

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
HOPE FOR CHILDREN, INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
41 PERIMETER CENTER EAST 250
 City or town, state or country, and ZIP + 4
ATLANTA, GA 30346

D Employer identification number
58-1937563

E Telephone number
770-391-1511

F Accounting method: Cash Accrual
 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).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶ N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **▶ N/A**

G Website: **WWW.HOPEFORCHILDREN.ORG**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 961,966.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	144,987.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 144,987. noncash \$ _____)			1e	144,987.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	737,769.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	
6 a	Gross rents	6a	4,218.		
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	4,218.
7	Other investment income (describe ▶)			7	
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c			
8d				8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	74,992.		
b	Less direct expenses other than fundraising expenses	9b	13,298.		
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	61,694.
10 a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 9073)			11	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	948,668.
13	Program services (from line 44, column (B))			13	801,893.
14	Management and general (from line 44, column (C))			14	71,481.
15	Fundraising (from line 44, column (D))			15	61,265.
16	Payments to affiliates (attach schedule)			16	
17	Total expenses. Add lines 16 and 44, column (A)			17	934,639.
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	14,029.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	4,155.
20	Other changes in net assets or fund balances (attach explanation)			20	<15,728.>
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	2,456.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	67,083.	46,958.	13,417.	6,708.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	352,526.	309,443.	28,687.	14,396.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	35,942.	30,551.	3,594.	1,797.
30 Professional fundraising fees	24,438.			24,438.
31 Accounting fees				
32 Legal fees				
33 Supplies	7,060.	6,313.	706.	41.
34 Telephone	8,505.	7,296.	806.	403.
35 Postage and shipping	17,459.	16,700.		759.
36 Occupancy	29,036.	24,681.	2,903.	1,452.
37 Equipment rental and maintenance	905.	616.	253.	36.
38 Printing and publications	10,759.	9,322.	496.	941.
39 Travel	3,080.	2,140.	537.	403.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	4,503.	3,828.	450.	225.
43 Other expenses not covered above (itemize):				
a ADOPTION PROGRAM				
b EXPENSES	303,700.	294,790.	5,940.	2,970.
c PROMOTIONAL	6,879.	1,792.		5,087.
d INSURANCE	24,854.	21,126.	2,485.	1,243.
e MISCELLANEOUS	9,382.	3,138.	5,948.	296.
f PROFESSIONAL FEES	20,658.	15,538.	5,120.	
g SERVICE FEES	7,870.	7,661.	139.	70.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	934,639.	801,893.	71,481.	61,265.

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

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

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? ▶

MATCHING ADOPTIVE PARENTS WITH NEEDY CHILDREN

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 SEE STATEMENT 4

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

801,893.

b

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

c

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

d

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

e Other program services (attach schedule)

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

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

801,893.

Form 990 (2006)

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	1,166.	8,558.
	46 Savings and temporary cash investments	48,630.	23,400.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	4,246.	4,246.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 116,371.	
b Less: accumulated depreciation STMT 5	57b 110,403.	10,470.	
58 Other assets, including program-related investments (describe ▶ _____)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	64,512.	59 42,172.	
Liabilities	60 Accounts payable and accrued expenses	27,657.	60 19,016.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ SEE STATEMENT 6)	32,700.	65 20,700.
	66 Total liabilities. Add lines 60 through 65	60,357.	66 39,716.
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	<44,475.>	67 <20,974.>
	68 Temporarily restricted	48,630.	68 23,430.
	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)	4,155.	73 2,456.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	64,512.	74 42,172.

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 82a through 91b with various organizational details and financial information.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADOPTION SERVICES					737,769.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	4,218.	
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					61,694.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,218.	799,463.
105 Total (add line 104, columns (B), (D), and (E))					803,681.

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.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ADOPTION SERVICES ARE AN INTEGRAL PART OF THE ORGANIZATION'S MISSION AND ARE DIRECTLY RELATED TO ITS EMEEMPT PURPOSE.

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

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

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

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

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). N/A

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

	(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.

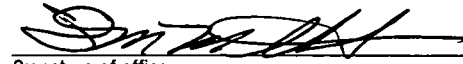
Yes	No

	(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

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.

Please Sign Here:  11/15/07
 Signature of officer Date
 Type or print name and title: *DAVID M. MALOTINK EXECUTIVE DIRECTOR*

Paid Preparer's Use Only: Preparer's signature: *Aunt M. Thompson* Date: 11/14/07 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: JONES AND KOLB
 10 PIEDMONT CTR, STE 100
 ATLANTA, GA 30305
 EIN: Phone no.: (404) 262-7920

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

HOPE FOR CHILDREN, INC.

