 BY THIS AID. (Grants and allocations \$ 426,506.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	426,506.
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,267,501. Form 990 (2007)

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	398,194.	46	570,100.
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	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 STMT. 6	140,344.	53	247,104.
	54a Investments - publicly-traded securities STMT. 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,435,617.	54a	3,078,902.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	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 5,069,937.		
b Less accumulated depreciation (attach schedule)	57b 1,014,220.	4,836,188.	57c 4,055,717.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 8)	113,056.	58	614,562.	
59 Total assets (must equal line 74) Add lines 45 through 58	8,923,399.	59	8,566,385.	
Liabilities	60 Accounts payable and accrued expenses	299,540.	60	301,682.
	61 Grants payable		61	
	62 Deferred revenue STMT. 9	633,300.	62	812,376.
	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	129,859.	64b	119,400.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	1,062,699.	66	1,233,458.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	7,860,700.	67	7,332,927.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	7,860,700.	73	7,332,927.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	8,923,399.	74	8,566,385.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	9,996,068.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		-40,731.
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	-40,731.
c	Subtract line b from line a		c	10,036,799.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	10,036,799.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	10,523,841.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	10,523,841.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	10,523,841.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
SEE STATEMENT 11		223,118.	10,152.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT . 13	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶ If "Yes," attach a statement that includes the information described in the instructions	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information (See the instructions)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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
b	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 ▶ <u>CHILDREN'S HOPE INTERNATIONAL FOUNDATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	NONE
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	N/A

Part VI Other Information (continued)

Form with multiple rows and columns for questions 82a through 91a, including 'Yes' and 'No' columns. Questions cover topics like donated services, dues, lobbying, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? ... CHINA
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ... 92 NONE

Part VII Analysis of Income-Producing Activities (See the instructions)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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)

Table with 2 columns: 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). Rows include 93A FEES RELATE TO ADOPTION SERVICES PROVIDED TO FAMILIES and 93B MISCELLANEOUS REVENUE RECEIVED THROUGH ADOPTION SERVICES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

Table with 5 columns: (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 X No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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

Signature of officer: *Richard R. Aselage* Date: 6-25-08

Type or print name and title: Richard C. Gantt, Executive Director

Paid Preparer's Use Only

Preparer's signature: *Richard R. Aselage* Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: RUBINBROWN LLP
ONE NORTH BRENTWOOD
SAINT LOUIS, MO

Check if: Sole proprietorship Partnership S corporation Trust Other

Preparer's SSN or PTIN (See Gen. Inst. X): _____

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

2007

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 14				

Total number of other employees paid over \$50,000 . . ▶ **15**

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
NONE		

Total number of others receiving over \$50,000 for professional services ▶

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
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

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?STMT 15

2a X

b Lending of money or other extension of credit?STMT 16

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?STMT 17

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____ NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 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?	29	
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?	30	
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) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
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	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 13 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i 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 14 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?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
 - (i)** Cash 51a(i)

Yes	No
	X
 - (ii)** Other assets a(ii)

Yes	No
	X
 - b** Other transactions
 - (i)** Sales or exchanges of assets with a noncharitable exempt organization b(i)

Yes	No
	X
 - (ii)** Purchases of assets from a noncharitable exempt organization b(ii)

Yes	No
	X
 - (iii)** Rental of facilities, equipment, or other assets b(iii)

Yes	No
	X
 - (iv)** Reimbursement arrangements b(iv)

Yes	No
	X
 - (v)** Loans or loan guarantees b(v)

Yes	No
	X
 - (vi)** Performance of services or membership or fundraising solicitations b(vi)

Yes	No
	X
 - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees c

Yes	No
	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 DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED LOSS ON INVESTEMENTS	40,731.

TOTAL	40,731.
	=====

FORM 990, PART II - OTHER 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			
=====			
CHILDREN'S HOPE INTERNATIONAL FOUNDATION 11780 BORMAN DR SAINT LOUIS, MO 63146	N/A N/A	HUMANITARIAN AID PROJECTS	4,512.
KIDSAVE 11835 WEST OLYMPIC LOS ANGELES, CA 90064	N/A N/A	HUMANITARIAN AID FOR RUSSIA AND COLOMBIA	1,500.
CHILDREN'S HOPE VIETNAM FOUNDATION 15 LE THI RIENG ST. HO CHI MINH CITY DISTRICT 1 VIETNAM	N/A N/A	HUMANITARIAN AID IN VIETNAM	120,382.
CHILDREN'S HOPE CHINA FOUNDATION 3 S XIBAHE ROAD BEIJING CHINA	N/A N/A	HUMANITARIAN AID IN CHINA	205,450.
GOOD SHEPARD SOCIETY 4239 BERWICK FARM DRIVE DULUTH, GA 30096	N/A N/A	GOOD NEWS CENTRE	1,000.
GARRETT, KEVIN BEIJING CHINA	N/A N/A	KOREAN DEVELOPMENT	1,000.

