Department of the Treasury

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)

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

OMB No. 1545-0047

2004

Open to Public Inspection

TITEOTTIC	ai 1 (0 (0)	0 , 17	<u> </u>	_
A Fo	r the	2004 calendar year, or tax year beginning , 2	004, and ending	3
_ `	ck if applica			D Employer identification number
	Address	use IRS CHILDREN'S HOPE INTERNATIONAL FOUNDATION		43-1932814
\vdash	change Name cha	label or Number and street (or B.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
\vdash	Initial reti	, , , , , , , , , , , , , , , , , , ,	1100m/suite	C relephone namber
\vdash		See		/314) 800 - 0086
\vdash	Final retu Amended	Specific		(314)890-0086
\vdash	return Application	instruc-		method Cash X Accrual
Ш	pending	SAINT LOUIS, MO 63146	Tea	Other (specify)
		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 	1	plicable to section 527 organizations
			1 ' '	p return for affiliates? Yes X N
		▶ WWW.CHIFOUNDATION.ORG	1 ' '	er number of affiliates
<u>J 0</u>	rganiza	tion type (check only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(c) Are all affiliate	es included? Yes No thia list. See instructions)
K C	heck he	re If the organization's gross receipts are normally not more than \$25,000. The	H(d) Is this a separa	•
01	ganizat	ion need not file a return with the IRS; but if the organization received a Form 990 Package		vered by a group ruling? Yes X N
ın	the ma	ili, it should file a return without financial data Some states require a complete return.	I Group Exemp	ption Number 🕨
			M Check ►	if the organization is not required
L G	ross red	ceipts Add lines 6b, 8b, 9b, and 10b to line 12 973,791.	to attach Sch	B (Form 990, 990-EZ, or 990-PF)
Par	F	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page	18 of the instru	ctions.)
	1	Contributions, gifts, grants, and similar amounts received		
	a	Direct public support	940,978.	
	b	Indirect public support 1b	,	7 1
	c	Government contributions (grants) 1c		†
	Ι.	Total (add lines 1a through 1c) (cash \$ 899,708. noncash \$	41,270.)	1d 940,978
	d			
	2	Program service revenue including government fees and contracts (from Part VII, line 9		3
	3	Membership dues and assessments		
	4	Interest on savings and temporary cash investments	335	
	5	Dividends and interest from securities		5
	6 a		4 1	
	b	Less: rental expenses	∤	
	С	Net rental income or (loss) (subtract line 6b from line 6a)		6c
ĭe	7	Other investment income (describe)	7
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B)	Other	<u>.</u>
æ	1	than inventory		_[]
	b	Less: cost or other basis and sales expenses 8b		
	c	Gain or (loss) (attach schedule)		1
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check he		
	1	Gross revenue (not including \$ 32,503. of STMT 1		
	"	contributions reported on line 1a)	32 <u>,478</u> .	
	ь	Less' direct expenses other than fundraising expenses 9b	31,114.	7 1
	I	• • • • • • • • • • • • • • • • • • • •	<u> </u>	7. 1
	L C	Het meetie et (1888) from Special etema (848) de 1897 from 1898 et		1,364
	10 a	,		-
	b	Less: cost of goods sold	40.)	-1
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from li		100
	11	Other revenue (from Part VII, line 103)		11
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 942,677
	13	Program services (from line 44, column (B)) Management and general (from line 44, column (C))	1175-11	13 949,258
Expenses	14	management and general (north mile 11, column (e))	INED	14
ĕ	15	Fundraising (from line 44, column (D))	181	15
X	16	Payments to affiliates (attach schedule)	6 2005	16
	17	Total expenses (add lines 16 and 44, column (A))		17 949,258
-S	18	Freeze or (defeat) for the year (subtract line 47 from line 42)	AL JUNE S	18 -6,581
SSE	19	Net assets or fund balances at beginning of year (from line 73, column (A))	IN, UT	19 138,343
Net Assets	20	Other changes in net assets or fund balances (attach explanation)		20
Net	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 131.762

Q134

Form **990** (2004)

