Form	99	0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

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

			benefit trust or private foundation)		Open to Public						
		f the Treasury nue Service	The organization may have to use a copy of this return to satisfy state reporting required.	uirements.	Inspection						
A I	For the	2012 calend	ar year, or tax year beginning , 2012, and ending		, 20						
_		applicable:	C Name of organization Child's Hope Foundation	ĺ	D Employer identification no.						
X	Address	change	Doing Business As		04-3683765						
	Name ch	•		om/suite	E Telephone number						
	nitial ret	•	2727 W 620 N		(801)812-0795						
	Ferminat		City, town or post office, state, and ZIP code		72,891						
	Amendeo		Provo, UT 84601		G Gross receipts \$						
		on pending	F Name and address of principal officer: Perry V Bratt								
'	чрысан	on pending		l(a) Is this a group affiliates?	return for Yes X No						
		mpt status: X	1470 E Springdell Cir, Provo, UT 84604 501(c)(3) 501(c) () ↓ (insert no.) 4947(a)(1) or 527 H								
					a list. (see instructions)						
	Nebsite:			I(c) Group exemption	r						
		organization: 🛛		M State of le	gal domicile: UT						
Pa		Summar			-						
	1	•	be the organization's mission or most significant activities:		for						
ë			and/or abandoned children while seeking loving families to adopt t								
Governance		appropria	te, encourage govts and private orgs to incorporate Foster Family	care for orph	hans						
ern		through e	ducation, training, and best practice examples.								
Š	2	Check this bo	x \mathbf{b} if the organization discontinued its operations or disposed of more than 25% of its net	assets.	1						
	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	7						
es	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	4	4						
Activities &	5	Total number	of individuals employed in calendar year 2012 (Part V, line 2a)	5	2						
cti	6	Total number	of volunteers (estimate if necessary)	6	195						
٩	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7 a	0						
	b	Net unrelated	business taxable income from Form 990-T, line 34	7 b	0						
				Prior Year	Current Year						
	8	Contributions	and grants (Part VIII, line 1h)	69,60	9 72,874						
ue	9	Program serv	_	0							
Revenue	10	0	come (Part VIII, column (A), lines 3, 4, and 7d)	31	0 17						
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,91	9 72,891						
	13		milar amounts paid (Part IX, column (A), lines 1-3)	20,67							
	14		to or for members (Part IX, column (A), line 4)	20707	0						
	15	•	r compensation, employee benefits (Part IX, column (A), lines 5-10)	62,64							
es		,		02,04	115						
penses	16a		undraising fees (Part IX, column (A), line 11e)		115						
			ing expenses (Part IX, column (D), line 25) 3,690		c cc 105						
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	16,60							
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,92							
	19	Revenue less	expenses. Subtract line 18 from line 12	(30,00							
ior				ning of Current Year	End of Year						
Fund Blances Net Assets or	20		Part X, line 16)	180,97							
und et As	21		; (Part X, line 26)	61,00	0 1,612						
			fund balances. Subtract line 21 from line 20	119,97	1 54,398						
	rt II	Signatu									
			eclare that I have examined this return, including accompanying schedules and statements, and to the best eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	of my knowledge and	d belief, it is						
, (, .										
<u>.</u> .			White								
Sig	n	Signatu	e of officer	Dat	te						
Her	e	Mary	White, Secretary/Treasurer								
		Type or	print name and title								
		Print/Type pi	eparer's name Preparer's signature Date	Check X if	PTIN						
Paie	d		J Norris CPA Christie J Norris CPA 11-15-2013	self-employed	P00139078						
	parer			n's EIN							

i i opai oi	1 mm o mamo			
Use Only	Firm's address	•	1904 S Columbia Ln	Phone no.
			Orem UT 84097-8004	801-369-4303
May the IRS c	liscuss this retu	rn with the	preparer shown above? (see instructions)	 X Yes