Employer identification number

58 1937563

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 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
NONE				
Total number of other employees paid over \$50,000 ▶	0			

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 ▶	0	

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 ▶	0	

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) 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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	a 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)		X
	b Did the organization have a section 403(b) annuity plan for its employees?		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		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966? N/A		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	d Enter the total number of donor advised funds owned at the end of the tax year ▶ N/A		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ N/A		
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0.		
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ 0.		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 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 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	188,305.	404,107.	603,158.	800,216.	1,995,786.
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	649,241.	708,983.	1,181,210.	1,197,230.	3,736,664.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	31,653.	29,180.	79.	2,289.	63,201.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	869,199.	1,142,270.	1,784,447.	1,999,735.	5,795,651.
24 Line 23 minus line 17	219,958.	433,287.	603,237.	802,505.	2,058,987.
25 Enter 1% of line 23	8,692.	11,423.	17,844.	19,997.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 41,180.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 15,640.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,058,987.
d Add: Amounts from column (e) for lines 18 <u>63,201.</u> 19 _____ 22 _____ 26b <u>15,640.</u>					26d 78,841.
e Public support (line 26c minus line 26d total)					26e 1,980,146.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.1709%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2005) N/A	(2004) N/A	(2003) N/A	(2002) N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005) N/A	(2004) N/A	(2003) N/A	(2002) N/A	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/> <hr/>			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
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 10 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations																		
		N/A																			
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 - <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: none;">If the amount on line 40 is -</td> <td style="width: 50%; border: none;">The lobbying nontaxable amount is -</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Not over \$500,000</td> <td style="border: none;">20% of the amount on line 40</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Over \$500,000 but not over \$1,000,000</td> <td style="border: none;">\$100,000 plus 15% of the excess over \$500,000</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Over \$1,000,000 but not over \$1,500,000</td> <td style="border: none;">\$175,000 plus 10% of the excess over \$1,000,000</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Over \$1,500,000 but not over \$17,000,000</td> <td style="border: none;">\$225,000 plus 5% of the excess over \$1,500,000</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Over \$17,000,000</td> <td style="border: none;">\$1,000,000</td> <td style="border: none;"></td> </tr> </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	
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																				
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)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

N/A

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

- 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.)

Yes	No	Amount
		0.

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

2006 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
23	PRE 1997 FURNITURE	010196SL		5.00	16	10,140.			10,140.	10,140.		0.
24	SONY VIDEO CAM	021197SL		5.00	16	914.			914.	914.		0.
25	OFFICE FURNITURE	072397SL		5.00	16	3,110.			3,110.	3,110.		0.
26	OFFICE FURNITURE - OFFICE FURNITURE -	081597SL		5.00	16	4,560.			4,560.	4,560.		0.
27	LOVE SEAT & LAMPS	081697SL		5.00	16	733.			733.	733.		0.
28	OFFICE FURNITURE	091297SL		5.00	16	1,478.			1,478.	1,478.		0.
29	PHONE SYSTEM	073097SL		5.00	16	10,000.			10,000.	10,000.		0.
30	LIGHTNING PROTECTOR	073097SL		5.00	16	1,000.			1,000.	1,000.		0.
31	FIREPROOF FILES	042400SL		5.00	16	871.			871.	871.		0.
32	2 SCHWAB FIREPROOF FILES	021201SL		5.00	16	2,200.			2,200.	2,163.		37.
33	VIDEO CAMERA CDW XEROX COLOR	082401SL		5.00	16	1,143.			1,143.	1,010.		133.
34	PRINTER	080103SL		5.00	16	1,959.			1,959.	947.		392.
42	COMPUTER EQUIP	013105SL		5.00	16	1,738.			1,738.	319.		348.
	* 990 PAGE 2 TOTAL **					39,846.		0.	39,846.	37,245.	0.	910.
1	PRE 1997 COMPUTERS	010196SL		3.00	16	17,829.			17,829.	17,829.		0.
2	COMPAQ PRESARIO	011197SL		3.00	16	1,710.			1,710.	1,710.		0.
3	COMPUTER - DC9	011197SL		3.00	16	707.			707.	707.		0.
4	PENTIUM COMPUTER	060297SL		3.00	16	1,795.			1,795.	1,795.		0.