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

Pa	rt II						(D) are required for section 50 others (See page 22 of the in	
		ot include amounts reported on line			(A) Total	(B) Program	(C) Management	(D) Fundraising
22		<u>6b, 8b, 9b, 10b, or 16 of Part I.</u> ts and allocations (attach sched	dule)			services	and general	77
		946,295. noncash \$	' ł	22	946,295.	946,295.	STMT 3	
23		ic assistance to individuals (attach sched	—′t	23	1,813.	1,813.	STMT 5	1 4 4 7 6
24	•	ts paid to or for members (attach schedu	' F	24	2,023.	2,023.		11/2/20 2 2 2 4
25		pensation of officers, directors,	, +	_	NONE			
26		r salaries and wages		26				
27		ion plan contributions		27	•			
28		r employee benefits		28				
29		oll taxes		29				
30		essional fundraising fees		30				
31		unting fees		31				
32		fees		32				
33		lies		33			·	
34		phone		34				
35		age and shipping		35				
36		pancy		36				
37		ment rental and maintenance		37				
38		ng and publications	· · F	38				
39		sl		39				
40		rences, conventions, and meetings		40				
41		est	· T	41				
42		ciation, depletion, etc. (attach schedule),		42				
43		expenses not covered above (itemize) STMT	Г	13a	1,150.	1,150.		
b				13b				
С			1.	13c				
d				13d				
е				13e			·	
44	Total fu Organiz these to	unctional expenses (add lines 22 through Lations completing columns (B)-(D), carry otals to lines 13-15	43) y	44	949,258.	949,258.		
		ts. Check ▶ if you are fo		na S		0.00,000		
		nt costs from a combined education				citation reported in (B) Pro	ogram services?	Yes X No
If "Y	es," en	ter (i) the aggregate amount of the	se jon	nt co	sts \$; (ii) the amount alloc	ated to Program services	\$
(iii) t	he am	ount allocated to Management and	d gene	ral \$		— ;and (iv) the amount a	illocated to Fundraising \$	
		Statement of Program Se				ee page 25 of the in	structions.)	
Wha	t is the	e organization's primary exempt pur	rpose?	, >	STMT 7	· •		Program Service Expenses
of c	lients	zations must describe their exem served, publications issued, etc ins and 4947(a)(1) nonexempt ch	Discu	ISS :	achievements that are i	not measurable. (Sectio	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a s	STMT	8						
•								
					(Grants a	and allocations \$	946,295.)	946,295
b .								
_								
					(Grants a	ind allocations \$)	2,963
С								
					(Grants a	ind allocations \$)	
d								
'								
				. .		, , , , , , , , , , , , , , , , , , , 		
					(Grants a	and allocations \$)	
e	Other	program services (attach sche	dule)			and allocations \$)	
		of Program Service Expenses		uld e	equal line 44, column	(B), Program services)		949,258

1,1

	art IV					
		Where required, attached schedules and amounts within the column should be for end-of-year amounts only.	description	(A) Beginning of year		(B) End of year
_	45	Cash - non-interest-bearing	[34,763.	45	87,846.
	46	Savings and temporary cash investments	[103,580.	46	43,916.
	47a	Accounts receivable			k 44	
		Less: allowance for doubtful accounts 47b		<u> </u>	47c	
			M 1 3 3 1		12	
		Pledges receivable			1/2/	
	b	Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employ	/ees			
		(attach schedule)			50	
	51a	Other notes and loans receivable (attach	1			
LO.		schedule)				
Assets	b	Less: allowance for doubtful accounts [51b]			51c	
Ass	52	Inventories for sale or use			52	
_	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule) ▶	CostFMV _		54	
	55a	Investments - land, buildings, and	i		864	
		equipment: basis			8 94	
	ь	Less: accumulated depreciation (attach			166	
		schedule)55b			55c	
	56	Investments - other (attach schedule)			56	<u>.</u>
	57a	Land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach			100	
		schedule)			57c	
	58	Other assets (describe ▶)		58	
					1	
	59	Total assets (add lines 45 through 58) (must equal line 74).		138,343.		131,762.
	60	Accounts payable and accrued expenses		·····	60	
	61	Grants payable		·····	61	
	62	Deferred revenue		<u> </u>	62	
es	63	Loans from officers, directors, trustees, and key employees (994	
Ħ		schedule)			63	
Liabilities	1	Tax-exempt bond liabilities (attach schedule)			64a	
_	b	Mortgages and other notes payable (attach schedule)	. L		64b	
	65	Other liabilities (describe ▶) [65	
	66	Total liabilities (add lines 60 through 65)		····	66	
	Orga	nizations that follow SFAS 117, check here ► X and cor	npiete lines			
	l	67 through 69 and lines 73 and 74.	İ		67	
Ses	67	Unrestricted		120 242		121 762
ᆵ	68	Temporarily restricted		138,343.	1	131,762.
Bal	69	Permanently restricted			69	
Net Assets or Fund Balances	Orga		and			
교		complete lines 70 through 74.			70	
ō	70	Capital stock, trust principal, or current funds				
ets	71	Paid-in or capital surplus, or land, building, and equipment fu			71	
SS	72	Retained earnings, endowment, accumulated income, or oth			72	
t A	73	Total net assets or fund balances (add lines 67 through 69	or intes		171	
Š	ł	70 through 72;	,,,	120 242	72	121 760
	 	column (A) must equal line 19; column (B) must equal line 2 Total liabilities and net assets / fund balances (add lines 6)		138,343. 138,343.		131,762. 131,762.
		- intal panilities and het assets / Tilbu halances land lines N		1.30 . 34 3	. / 🕶 /	1.31.70/