No

Form	990 (2012) A Child's Hope Foundation 04-3683765	Page 2
Par	rt III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	Assist in the housing of and care for orphaned and/or abandoned children while seeking loving	
	families to adopt them. Where appropriate, encourage govts and private orgs to incorporate	
	Foster Family care for orphans through education, training, and best practice examples.	
	Did the exception undertake any eignificant program can ices during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	x No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	x No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$75,986 including grants of \$9,833) (Revenue \$)
	ACHF has assisted orphaned children in China, Bulgaria, Peru, South Korea, Mexico, Angola,	
	and the Ukraine. By assisting existing orphanages in these countries, we have blessed the lives of hundreds of children. Due to recent economic challenges and political instability	
	around the world, ACHF focused its 2012 volunteer efforts in Mexico. In addition to the food,	
	clothing, hygiene kits, educational, and medical supplies we provided in Mexico, ACHF has	
	completed construction projects at four different orphanages and a care provider's home.	
	These projects included cement pads, retaining walls, sidewalks, landscaping, painting,	
	plastering, plumbing, and electrical work. We have also expanded kitchens, tiled bathrooms,	
	and placed a roof on a girl's dorm. In addition, our volunteers help in a food kitchen and	
	spend individual time each day playing with the orphans.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	The Perpetual Adoption Fund continues to be a unique element of A Child's Hope Foundation and)
	provides every couple the possibility of adding a needy child to their loving family though	
	financial aid. To date no family applying for assistance has been turned away.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(constant) () (constant) (matum) (constant) () (constant) ()	/
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 75,986	
EEA	F	orm 990 (2012)

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Pa	art IV Checklist of Required Schedules									
			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"									
	complete Schedule A	1	Х	<u> </u>						
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to									
	candidates for public office? If "Yes," complete Schedule C, Part I									
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)									
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X						
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,									
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_								
•	Part III	5								
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors									
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	•		v						
-	"Yes," complete Schedule D, Part I	6		X						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x						
9	complete Schedule D, Part III	0		<u></u>						
9										
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x						
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3								
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х						
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10								
••	VII, VIII, IX, or X as applicable.									
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"									
u	complete Schedule D, Part VI	11a		x						
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			<u> </u>						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x						
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more									
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X						
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets									
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х						
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses									
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete									
	Schedule D, Parts XI and XII	12a		X						
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		-							
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,									
	fundraising, business, investment, and program service activities outside the United States, or aggregate									
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any									
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х							
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance									
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on									
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on									
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37						
	If "Yes," complete Schedule G, Part III	19		X						
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X						
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>						

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Pa	T IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			37
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			v
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
0 7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38		2040
EEA		LOLLU	330 (2012)

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		<u>. </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	o		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C Fo				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		x
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ch		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		v
	and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No)"									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_							
	Check if Schedule O contains a response to any question in this Part VI			. X							
<u>Sec</u>	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7										
	If there are material differences in voting rights among members of the governing body, or										
	If the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х								
3	any other officer, director, trustee, or key employee?		Λ	<u> </u>							
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-									
	one or more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
	the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ								
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	120	Х								
12a b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X								
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	71								
U	describe in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
-	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed UT										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)										
	available for public inspection. Indicate how you made these available. Check all that apply.										
10	Image: Comparison of the second state of the seco										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.										
20	and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the										
20	organization: Mary White (801)812-0795 2727 W 620 N Provo, UT 84601										

Form 990 (2012	A Child's Hope Foundation	04-3683765	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated Employed	es, and						
	Independent Contractors		_						
	Check if Schedule O contains a response to any question in this Part VII	. 	🗌						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete the organization's ta	nis table for all persons required to be listed. Report compensation for the calendar year ending with or x year.	r within the							
	 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 								