FORM 990, PART II - OTHER 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
CHILDREN'S HOPE COLOMBIA FOUNDATION CARRERA 5 #67-74 BOGOTA COLOMBIA	N/A N/A	HUMANITARIAN AID FOR COLOMBIA	900.
CHILDREN'S HOPE KAZAKHSTAN FOUNDATION BAYAN USSIPBAEVA, AUESOVSKIY RAYON 48042 MKR. TAUGUL, DOM 11, KV. 117 ALMATY KAZAKHSTAN	N/A N/A	HUMANITARIAN AID FOR KAZAKHSTAN	24,700.
CHILDREN'S HOPE RUSSIA FOUNDATION TOMSK HOBB-CENTER UL ELIZAROVIIH TOMSK RUSSIA	N/A N/A	HUMANITARIAN AID FOR RUSSIA	64,000
CHILDREN'S HOPE ETHIOPIA FOUNDATION NEFAS SIKL NAFTO, KEBELLA 43/09 ADDIS ABABA ETHIOPIA	N/A N/A	HUMANITARIAN AID FOR ETHIOPIA	3,062
		TOTAL CONTRIBUTIONS PAID	426,506.

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
ADOPTION EXPENSES	3,466,474.	3,466,474.		
ADVERTISING	312,869.		306,612.	6,257.
BANK CHARGES	1,073.		1,073.	
CONTRACT LABOR	213,206.	213,206.		
INSURANCE	104,192.	64,599.	37,509.	2,084.
NEWSLETTER	39,612.		38,820.	792.
PROFESSIONAL FEES	260,116.	1,149.	253,765.	5,202.
REPAIRS AND MAINTENANCE	95,439.	22,663.	71,631.	1,145.
UTILITIES	49,156.	30,477.	17,696.	983.
MOVING EXPENSE	7,440.		7,440.	
TAX	1,109.	1,109.		
TOTALS	4,550,686.	3,799,677.	734,546.	16,463.

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 2007, THE ORGANIZATION HAD 503 ADOPTIONS FROM CHINA, COLOMBIA, VIETNAM, INDIA, KAZAKHSTAN, ETHIOPIA, AND RUSSIA.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	247,104.
TOTALS	----- 247,104. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
MONEY MARKET FUNDS	515,633.	FMV
CERTIFICATES OF DEPOSIT	49,851.	FMV
U.S. GOVERNMENT AGENCIES	105,016.	FMV
COMMON STOCK	791,502.	FMV
CORPORATE BONDS	318,144.	FMV
MUTUAL FUNDS	1,298,756.	FMV

TOTALS	3,078,902.	
	=====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CASH VALUE OF OFFICER LIFE INS	120,015.
FOREIGN OFFICE BLDG ADVANCE	494,547.
TOTALS	----- 614,562. =====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	812,376.
TOTALS	----- 812,376. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: VARIOUS CAPITAL LEASES - 7
ORIGINAL AMOUNT: 184,658.
INTEREST RATE: 6.250000
DATE OF NOTE: 09/05/2002
MATURITY DATE: 08/30/2011
REPAYMENT TERMS: VARIES
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: TO LEASE OFFICE EQUIPMENT

BEGINNING BALANCE DUE	129,859.
ENDING BALANCE DUE	119,400.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	129,859.
---	----------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	119,400.
--	----------