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.

JSA

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μ	an	e	4

Part IV-A	Financial Statements wit Return (See page 27 of the	th Reve ne instri	udited nue per uctions.)	1 41	rt IV-B	Reconciliation Financial Star Return	ement	s with	Expe	enses per	
Total rev	venue, gains, and other suppor			а	Total e	expenses and	osses	per			· ···
. per audı	ted financial statements	▶ <u>a</u>	942,67	7.	audited	financial stateme	nts	▶	а	949	,258
Amount	s included on line a but not on			b	Amount	s included on line	a but i	not			
line 12,	Form 990:			i	on line	17, Form 990:					
(1) Net unrea	alized gains			(1)	Donated	services					
on invest	ments \$				and use	of facilities \$					
(2) Donated		-		(2)	Prior yea	ır adjustments					
• ,	of facilities \$				-	on line 20,					
(3) Recoveri		-			•	o . \$					
• •	its \$			(3)		eported on					
(4) Other (sp	•	-		' '		Form 990 \$					
(., Салы (Ср	,			(4)	Other (sp						
	s			```	(-,-	,,					
Add am	ounts on lines (1) through (4)	- b				s					
/ lad all	odnie on mies (1) an ough (1)			_	Add amo	unts on lines (1) th	ough (4	· •	ь		
: Line a m	ninus line b		942,67	7. c		ninus line b				949	258
	s included on line 12,	- -	J-12, U1			s included on line				7-7	
	90 but not on line a:			1		90 but not on line	=				
				(4)		ent expenses					
(1) Investme	•			'''		ded on line					
	ded on line			1							
	990 \$	-		/,,,		990\$					
(2) Other (sp	ecity).			(2)	Other (sp	респу):					
				:							
	2	1 1				\$					
		-l . l									
	ounts on lines (1) and (2)	d		_		ounts on lines (1)			d		
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	942 , 67 es, and Key	e 7. Emplo	Total ex (line c p	penses per line 1 lus line d)	7, Forn	1 990 ▶	е	949 d; see page	
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p	penses per line 1 lus line d)	7, Forn	1 990 ▶	ensated		27 of
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Total rev (line c p Part V L	venue per line 12, Form 990 lus line d)	► 8	es, and Key	7. Emplo (B) Title a	Total ex (line c p yees (List and average per week	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0-)	(D) Comployed	ontribution of competends of c	ensated	(E) Expensions account and allowance	27 of se other es
Part V L	venue per line 12, Form 990 lus line d)	Trustee	es, and Key	7. Emplo (B) Title all hours prodevoted of	Total ex (line c p yees (Lis nd average per week to position	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0) NON	7, Form	n 990 b compe	ensated	(E) Expensions account and allowance	27 of se other es
Part V L SEE STAT	venue per line 12, Form 990 lus line d)	Trustee	es, and Key	Emplo (B) Title an hours prodevoted of	Total ex (line c p yees (Lis nd average per week to position	penses per line 1 lus line d) st each one ever (C) Compensation (If not paid, enter -0) NON	7, Form	n 990 b compe	ensated ons to plans & neation	(E) Expensional account and allowance	27 of se other es