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	;)			(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)				Reportable	Reportable	Estimated	
	hours per week (list any	do n				е	compensation from	compensation from related	amount of other	
	hours for					an	the	organizations	compensation	
	related organizations	office	er and	d a di	recto	r/truste	ŕ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted			O f	K e	Hce iom	F 0	()		and related
	line)	d u r i s e	s u t s	f	у	g m p h p l	r m			organizations
		v t c i e t	it te			e e o s n y t s e	e r			
		deo u r	t	r	р 0	ae				
		a o I r	i O		y e	t e				
			n a I		e	d				
(1) Carolene F Cook										
Director		Х						0	0	0
(2) Gerald H Van Bruggen										
Director		X						0	0	0
(3) K Paul MacArthur										
Ast Vice Pres		Х		X				0	0	0
(4) Mark A Kendell										
Director		X						0	0	0
(5) Perry V Bratt										
President	10.00	X		X				4,000	0	0
(6) H Carl Mackay										
VP/Gen Mgr	5.00			X				11,261	0	0
(7) Mary White								_	_	_
Secretary/Treasurer				X				0	0	0
(8) Stephen Kent White	00.00				Х					•
(0)	20.00							20,000	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	0 (2012) A Child's Hope Founda	ation								04-368376	5	Pa	ige 8
Part V	/II Section A. Officers, Directors, Trustees	, Key Emplo	yees,	anc	l Hig	hes	t Con	nper	nsated Employees	(continued)			
	(A)	(B))			(D)	(E)		(F)	
	Average Position hours per (do not check more than one						ne	Reportable compensation	Reportable compensation from		stimated nount of		
	week (list any					is both		from	related		other		
					1		trustee	, F	the organization	organizations (W-2/1099-MISC)		pensatio rom the	on
		related organizations	ltd nri dur	n r	f	е	H c e i o m	o r	(W-2/1099-MISC)	(org	ganizatio	
		below dotted line)	ise vtc	t s	l i	y e	g mp h p l e e o	m				d related anization	
		,	i e t d e o	t e	е	m p	s n y t s e	r					
			iu r ao	t i		0	a e t						
			r	o n		y e e	e d						
				a I		Ŭ							
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	• • • • •												
1b	Sub-total	••••	• • •	•••	••	•••	• • •						
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)			•••	•••	•••	• • •		35,261	0			0
2	Total (add lines 1b and 1c)									Ŭ			•
	reportable compensation from the organization			,					• • • • • • •	0			
												Yes	No
3	Did the organization list any former officer, directo			mplo	byee	, or I	highes	st co	mpensated				
	employee on line 1a? If "Yes," complete Schedule J fo								••••		3		Х
4	For any individual listed on line 1a, is the sum of report organization and related organizations greater than \$						•						
				omp	iele .	SCHE	equie J		Such		4		Х
5	Did any person listed on line 1a receive or accrue con			··· / unr	· ·	· · ed or	•••• aaniza	••• ation	or individual		-		
-	for services rendered to the organization? If "Yes," col		-				-				5		Х
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensated compensation from the organization. Report compens									n's tax			
	year.			-									
	(A)								(B)		((C)	
	Name and business addres	s							Description of	services	Comp	ensation	1

2	Total number of independent contractors (including but not limited to those listed above) who
	received more than \$100,000 of compensation from the organization

Form 99	90 (201	12) A Child's	Hope Founda	tion			04-368376	5 Page 9
Part	VIII	Statement of Revenu	le					_
		Check if Schedule O contains	s a response to ar	ny question in this Pa	rt VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts:	1a	Federated campaigns	1a	1				
oun	b	Membership dues	1b)				
Ū	c	Fundraising events	1c	;				
ar /	d	Related organizations	1c	1				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributio	ns) 1e	•				
ar S	f	All other contributions, gifts, gra	ints,					
Sthe		and similar amounts not include	ed above 1f	72,874	_			
ontri od O	g	Noncash contributions included						
arc	h	Total. Add lines 1a-1f		<u> </u>	72,874			
				Business Code				
nue	2a							
Reve	b							
Program Service Revenue	C .							
Sen	d			-				
gram	e	All - (l		-				
Pro		All other program service revenu						
		Total. Add lines 2a-2f		•••••				
	3	Investment income (including div and other similar amounts) .		•	17			17
	4	Income from investment of tax-e			1/			17
		Royalties						
			(i) Real	(ii) Personal				
	62	Gross rents	(I) Keal	(II) Personal	-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	14	assets other than inventory			-			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)			-			
		Net gain or (loss)						
an		Gross income from fundraising						
ven		events (not including \$						
Other Revenue		of contributions reported on line						
her		See Part IV, line 18	a	1				
đ	b	Less: direct expenses	b					
	c	Net income or (loss) from fundra	ising events	. <u> </u>				
	9a	Gross income from gaming activ	rities.					
		See Part IV, line 19	a	1				
			b					
	C	Net income or (loss) from gamin	g activities .	· <u></u>				
	10a	Gross sales of inventory, less returns and allowances	_					
	L .				-			
		Less: cost of goods sold		\	-			
	<u> </u>	Net income or (loss) from sales of						
	11a	Miscellaneous Revenu		Business Code				
	b						<u> </u>	
	c							
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instruction			72,891	0	0	17

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and			<u></u>	
	organizations in the United States. See Part IV, line 21	11,600	11,600		
	Grants and other assistance to individuals in	11,000	11,000		
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	18,233	18,233		
	Benefits paid to or for members	107255	107255		
	Compensation of current officers, directors,				
	trustees, and key employees	15,261	15,261		
	Compensation not included above, to disgualified	157201	157201		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	20,272	9,993	7,644	2,63
	Pension plan accruals and contributions (include	20,212	5,555	7,011	2,05
	Section 401(k) and 403(b) employer contributions) . Other employee benefits .	2,426	920	1,347	15
	Payroll taxes	4,372	2,618	1,347	45
	Fees for services (non-employees):	7,3/4	2,010	1,300	40
	Management				
	0	275	206	33	3
		275	200		3
	Professional fundraising services. See Part IV, line 17	115			11
		115			11
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion		22		
		59	33	20	
	Information technology	468	265	173	3
		0.400	1 250	01.6	
		2,400	1,350	816	23
		6,266	5,989	277	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
		55		55	
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	Licensing	100		100	
b	Supplies	6,891	6,876	15	
	Banking/Paypal Fees	2,637	2,616		2
d	Bad Debt	45,650		45,650	
	All other expenses	1,384	26	1,358	
	Total functional expenses. Add lines 1 through 24e .	138,464	75,986	58,788	3,69
	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				