628102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
5	LAPTOP	070297SL		3.00	16	1,725.			1,725.	1,725.		0.
6	HP 5 COLOR LASER	081497SL		3.00	16	3,210.			3,210.	3,210.		0.
7	BLACKBAUD SOFTWARE	042698SL		3.00	16	6,767.			6,767.	6,767.		0.
8	BLACKBAUD SOFTWARE MAINTENANCE	060198SL		3.00	16	1,650.			1,650.	1,650.		0.
9	BATTERY, DOCKING	122997SL		3.00	16	2,178.			2,178.	2,178.		0.
10	HP 6465 W/M50	060999SL		3.00	16	1,410.			1,410.	1,410.		0.
11	HP 6465 W/M70	060999SL		3.00	16	1,569.			1,569.	1,569.		0.
12	PENTIUM 200MMX	092199SL		3.00	16	710.			710.	710.		0.
13	MS WINDOWS OFFICE	102299SL		3.00	16	2,111.			2,111.	2,111.		0.
14	(3) HP 6535 W/M70 5 COMPUTERS W/ 5 MONITORS	120699SL		3.00	16	3,302.			3,302.	3,302.		0.
15	JOE'S LAPTOP	061500SL		3.00	16	4,621.			4,621.	4,621.		0.
16	JOE'S LAPTOP	070500SL		3.00	16	3,409.			3,409.	3,409.		0.
17	LAPTOP COMPUTER	043001SL		3.00	16	1,260.			1,260.	1,260.		0.
18	LCD PROJECTOR	060101SL		3.00	16	3,349.			3,349.	3,349.		0.
19	SHAWN'S LAPTOP	062201SL		3.00	16	2,735.			2,735.	2,735.		0.
20	LAPTOP COMPUTER	101402SL		3.00	16	1,841.			1,841.	1,841.		0.
21	DELL SERVER - POWER EDGE 600SC	010703SL		3.00	16	1,854.			1,854.	1,854.		0.
22	DELL COMPUTERS	011004SL		3.00	16	1,058.			1,058.	706.		352.

528102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	WEBSITE	031605SL		5.00	16	5,025.			5,025.	838.		1,675.
38	COMPUTER	031605SL		5.00	16	1,618.			1,618.	269.		539.
39	COMPUTER	061605SL		5.00	16	741.			741.	515.		247.
40	COMPUTER	091405SL		5.00	16	1,282.			1,282.	335.		427.
41	COMPUTER	101105SL		5.00	16	1,059.			1,059.	251.		353.
	* 990 PAGE 2 TOTAL --					76,525.		0.	76,525.	68,656.	0.	3,593.
	* GRAND TOTAL 990 PAGE 2 DEPR					116,371.		0.	116,371.	105,901.	0.	4,503.

628102 07-28-06 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE		1	4,218.
TOTAL TO FORM 990, PART I, LINE 6A			4,218.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
GOLF EVENT	74,992.		74,992.	13,298.	61,694.	
TO FM 990, PART I, LINE 9	74,992.		74,992.	13,298.	61,694.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENT TO UNRESTRICTED NET ASSETS		<15,728.>	
TOTAL TO FORM 990, PART I, LINE 20		<15,728.>	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

HOPE FOR CHILDREN COMPLETED 35 ADOPTIONS OF CHILDREN FROM VARIOUS COUNTRIES IN 2006 AND HAS OVER 75 DOSSIERS IN-COUNTRY WAITING FOR COMPLETION BY THE FOREIGN GOVERNMENTS. DOMESTICALLY, HOPE FOR CHILDREN HAS EDUCATED HUNDREDS OF MATERNITY PROFESSIONALS, EDUCATORS AND HOSPITAL SOCIAL WORKERS ON ADOPTION PLANNING. HOPE FOR CHILDREN ALSO COUNSELED 24 WOMEN ABOUT ADOPTION PLANNING FOR THEIR UNBORN CHILDREN.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		801,893.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PRE 1997 COMPUTERS	17,829.	17,829.	0.
COMPAQ PRESARIO	1,710.	1,710.	0.
COMPUTER - DC9	707.	707.	0.
PENTIUM COMPUTER	1,795.	1,795.	0.
LAPTOP	1,725.	1,725.	0.
HP 5 COLOR LASER	3,210.	3,210.	0.
BLACKBAUD SOFTWARE	6,767.	6,767.	0.
BLACKBAUD SOFTWARE MAINTENANCE	1,650.	1,650.	0.
BATTERY, DOCKING	2,178.	2,178.	0.
HP 6465 W/M50	1,410.	1,410.	0.
HP 6465 W/M70	1,569.	1,569.	0.
PENTIUM 200MMX	710.	710.	0.
MS WINDOWS OFFICE	2,111.	2,111.	0.
(3) HP 6535 W/M70	3,302.	3,302.	0.
5 COMPUTERS W/ MONITORS	4,621.	4,621.	0.
JOE'S LAPTOP	3,409.	3,409.	0.
LAPTOP COMPUTER	1,260.	1,260.	0.
LCD PROJECTOR	3,349.	3,349.	0.
SHAWN'S LAPTOP	2,735.	2,735.	0.
LAPTOP COMPUTER	1,841.	1,841.	0.
DELL SERVER - POWER EDGE 600SC	1,854.	1,854.	0.
2 DELL COMPUTERS	1,058.	1,058.	0.