Form	n 990 (2004) 43-1932814 '			² age 5
	rt VI Other Information (See page 28 of the instructions.)		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		х
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		х
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	A
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		х
	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	х	
b	If "Yes," enter the name of the organization ► CHILDREN'S HOPE INTERNATIONAL			
_	and check whether it is X exempt or nonexempt.			ĺ
81a	Enter direct and indirect political expenditures. See line 81 instructions.			İ
	Did the organization file Form 1120-POL for this year?	81b	N/	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?	82a	x	!
	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)			į
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	i
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
		84b	N/	A
R 5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	
	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			
	Dues, assessments, and similar amounts from members 85c N/A			:
	Section 162(e) lobbying and political expenditures			į
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
				í
	, , , , , , , , , , , , , , , , , , , ,	85g	N/	x
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	83y	IN/	
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable	85h	N/	A
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	8311	N/	-
	Sol(s)(/) sign. Little 1 industri 1000 cite outprint outp			
	Gross receipts, included on line 12, for public use of club facilities			i
	501(c)(12) orgs. Enter: a Gross income from members or shareholders			į
	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them)	1 1		:
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			į
	partnership, or an entity disregarded as separate from the organization under Regulations sections		37 /	
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	N/	3
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	[]		i
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			l
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			l
	a statement explaining each transaction	89b		Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			NON
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			NON
	List the states with which a copy of this return is filed ▶ALL STATES			
b	• • • • • • • • • • • • • • • • • • • •	90b		£
91	The books are in care of DIANNA BRINER Telephone no 314-89	<u>0-00</u>	86	
	Located at ▶ 11780 BORMAN DRIVE, ST. LOUIS, MO ZIP+4 ▶ 63146			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		1	▶∟
	and enter the amount of tax-event interest received or accrued during the tax year		N	ONE

Form **990** (2004)

GORNST

ONE NORTH BRENTWOOD

SAINT LOUIS

JSA 4E1050 1 000

Use Only

Paid Preparer's signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization

Employer identification number

CHILDREN'S HOPE IN	TERNATIONAL I	OUNDATION	<u>l</u>	43-1932814
Part I Compensation of the Five Highe (See page 1 of the instructions. List e	each one. If there	ees Other Thar 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
NONE				
		-		
otal number of other employees paid over 50,000	NONE st Paid Indeper	ndent Contracto	ors for Profession	nal Services
(See page 2 of the instructions. List			of service	(c) Compensation
NONE		-		
		-		
Total number of others receiving over \$50,000 for professional services ▶	NONE			
For Paperwork Reduction Act Notice, see the Instructions for F	orm 990 and Form 990-	EZ.	Schedul	le A (Form 990 or 990-EZ) 200

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempts of intrusione public opinion on a legislative matter or referencement? If "Yes," enter the total expensives paid or incurred in connection with the licitying activities in the properties of the Visit of the Visit of the Visit of the Visit of the Visit of		t III Statements About Activities (See page 2 of the instructions.)		Yes	No
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or incurred in connection with the lobbying activities	•				
Part VI-A, or line 1 of Part VI-B, 1 Organizations that made an election under section 501(h) by filing form 5768 must complete Part VI-A Other organizations chacking Tve," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or undercity, engaged in any of the following acts with any substantal 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 "fes," affacts a defailed statement explaining file transactions.) Lending of money or other extension of creat? E Furnishing of goods, services, or facilities? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2 d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2 d Transfer of any part of its income or assets? 3 b Do you make grants for scholaribles, fellowships, student loans, etc.? (if "Yes," attach an explanation of how you determine that recipients qualify for receive psyments) 3 d Do you make grants for scholaribles, fellowships, student loans, etc.? (if "Yes," attach an explanation of how you determine that recipients qualify for receive psyments) 4 Do you are ordered counseling, doth management, credit repay, or deth registation services? 3 d Do you make ordered counseling, doth management, credit repay, or deth registation services? 4 a Do you are considered to the hospital services section 170(b)(1)(A)(i)) A choopt and care coperative hospital service or collegion or university owned or operated by a governmental unit or from the general public Section 170(b)(1)(A)(ii). A community trest Section 170(b)(1)(A)(ii). (Also complete Part V) A community trest Section 170(b)(1)(A)(ii). (Also complete the Support Schedule in Part IV-A) An organiz		· · · · · · · · · · · · · · · · · · ·			
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A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iv) 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) 1a X 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) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) 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) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3)) Provide the following information about the supported organizations (See page 5 of the instructions) (b) Line number from above	_				
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section 509(a)(3)) Provide the following information about the supported organizations (See page 5 of the instructions) (a) Name(s) of supported organization(s) (b) Line number from above 4 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions) Sebedula A (Form 909 or 909 E7) 309	13				
Provide the following information about the supported organizations (See page 5 of the instructions) (a) Name(s) of supported organization(s) (b) Line number from above 4 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions) Sebedula A (Form 900 or 900 E7) 300		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) (Se	9		
(a) Name(s) of supported organization(s) (b) Line number from above 4 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions)					
An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions) Separation A (Form 900 or 900 E7) 300					•
An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions)		(a) Name(e) of elliphorted organization(e)		er	
SA Sabadula A (Form 000 or 000 E7) 20			. 45046		•
SA Sabadula A (Form 000 or 000 E7) 20					
SA Sabadula A (Form 000 or 000 E7) 20					•
SA Sabadula A (Form 000 or 000 E7) 20					
SA Sabadula A (Form 000 or 000 E7) 20					,
SA Sabadula A (Form 000 or 000 E7) 20	14	An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions)			
	JSA	Sahadula A (Farn	990 or	990-EZ	2004