Form 990 (2012) A Child's Hope Foundation

Page 11

art X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
	Check if Schedule O contains a response to any question in this Part X	<u> </u>	••••	<u></u> (B)
4	Cook non interact bearing	Beginning of year	4	End of year
1	Cash - non-interest-bearing	12,906	1	15,41
2	Savings and temporary cash investments	54,495	2	36,64
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	3,500	5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net	105,238	7	3,95
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	4,832	9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	180,971	16	56,02
17	Accounts payable and accrued expenses	100,0,1	17	50703
18	Grants payable		18	
19			19	
20	Tax-exempt bond liabilities		20	
20	•		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	26,000	22	1,61
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	35,000	25	
26	Total liabilities. Add lines 17 through 25	61,000	26	1,61
	Organizations that follow SFAS 117 (ASC 958), check here 🔹 🕨 🖾 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	119,971	27	54,39
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🗌 and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	119,971	33	54,39
34	Total liabilities and net assets/fund balances	180,971	34	56,01

Form 990 (2012)

0 1

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• 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. Only file the original (no copies needed).							
	Enter	r filer's identifying number, see instructions						
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or						
print	A Child's Hope Foundation	04-3683765						
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)						
due date for filing your	2727 W 620 N							
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	Provo, UT 84601							

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

• Tł	ne books are in the care of 🔹 Mary White 2727 W 620 N Provo, UT 84601	_	
Te	elephone No. 801-812-0795 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 the	is is	
for th	e whole group, check this box \ldots . \blacktriangleright . If it is for part of the group, check this box \ldots . \ldots \blacktriangleright . and	attach a	1
list wi	th the names and EINs of all members the extension is for.		
4	I request an additional 3-month extension of time until 11-15 , 2013 .		
5	For calendar year 2012, or other tax year beginning , 20 and ending		, 20 .
6	If the tax year entered in line 5 is for less than 12 months, check reason:		
	Change in accounting period		
7	State in detail why you need the extension		
	A change in bookkeepers occurred during the year and		
	additional time is needed to finish compiling needed info.		
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	\$
с	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS		
	(Electronic Federal Tax Payment System). See instructions.	8c	\$
	Signature and Verification must be completed for Part II only.		

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

EEA

Date 🕨

Form 8868 (Rev. 1-2013)

Form	8879	-EO
1 01111		

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning , and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Do not send to the IRS. Keep for your records.

2012

Employer identification number 04 - 3683765

А	Child's	Норе	Foundation
Nam	and title of office	r	

Mary White	, Secretary/Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you	
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0-	
on the applicable line below. Do not complete more than 1 line in Part I.	
1a Form 990 check here 🕨 🔀 _b Total revenue, if any (Form 990, Part VIII, column (A), line 12)1b	72,891
2a Form 990-EZ check here b Total revenue , if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a Form 8868 check here Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 	
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the	
organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO)	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the	
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this	

return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's

electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

Х	I authorize	Christie	J Norris	CPA	LLC	to enter my PIN	00156	as my signature
			ERO firm name				Enter five numbers, but do not enter all zeros	
	being filed w	,	ies) regulating char	ities as p	art of the		is return that a copy of gram, I also authorize th	
	If I have indi		urn that a copy of t	ne return	is being f	iled with a state ag	's tax year 2012 electro ency(ies) regulating ch า.	
Officer's	signature 🕨						Date	11-14-2013
Part	III Ce	ertification and	d Authenticati	on				

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature	Christie J	Norris	CPA		Date 🕨	11-15-2013	
		ERO Mus	t Retain This Form ·	 See Instruction 	าร		

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

870283 00156

do not enter all zeros

SCHEDULE A	
(Form 990 or 990-EZ)	