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL WILD 11780 BORMAN DR. SAINT LOUIS, MO 63146	PRESIDENT 2.00	NONE	NONE	NONE
DWYATT C. GANTT 11780 BORMAN DR. SAINT LOUIS, MO 63146	VICE PRES. EXEC DIR. 40.00	120,348.	6,152.	NONE
WILLIAM F. WINTER 11780 BORMAN DR. SAINT LOUIS, MO 63146	TREASURER 2.00	NONE	NONE	NONE
MELODY WEN ZHANG 11780 BORMAN DR. SAINT LOUIS, MO 63146	SECRETARY, ASSOC. DIRECTOR 40.00	102,770.	4,000.	NONE
MARGARET ORMONDE 11780 BORMAN DR. SAINT LOUIS, MO 63146	MEMBER 1.00	NONE	NONE	NONE
BARRY PETROWSKY 11780 BORMAN DR. SAINT LOUIS, MO 63146	MEMBER 1.00	NONE	NONE	NONE
RICK SHELTON	MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
11780 BORMAN DR. SAINT LOUIS, MO 63146				
KEITH WILLIAMS 11780 BORMAN DR. SAINT LOUIS, MO 63146	MEMBER 1.00	NONE	NONE	NONE
WENDY STANLEY 11780 BORMAN DR. SAINT LOUIS, MO 63146	MEMBER 1.00	NONE	NONE	NONE
FRED CHRISTEN 11780 BORMAN DR. SAINT LOUIS, MO 63146	MEMBER 1.00	NONE	NONE	NONE
	GRAND TOTALS	223,118.	10,152.	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: DWYATT C. GANTT
NAME OF RELATED ENTITY: CHILDREN'S HOPE INTERNATIONAL
TITLE OR ROLE: EXECUTIVE DIRECTOR
RELATIONSHIP: EMPLOYMENT

NAME OF OFFICER, DIRECTOR, ETC: MELODY WEN ZHANG
NAME OF RELATED ENTITY: CHILDREN'S HOPE INTERNATIONAL
TITLE OR ROLE: ASSOCIATE EXECUTIVE DIRECTOR
RELATIONSHIP: EMPLOYMENT

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
BARKER, BRENDA 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	BRANCH DIRECTOR 40.00	86,653.	339.	NONE
YURIY LUKINOV 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	SYSTEMS ANALYST 40.00	72,500.	4,254.	NONE
BRINER, DIANNA 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	FINANCE DIRECTOR 40.00	83,008.	1,146.	NONE
BARRON, CORY 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	PUBLIC REL DIRECTOR 40.00	77,275.	5,263.	NONE
YURIY KUDINOV 11780 BORMAN DRIVE SAINT LOUIS, MO 63146	RUSSIA PROGRAM DIR. 40.00	68,724.	5,187.	NONE
	TOTAL COMPENSATION	388,160.	16,189.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A
=====

AN OFFICER OF THE ORGANIZATION ACQUIRED AND HOLDS REAL ESTATE THAT IS USED FOR THE ORGANIZATION'S PROGRAMS. THE AMOUNT ADVANCED BY THE ORGANIZATION WAS \$554,107. THE INTENT IS TO COMPLY WITH LOCAL OWNERSHIP REGULATIONS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B
=====

AS DESCRIBED IN THE PRIOR QUESTION, IN '04 & '05 THE ORGANIZATION ADVANCED \$554,107 TO AN OFFICER IN ORDER ACQUIRE SPACE USED BY THE ORGANIZATION

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990, PART V.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

CHILDREN'S HOPE INTERNATIONAL

43-1672909

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a MUTUAL FUND SALES			2,064,246.	1,943,826.	120,420.

6b. Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b 120,420.

FEDERAL FOOTNOTES

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

LAND	\$596,000
BUILDINGS	3,209,917
BUILDING IMPROVEMENTS	70,947
EQUIPMENT	300,640
FURNITURE	723,592
VEHICLES	23,003
CAPITAL LEASES	145,091

	\$5,069,937
ACCUM. DEPREC.	1,014,220

	\$4,055,717

DEPRECIATION EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2007 WAS \$310,679.

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 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 [X]

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only []

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: CHILDREN'S HOPE INTERNATIONAL, 43-1672909. Row 2: 11780 BORMAN DR. Row 3: SAINT LOUIS, MO 63146

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

- Form 990 [X], Form 990-BL [], Form 990-EZ [], Form 990-PF [], Form 990-T (corporation) [], Form 990-T (sec 401(a) or 408(a) trust) [], Form 990-T (trust other than above) [], Form 1041-A [], Form 4720 [], Form 5227 [], Form 6069 [], 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 section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

[X] calendar year 2007 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

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. 3a \$ NONE. 3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ NONE. 3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 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.