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.

	ic. Tou may add the workshoot in the instruction					
Cal	endar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)	295,158.	247,450.	289,365.		831,973.
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					
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					1
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	1,777.	1,805.			3,582.
19				:		
	activities not included in line 18					
20	Tax revenues levied for the organization's		}		1	
	benefit and either paid to it or expended on					
	rts behalf					
21						
	the organization by a governmental unit					
	without charge. Do not include the value of					1
	services or facilities generally furnished to the	ĺ	[
22	Public without charge					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	296,935.	249,255.	289,365.		835,555.
	Line 23 minus line 17	296,935.	249,255.	289,365.	-	835,555.
	Enter 1% of line 23	2,969.	2,493.	2,894.		
	Organizations described on lines 10 or 11: a E				26a	16,711.
	Prepare a list for your records to show the n				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	governmental unit or publicly supported organiz	zation) whose tota	gifts for 2000 t	hrough 2003 exce	eded the	
	amount shown in line 26a. Do not file this lis	t with your return	n. Enter the total of	of all these excess	amounts > 26b	37,560.
C	Total support for section 509(a)(1) test: Enter line 24,	column (e)			▶ <u>26c</u>	835,555.
d	Add: Amounts from column (e) for lines: 18					
		26		<u>560.</u>		41,142.
е	Public support (line 26c minus line 26d total)		· · · · · · · · · · · ·		▶ <u>26e</u>	794,413.
f	Public support percentage (line 26e (numerator) di	vided by line 26c (de	enominator))	6 and 47 Abox	▶ 26f	95.0761 %
27	Organizations described on line 12: a For person," prepare a list for your records to show	amounts included w the name of, a	i in lines 15, 19 and total amounts	o, and 17 that received in each	were received tr vear from, each "o	om a "disqualified disqualified person"
	Do not file this list with your return. Enter the sum	of such amounts for	each year		,	,
	(0000)		(0004)		(0000)	
	(2003)(2002)					
b	For any amount included in line 17 that was re show the name of, and amount received for each					
	(Include in the list organizations described in lines	s 5 through 11, as	well as individuals	.) Do not file this	list with your retu	rn. After computing
	the difference between the amount received and	the larger amou	nt described in (1)	or (2), enter the	sum of these diffe	erences (the excess
	amounts) for each year: (2003) (2002)		(2004)		(2000)	
	(2003)		(2001)		(2000)	
_	Add: Amounts from column (e) for lines: 15	16	•			
Ü	Add: Amounts from column (e) for lines: 15 20 Add: Line 27a total a	21			270	
d	Add: Line 27a total	and line 27b total			27d	
e	Public support (line 27c total minus line 27d total) •			· · · · · · · · · · · · · · · · ·	279	
f	Total support for section 509(a)(2) test: Enter amoun					
	Public support percentage (line 27e (numerator) di			***************************************		%_
_	Investment income percentage (line 18, column (e	-	••			%
	Unusual Grants: For an organization described	l in line 10, 11,	or 12 that rece	ived any unusual	grants during 20	00 through 2003,
	prepare a list for your records to show, for edescription of the nature of the grant Do not file this				amount of the	grant, and a brief

Page 4

Par	TV Private School Questionnaire (See page 7 of the instructions.) NOT APPLICATION (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLE	2	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<u> </u>		
	,			
32	Does the organization maintain the following:	222		
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
		32b		
С	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1		
	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.)			
			1	
33	Does the organization discriminate by race in any way with respect to:		1	
33	boos the organization determinate by rade in any way with toposite.		.	
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
	English of the State of the Sta			
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
u	ocholarships of other hilandia assistance:	33u		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
••	Other extracurricular activities?	2511		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			1	
	Design to the first of the second of the sec	ا ا		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	<u> </u>		
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		