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Depa	artment of the Treasury 4947(a)(1) nonexempt charitable trust.				Open to Public								
Interr	Attach to Form 990 or Form 990-EZ. See separate instructions.						Insp	ection					
Name	of the	organization							Employer	identification	number		
	_	l's Hope Found								583765			
	rt I			Status (All organiza				s part.) S	ee instru	uctions.			
The	orgar	nization is not a priv	ate foundation becaus	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1	Ц	A church, conver	ntion of churches, or a	association of churches d	lescribed in	n section 1	170(b)(1)(/	A)(i).					
2	Ц	A school describe	ed in section 170(b)(1)(A)(ii). (Attach Schedu	le E.)								
3	Ц	A hospital or a co	poperative hospital se	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii)).					
4		A medical resear	ch organization opera	ated in conjunction with a	hospital d	escribed ir	section	170(b)(1)(A)(iii). Ent	er the			
	_	hospital's name, c	ity, and state:										
5		An organization of	perated for the benefit	of a college or university o	wned or op	erated by a	a governme	ental unit de	escribed in				
	_	section 170(b)(1)(A)(iv). (Complete P	art II.)									
6		A federal, state, o	or local government o	r governmental unit desc	ribed in se	ection 170	(b)(1)(A)(\	/).					
7	Х	An organization th	nat normally receives a	substantial part of its supp	port from a	governmen	tal unit or f	rom the ge	neral public	0			
		described in sect	tion 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community true	st described in sectio	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9		An organization th	nat normally receives: (1) more than 33 1/3% of it	s support fi	om contrib	utions, mer	mbership fe	es, and gr	oss			
		receipts from activ	vities related to its exen	npt functions - subject to c	ertain exce	ptions, and	(2) no mor	re than 33 ⁻	1/3% of its				
		support from gros	s investment income a	nd unrelated business tax	able incom	e (less sect	ion 511 tax	<) from bus	inesses				
		acquired by the c	organization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization of	organized and operate	ed exclusively to test for	public safe	ty. See se	ction 509	(a)(4).					
11		An organization of	rganized and operated	exclusively for the benefit	of, to perfo	rm the fund	tions of, or	r to carry ou	ut the				
		purposes of one	or more publicly supp	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check	the box that describe	es the type of supporting	organizatio	on and con	nplete line	s 11e thro	ugh 11h.				
		a 🗌 Type I	в 🗌 Тур	ell c Type	III-Function	ally integra	ted	d 🗌	Type III-	Non-funtic	onally inte	grated	
е		By checking this b	oox, I certify that the org	ganization is not controlled	l directly or	indirectly by	y one or m	ore disqual	ified persor	าร			
		other than foundation	tion managers and oth	er than one or more public	cly supporte	ed organiza	tions descr	ribed in sec	tion 509(a)	(1)			
		or section 509(a)(2).										
f		If the organization	received a written dete	ermination from the IRS th	at it is a Ty	pe I, Type I	l, or Type l	II supportir	g				
		organization, cheo	ck this box										🗌
g		Since August 17,	2006, has the organiza	ation accepted any gift or c	ontribution	from any o	f the						
		following persons	?										
		(i) A person wh	o directly or indirectly o	controls, either alone or tog	gether with	persons de	scribed in	(ii) and				Yes	No
		(iii) below, th	e governing body of th	e supported organization?	· .						11g(i)		
		(ii) A family mer	mber of a person descr	ibed in (i) above?							11g(ii)		
		(iii) A 35% contr	olled entity of a person	described in (i) or (ii) abov	ve? .						11g(iii)		
h		Provide the follow	ing information about t	he supported organization	(s).								
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Did yo		(vi) k		(vii) Amou		netary
		organization		(described on lines 1-9 above or IRC section	in col. (i) list	ed in your document?	the orgar col. (i) o	nization in	organizat (i) organiz	tion in col.		support	
				(see instructions))	govorning	accument		port?		S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)	_												_
(C)													
(D)													
(E)													