PRE 1997 FURNITURE	10,140.	10,140.	0.
SONY VIDEO CAM	914.	914.	0.
OFFICE FURNITURE	3,110.	3,110.	0.
OFFICE FURNITURE	4,560.	4,560.	0.
OFFICE FURNITURE - LOVE SEAT & LAMPS	733.	733.	0.
OFFICE FURNITURE	1,478.	1,478.	0.
PHONE SYSTEM	10,000.	10,000.	0.
LIGHTNING PROTECTOR	1,000.	1,000.	0.
FIREPROOF FILES	871.	871.	0.
2 SCHWAB FIREPROOF FILES	2,200.	2,200.	0.
VIDEO CAMERA	1,143.	1,143.	0.
CDW XEROX COLOR PRINTER	1,959.	1,339.	620.
WEBSITE	5,025.	2,513.	2,512.
COMPUTER	1,618.	808.	810.
COMPUTER	741.	762.	<21.>
COMPUTER	1,282.	762.	520.
COMPUTER	1,059.	604.	455.
COMPUTER EQUIP	1,738.	667.	1,071.
TOTAL TO FORM 990, PART IV, LN 57	116,371.	110,404.	5,967.

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	AMOUNT
DUE TO HOPE WORLDWIDE GEORGIA	20,700.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	20,700.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
DIRECT COST OF SPECIAL EVENT DEDUCTED FROM REVENUE ON FORM 990	13,298.
TOTAL TO FORM 990, PART IV-A	13,298.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
DIRECT COST OF SPECIAL EVENT DEDUCTED FROM REVENUE ON FORM 990		13,298.	
TOTAL TO FORM 990, PART IV-B		13,298.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID M. MALUTINOK 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	EXECUTIVE DIRECTOR 40.00	67,083.	7,818.	0.
RON VANCE 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	PRESIDENT 2.00	0.	0.	0.
ALEX HUNTER 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	VICE PRESIDENT 1.00	0.	0.	0.
ERICA BAILEY 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	TREASURER 2.00	0.	0.	0.
GEORGE A. HART 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
NORMAN ENCARNACION 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	SECRETARY 1.00	0.	0.	0.

MICHAEL L. CELLINO 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
JOHN GRAMIGNA 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
ANAMARIA SCHIRMER 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
MIKE HURLEY 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
KENNETH L. WILLIAMS 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
CAROL STROUD 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
GERRI FREDERICK 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.
TIMOTHY A. KINSEY 41 PERIMETER CENTER EAST, SUITE 250 ATLANTA, GA 30346	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

67,083.

7,818.

0.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

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

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

Section 501(c)(3) 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)(3) 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

Type or print	Name of Exempt Organization	Employer identification number
	HOPE FOR CHILDREN, INC.	58-1937563
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions	
	24 PERIMETER CENTER, NO. 2400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ATLANTA, GA 30346	

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

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

- The books are in the care of ▶ **DAVID MALUTINOK**
 Telephone No ▶ **770-391-1511** 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)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2006)

• You are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization HOPE FOR CHILDREN, INC.	Employer identification number 58-1937563
	Number, street, and room or suite no. If a P.O. box, see instructions 24 PERIMETER CENTER, NO. 2400	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30346	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DAVID MALUTINOK**
Telephone No **770-391-1511** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007**
- 5 For calendar year **2006**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
TAXPAYER IS AWAITING ADDITIONAL THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Aunt M. Thompson** Title **CPA** Date **8/13/07**

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name JONES AND KOLB, CPA'S
	Number and street (include suite, room, or apt. no.) or a P.O. box number 10 PIEDMONT CTR, STE 100
	City or town, province or state, and country (including postal or ZIP code) ATLANTA, GA 30305