Pa	, ,	xpenditures by Ele o pleted ONLY by an	cting Public Chariti eligible organizatio	, , ,			,		BLE
Che	eck ▶a if the organi	zation belongs to an affi	iliated group Check	⟨ ▶ b If you	checke	d "a" and	"limite	ed cor	ntrol" provisions apply.
		imits on Lobbying	g Expenditures s amounts paid or incu	irred)		Affiliati	(a) ed groi tals	тÞ	(b) To be completed for ALL electing organizations
			· · · · · · · · · · · · · · · · · · ·	<u> </u>					Organizations
	Total lobbying expendi				36				
37	, , ,				37				
38	Total lobbying expendi				38				
39	Other exempt purpose				40				
40	• • •	•	· • • •		40				
41	Lobbying nontaxable a			=					
	If the amount on line		bbying nontaxable a	•					
	Not over \$500,000				1				
	Over \$500,000 but not over				41				
	Over \$1,000,000 but not over						· · · · · · · · · · · · · · · · · · ·		
	Over \$1,500,000 but not over								
12	Over \$17,000,000 Grassroots nontaxable	amount (enter 25% c	of line 41)		42			-	
	Subtract line 42 from li				43				
	Subtract line 41 from li				44				
77	Cubacut into 47 Hotel								
	Caution: If there is an	amount on either line	43 or line 44, vou mus	st file Form 4720.					
			Averaging Period		501(h)			<u> </u>
	(Some organizati		ion 501(h) election do				ive col	umns	below.
	,		ons for lines 45 throug		•				
			Lobbying Expend	itures During 4	Year /	Averagir	ng Pe	riod	
_	Calendar year (or fiscal	(a)	(b)	(c)		((d)		(e)
	/ear beginning in) ▶	2004	2003	2002		20	001_		Total
	Lobbying nontaxable								
<u>45</u>	amount · · · · · ·								
	Lobbying ceiling amount				1				
<u>46</u>	(150% of line 45(e))								
47	Total lobbying expenditures								
	Grassroots nontaxable				1				
<u>48</u>	amount · · · · · ·								
	Grassroots ceiling amount								
<u>49</u>	(150% of line 48(e))]	
	Grassroots lobbying								
	expenditures			<u> </u>					
Pa			ing Public Charities		۸۱ /۵-				-4
			tions that did not co			e page 1	1 01 1	ne in	structions.)
	ing the year, did the organ				ng any		Yes	No	Amount
	mpt to influence public opi							V	,
a	Volunteers Paid staff or managem	ent (heluda samaan		orted on lines a th	· · ·		<u> </u>	×	
D	Paid starr or managerr	ient (include compens	sation in expenses rep	orted on lines c tr	rougn	n. <i>)</i>	<u> </u>	x	
_	Media advertisements	logiolotoro or the mile			• • •			Ŷ	
ď	, ,							X	
e				• • • • • • • • •			<u> </u>	$\frac{\lambda}{X}$	
f	Grants to other organiz			r a logiclative bod				×	
g	•						$\vdash\vdash\vdash$	X	- · · · · · · · · · · · · · · · · · · ·
h			samb b A	-	· -		 	\sim	
İ	Total lobbying expendi						L		
ISA	If "Yes" to any of the a	pove, also attach a si	tatement giving a deta	uiea aescription o	tine lo	poying ac			Form 990 or 990 E7) 2004

JSA 4E1240 1.000 Schedule A (Form 990 or 990-EZ) 2004

Part VII

Part VII		Transfers To and Transactions an See page 11 of the instructions.)	d Relationships With Noncharitable	
			owing with any other organization described in	n section
` '	•	on 501(c)(3) organizations) or in sectio ation to a noncharitable exempt organiz	n 527, relating to political organizations?	Yes No
				X
				x
b Other tran				
(i) Sale	es or exchanges of assets w	vith a noncharitable exempt organizatior	b(i)	x
(ii) Puro	chases of assets from a nor	ncharitable exempt organization	b(ii)	Х
(iii) Ren	tal of facilities, equipment, o	or other assets	b(iii)	х
(iv) Rein	mbursement arrangements			X
(v) Loai	ns or loan guarantees		b(v)	X
		mbership or fundraising solicitations		X
		ng lists, other assets, or paid employee		<u> </u>
	•	" complete the following schedule Column the reporting organization If the organization	(b) should always show the fair market value of the	
•		v in column (d) the value of the goods, other		
(a)	(b)	(c)	(d)	
Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arra	ngements
N/A				
				