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

EEA

Total

Sched		ild's Hope Fou				04-3683765	Page 2	
Pa	rt II Support Schedule for Org							
	(Complete only if you chec						under	
	Part III. If the organization	fails to qualify u	inder the tests l	listed below, pl	ease complete	Part III.)		
	tion A. Public Support	1 1				I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	176,639	37,517	65,286	69,609	72,874	421,925	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	176,639	37,517	65,286	69,609	72,874	421,925	
5	The portion of total contributions by			-			· · ·	
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						34,466	
6	Public support. Subtract line 5 from line 4						387,459	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	176,639	37,517	65,286	69,609	72,874	421,925	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44	24	24	310	17	419	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1,500				1,500	
11	Total support. Add lines 7 through 10 .		,				423,844	
12	Gross receipts from related activities, etc. (se	e instructions)				12		
13	First five years. If the Form 990 is for the	organization's first	second third four	th or fifth tax year	as a section 501(r	·)(3)		
	organization, check this box and stop here						🕨 🗌	
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2012 (line 6, co	olumn (f) divided by l	ine 11, column (f))			14	91.42 %	
15	Public support percentage from 2011 Schedu	ile A, Part II, line 14				15	95.90 %	
16a	33 1/3% support test - 2012. If the organized	zation did not checl	the box on line 13	3, and line 14 is 33	1/3% or more, che	eck this	_	
	box and stop here. The organization quality	fies as a publicly su	pported organizati	on			🕨 🛛	
b	33 1/3% support test - 2011. If the organiz	zation did not check	k a box on line 13 c	or 16a, and line 15	is 33 1/3% or mor	e,	_	
	check this box and stop here. The organiz	ation qualifies as a	publicly supported	organization			🕨 📋	
17a	10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	Part IV how the organization meets the "facts		-					
~	organization						•••• ▶ ∐	
b	10%-facts-and-circumstances test - 201	-				line		
	15 is 10% or more, and if the organization				-			
	Explain in Part IV how the organization meets			•				
40							••••	
18	Private foundation. If the organization did							
		• • • • • • • • • •		••••••				
EEA						Schedule A (Form 9	90 or 990-EZ) 2012	

Sche	dule A (Form 990 or 990-EZ) 2012 A Chi	ld's Hope Fou	undation			04-368376	5 Page 3
Pa	rt III Support Schedule for Org	anizations D	escribed in Se	ection 509(a)(2	2)		
	(Complete only if you check	ked the box on	line 9 of Part	I or if the orgar	nization failed to	o qualify unde	r Part II.
	If the organization fails to q	ualify under th	e tests listed b	elow, please c	omplete Part II	.)	
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or bus. under sec 513						
4	Tour norman las de la face de la						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_							
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
100	Gross income from interest, dividends,						
IUd	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
40	Othen in some De net include nein en						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First five years. If the Form 990 is for the or	nanization's first	second third fou	rth or fifth tax year	r as a section 501(-)(3)	
14	organization, check this box and stop here						•
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2012 (line 8, colu		-			15	%
16	Public support percentage from 2011 Schedule	.,				16	%
Sec	ction D. Computation of Investmen					· ·	
17	Investment income percentage for 2012 (line		-	column (f))		17	%
18	Investment income percentage from 2011 So		•	())			%
192	33 1/3% support tests - 2012. If the organiz					· · · ·	
100	17 is not more than 33 1/3%, check this box						•
h	33 1/3% support tests - 2011. If the organiz	-					
	line 18 is not more than 33 1/3%, check this						• 🔲
20	Private foundation. If the organization did n		-			-	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

	-		
A Chi	ld's Hope Found	ation	04-3683765
Organ	ization type (check of	one):	
Filers	of:	Section:	
Form 9	990 or 990-EZ	501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private found	ation
		527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check	if your organization is	s covered by the General Rule or a Special Rule.	
Note. ((7), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See
Genera	al Rule		
	0	illing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in ne contributor. Complete Parts I and II.	money or
Specia	al Rules		
X	under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a co 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990- d II.	ontribution of
	during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one concontributions of more than \$1,000 for use exclusively for religious, charitable, scienti ses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, cont not total to more that year for an exclusiv	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one con ributions for use exclusively for religious, charitable, etc., purposes, but these contrib in \$1,000. If this box is checked, enter here the total contributions that were received of ely religious, charitable, etc., purpose. Do not complete any of the parts unless to zation because it received nonexclusively religious, charitable, etc., contributions of \$	utions did during the the General Rule

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

\$

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	Page 2
Name of organization	Employer identification number
A Child's Hope Foundation	04-3683765