				_
describe	d in section 501(c) of the C complete the following sche		n section 527? Yes	X No
Na	(a) me of organization	(b) Type of organization	(c) Description of relationship	
N/A				
···			- Selection of the selection of the Sele	

		<u> </u>		

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CONCERT FOR ORPHANS	553.	1,735.	-1,182.
FATHER/DAUGHTER DANCE	14,237.	446.	13,791.
ORPHAN TRAIN	5,850.	27,982.	-22,132.
HALLOWEEN PARTY	1,730.	NONE	1,730.
TRIVIA NIGHT	5,418.	250.	5,168.
WALK FOR HOPE	4,690.	701.	3,989.
TOTALS	32,478.	31,114.	1,364.

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STATEMENT 3

HOLLYWOOD, FL 33021

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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			
ARK VIDEO INTERNATIONAL PRODUCTIONS	N/A	Russian film project	41,800.
12100 HUNTERS LANE ROCKVILLE, MD 20852	N/A		·
ASHA 7679 BHANDARKAR INSTITUTE ROAD PUNE, INDIA 411004	n/a n/a	HUMANITARIAN AID TO INDIA	100.
BIBLEWAY, INC. 9710 COOK LANE BOISE, ID 83704	n/a n/a	READING GLASSES TO CHILDREN IN THAILAND	1,200.
CHI FOUNDATION - CHINA BEIJING, CHINA	n/a n/a	HUMANITARIAN AID TO CHINA	145,931.
CHI FOUNDATION - KAZAKHSTAN ALMATY, KAZAKHSTAN	N/A N/A	HUMANITARIAN AID TO KAZAKHSTAN	25,000.
CHI FOUNDATION - RUSSIA TOMSK, RUSSIA	n/a n/a	HUMANITARIAN AID TO RUSSIA	510,000.
CHI FOUNDATION - VIETNAM HO CHI MINH CITY, VIETNAM	n/a n/a	HUMANITARIAN AID TO VIETNAM	114,980.
CHILDREN'S VISION INTERANATIONAL PO BOX 380 BANGOR, WI 54614	n/a n/a	CLEFT SURGERY	700.
HANDS OF HOPE 3500 CLEVELAND ST.	n/a n/a	OPERATE MEDICAL CLINIC IN GUATEMALA	5,850

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

RECIPIENT NAME A		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HOGAR RAFAEL AYA 16 CALLE 3-61 ZOI GUATEMALA CITY, G	NE 1	N/A N/A	HUMANITARIAN AID IN GUATEMALA	30,468.
MISSIONS TO THE PLOT NO 18, D. NO KANNAYYAKAPUNAGE		N/A N/A	HUMANITARIAN AID TO INDIA	69,766.
WORLDWAYS CHILDRO 15479 CLAYTON RO BALLWIN, MO 630	Φ	N/A N/A	RUSSIAN EXHIBIT	500.
			TOTAL CONTRIBUTIONS PAID	946,295.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS	
DESCRIPTION	PROGRAM SERVICES
ADOPTION ASSISTANCE	1,813.
TOTALS	1,813.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION

PROGRAM SERVICES

MISCELLANEOUS

1,150.

TOTALS

1,150.

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

THROUGH ITS HUMANITARIAN AID AND RELIEF PROGRAMS, CHILDREN'S HOPE INTERNATIONAL FOUNDATION IS COMMITTED TO PROVIDING HOMES, HEALTH, AND HOPE TO THE CHILDREN AT RISK THROUGHOUT THE WORLD.

FORM 990, PART III - PROGRAM S	ERVICE ACCOMPLISHMENTS (A THROUGH D)		
ITEM DESCRIPTION		GRANTS AND ALLOCATIONS	EXPENSES
GUATEMALA, INDIA, RUSSIA, ORPHANED CHILDREN. THESE TO ORPHANAGES, PROVIDING	ROUS HUMANITARIAN PROJECTS IN CHINA, KAZAKHSTAN, AND VIETNAM TO BENEFIT PROJECTS INCLUDE PROVIDING SUPPORT MEDICAL TREATMENT, AND SUPPORTING HUMANITARIAN AID IN CHINA, RUSSIA,	946,295.	946,295.
	SSISTANCE TO BENEFIT ORPHANED ALA, INDIA, RUSSIA, KAZAKHSTAN,		2,963.
TOTAL		946,295.	949,258.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GANTT, DWYATT	FOUNDATION CHAIR	NONE	NONE	NONE
11780 BORMAN DR. ST. LOUIS, MO 63146	1 HR/WEEK	NONE	NONE	NONE
PETROWSKY, BARRY 11780 BORMAN DR. ST. LOUIS, MO 63146	MEMBER 1 HR/WEEK	NONE	NONE	NONE
HOR, JEFF 11780 BORMAN DR. ST. LOUIS, MO 63146	MEMBER 1 HR/WEEK	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE