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Susan Roylance 1693 West Peaceful View Way South Jordan, UT 84095	\$6,420	PersonXPayrollNoncash(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Silicon Valley Community Foundation 2440 West El Camino Real Ste 300 Mountain View, CA 94040	\$5,000	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	The Caridad Foundation PO Box 4007 Monroe, LA 71211-4007	\$5,000	Person X Payroll
(a)	(b)	(c)	(d) Type of contribution Person Payroll Noncash (Complete Part II if there is
No.	Name, address, and ZIP + 4	Total contributions	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C	Ba	litical Compaign and Lo	hhving Acti	vitios	OMB No. 1545-0047		
(Form 990 or 990-EZ)		Ditical Campaign and Lobbying Activities ations Exempt From Income Tax Under section 501(c) and section 527				2012	
	-						
Department of the Treasury Internal Revenue Service Se					Open to Public Inspection		
Internal Revenue Service	vered "Yes." to Form	990, Part IV, line 3, or Form 990-EZ, Part IV, line 3, or Form 990		tical Campaigr	Activities)		
-		Parts I-A and B. Do not complete Part I-C.		iloui oumpuigi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	5 1) organizations: Complete Parts I-A and C	below. Do not con	nplete Part I-B.			
	ations: Complete Part I-						
		990, Part IV, line 4, or Form 990-EZ, Pa					
	-	ed Form 5768 (election under section 501 OT filed Form 5768 (election under sectio	• • •		•		
-		990, Part IV, line 5 (Proxy Tax) or Forr	n 990-EZ, Part V, I	ine 35c (Proxy	r Tax), then		
 Section 501(c)(4), (5), or (6) organizations: (Complete Part III.			Frankassan	dentification much an	
Name of organization						identification number	
A Child's Hope For		ization is exempt under section	on 501(c) or is	a section	04-36833 5 27 orga r		
· · · · · · · · · · · · · · · · · · ·		direct and indirect political campaign activi			ozr organ		
	-	· · · · · · · · · · · · · · · · · · ·			. 🕨 \$		
3 Volunteer hours					••		
·		ization is exempt under section					
		d by the organization under section 4955					
		d by organization managers under section					
		tax, did it file Form 4720 for this year?					
4a Was a correction mb If "Yes," describe in							
		ization is exempt under section	on 501(c) exc	ent section	501(c)(3)		
		filing organization for section 527 exempt				•	
					. 🕨 \$		
		funds contributed to other organizations			·		
527 exempt function	n activities				. 🕨 💲 🔄		
		nes 1 and 2. Enter here and on Form 1120					
		P-POL for this year?				. Yes No	
		identification number (EIN) of all section s			-		
-		anization listed, enter the amount paid fro					
		ed that were promptly and directly delivere		-			
		I action committee (PAC). If additional spa		de information i	n Part IV.		
(a) Nam	e	(b) Address	(c) EIN	(d) Amount filing organ	paid from	(e) Amount of political contributions received and	
				funds. If none		promptly and directly	
						delivered to a separate political organization. If	
						none, enter -0	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
For Paperwork Reduction Act No	otice, see the Instructions for I	- Form 990 or 990-EZ.			Schedu	le C (Form 990 or 990-EZ) 2012	

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Sch	edule C (Form 990 or 990-EZ) 2012 A Child's Hope Fo	oundation	04-368376	5 Page 2
Pa	art II-A Complete if the organization is	s exempt under section 501(c)(3) and filed	Form 5768 (elect	ion under
	section 501(h)).			
Α	Check	ffiliated group (and list in Part IV each affiliated group memb	er's	
	name, address, EIN, expenses, and sh	are of excess lobbying expenditures).		
В	Check if the filing organization checked box A	and "limited control" provisions apply.		
	Limits on Lobbyin	ng Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mean	ns amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opinion	(grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative be	ody (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	1d)		
f	Lobbying nontaxable amount. Enter the amount from t	he following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :		
	Not over \$500,000	20% of the amount on line 1e.		
	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.		
g				
h	Subtract line 1g from line 1a. If zero or less, enter -0-			
i	Subtract line 1f from line 1c. If zero or less, enter -0-			
j	If there is an amount other than zero on either line 1h o	or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No

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 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2012

	dule C (Form 990 or 990-EZ) 2012 A Child's Hope Foundation rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill		368376 orm 5		Pa	age 3
	(election under section 501(h)).	(a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	А	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:		37			
a			X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X			
C L	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?		Λ			
J	Total. Add lines 1c through 1i		x			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5) c	r sec	tion		-
ľu	501(c)(6).	(0), 0				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OI				ine 3.	is
	answered "Yes."	(~)		,	,	-
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
с	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information		I			
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group					
	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.					