FEDERAL FOOTNOTES

FORM 990, LINE 82

A 501(C)(3) ORGANIZATION WITH WHICH THE FOUNDATION IS AFFILIATED PROVIDED SERVICES (INCLUDING INCIDENTAL EXPENSES) WHICH ARE CLASSIFIED AS FOLLOWS:

TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
_	\$72,038	\$20,347	\$51,691

orm 8868

(Rev December 2004)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue S		► File a separate applicat	ion for each return				
		-Month Extension, complete only	Part I and check this	box	<u>_</u> _		. ▶ x
• If you are f	iling for an Additional (i	ot automatic) 3-Month Extension	, complete only Part	II (on page	2 of this	form).	••
Do not comple	te Part II uniess you hav	e already been granted an automa	tic 3-month extension	on a prev	viously file	d Form 8868	
Part I Auto	matic 3-Month Exte	ision of Time - Only submit orig	inal (no copies need	ded)			
Form 990-T co	orporations requesting	an automatic 6-month extension - c	heck this box and cor	mplete Pai	rt I only		.▶ 🔲
		990-C filers) must use Form 7004					; <u>.</u>
Partnerships,	REMICs, and trusts mu	st use Form 8736 to request an ex	tension of time to file F	orm 1065,	, 1066, or	1041.	
		can be filed electronically if you v					
		orporate Form 990-T filers) Howe nstead you must submit the fully					
		orm, visit <i>www irs.gov/efile.</i>	completed signed p	raye Z (F	ait ii) Ui i	-01111 0000. 1	roi illore
Type or	Name of Exempt Organi				Employer	r identification	number
print	CHILDREN'S H	OPE INTERNATIONAL FOUND	ATION		43-1	932814	
File by the	Number, street, and roo	m or suite no If a P O box, see instruction	ns				
due date for filing your	9229 LACKLAN	D ROAD					
return See	City, town or post office	state, and ZIP code. For a foreign addre	ss, see instructions				
instructions	SAINT LOUIS,	MO 63114-5412					
Check type o	f return to be filed (file	a separate application for each retu	ırn)				
X Form 990)	Form 990-T (corporation)		For	m 4720		
Form 990		Form 990-T(sec 401(a) or 408(a	•		m 5227		
Form 990		Form 990-T (trust other than abo	ve)		m 6069		
Form 990	-PF	Form 1041-A		For	m 8870		
 If the organ If this is for for the whole on the same of the whole on the whole on the whole on the whole on the whole of	a Group Return, enter group, check this box No of all members the e	n office or place of business in the he organization's four digit Group .	Exemption Number (GI	this box EN)	 and attach	. If this a list with the	he ————
•		turn for the organization named at	•				2005
▶ x	calendar year 2004	₹			g		
>	tax year beginning		, and ending				
2 If this tax	year is for less than 12	months, check reason. Initia	l return	eturn	Change	in accounting	g period
3a If this ap	plication is for Form 9	90-BL, 990-PF, 990-T, 4720, or 6	069, enter the tenta	ative tax, I	ess any		
nonrefund	dable credits. See instru	ictions		<i></i>		\$	
b If this ap	plication is for Form 99	0-PF or 990-T, enter any refundal	ole credits and estima	ated tax pa	ayments		
made. Ind	clude any prior year ove	rpayment allowed as a credit				\$	
c Balance	Due. Subtract line 3b f	om line 3a. Include your payment	t with this form, or, if	required,	deposit		
		red, by using EFTPS (Electronic	-	•	•		
						* 0070.50	
c aution. It you for payment ins		electronic fund withdrawal with this	roim oooo, see rorm	1 8433-EC	, and Form	1 00/9-EU	
•		ction Act Notice, see Instructions.				- 0000 :=	40.555.5
FOI FIIVACY AC	L and Paperwork Redi	ction Act Notice, see instructions.			F	Form 8868 (Rev	v 12-2004)

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