Schedule F	Statement of Activities Outside the United States	OMB No. 1545-0047				
(Form 990)	► Complete if the organization answered "Yes" to Form 990,	2012				
Department of the Treasury Internal Revenue Service	Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.	Open to Public Inspection				
Name of the organization		Employer identification number				
A Child's Hope Foundation 04-368376						
Part I General	Information on Activities Outside the United States. Complete if the organization	ion answered "Yes" to				
Form 990	0, Part IV, line 14b.					
0	Does the organization maintain records to substantiate the amount of its grants and other tees' eligibility for the grants or assistance, and the selection criteria used to award the ?	🗌 Yes 🗌 No				

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
_(1)					
_(2)					
_(3)					
(4)					
_(5)					
_(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation					
sheets to Part I					
c Totals (add lines 3a and 3b)					

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(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal,
		North America (Not		CC0 T1	in the state			(iamo
			or pnanage	5561/T	CIECKS WEI			
(11)								
(16)								
Enter total number of recipi	ient organizations listed ab	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the cranice or counsel has provided a section 501(2) activitation to latter	s by the foreign country, i	recognized as tax-exem	đ			-
Enter total number of other organizations or entities	organizations or entities			· · · · · · · · · · · · · · · · · · ·	•			1

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	-	_
	U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund. (see Instructions for Form 8621)	Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713)	Yes	No
A		Schedule F (F	orm 990) 2 ⁽

04-3683765

SCHEDULE I (Form 990)		Grade	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Assistance to ndividuals in t	Organization: he United Stat	s, tes		OMB No. 1545-0047
		Complete	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	swered "Yes" to Form	990, Part IV, line 21 o	r 22.		Open to Public
Department of the Treasury Internal Revenue Service				Attach to Form 990.				Inspection
Name of the organization							Employer identification number	number
A Child's Hope Foundation	Hope Foundation Connerd Information on Cronte and Accietance	Stante and Accie					04-3683765	
		ralits and ASS	t of the grante or conjeten		tor the amount of root			
	DOES THE OLGAILIZATION THAIN HAIN HECORDS TO SUDSTAINATE THE AI the selection criteria used to award the grants or assistance?	ts or assistance?	ପ୍ରାଶା। ୦୦୦ ଶର୍	ce, ir le grantees eilginin	y iui ilie gialiis ui assis			
2 Describe in Part IV t	t used to award une gran the organization's proced	us or assistance? dures for monitoring the	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		• • • • • • • • • • • • • • • • • • • •	· · · · ·	•	
art II	and Other Assista	ance to Governn	nents and Organiz	ations in the Unit	ed States. Comp	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,	n answered "Y	es" to Form 990,
Part IV,	Part IV, line 21, for any recipient that received more	sipient that receive	ed more than \$5,00	0. Part II can be d	uplicated if additic	than \$5,000. Part II can be duplicated if additional space is needed		
 (a) Name and address of organization or government 	ss of organization ment	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Door Of Faith Ministries Inc	inistries Inc							
P.O. Box 6434 91909	1909	41-2063114	501(c)(3)	11,600				Orphanage as
(2)								
(3)								
(4)								
(5)								
(6)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
	Enter total number of section 501(c)(3) and government organizations listed in	government organizati	ons listed in the line 1 table					-
3 Enter total number c	Enter total number of other organizations listed in the line 1 table	ted in the line 1 table	· · · ·	• • • • • • • •	· · · ·	• • • • • • • • •	▲	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice, see the	Instructions for Forn	n 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) A Child's Hope Foundation	ion				04-3683765 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	dividuals in the l space is needed	Jnited States. Com	nplete if the organiz	zation answered "Yes" to	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
ę					
4					
Q					
9					
2					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	te this part to prov	vide the information	required in Part I,	line 2, Part III, column (I	o), and any other additional
1. Monitoring procedures (Part	: I, line 2)				
ACHF monitors the use of grant funds through several visits per year to the orphanage in Mexico that benefits	several visits _I	per year to the or	phanage in Mexico	that benefits from the funds.	e funds. We
ensure that funds are used to purchase building supplies		and food, often by ma	king those purcha	often by making those purchases ourselves or in the company of the	e company of the
orphanage directors. We also see firsthand the results of		unds being used to	purchase supplie	funds being used to purchase supplies for the children or to pay utility	to pay utility
bills.					
EEA					Schedule I (Form 990) (2012)

SCHEDULE L

(Form	990	or	990-EZ)
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Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2012

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Name of the organization Employer identification number A Child's Hope Foundation 04-3683765 Excess Benefit Transactions (section (501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 ► \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or (a) Name of interested person (b) Relationship (c) Purpose of (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the with organization principal amount by board or agreement? loan organization? committee? Yes No Yes No Yes No То From (1) Paul Cook Funding 26,000 х х х х Key Travel 1,612 х (2) Kent White Employee Reimbursem х 1,612 х x (3) (4) (5) ▶ \$ 1,612 Total <u>.....</u>.... Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
	person and the organization			
(1)				
(2)				
(3)				
(4)				
(5)				
For Paparwork Poduction Act No	tica, soo the Instructions for Forn	n 990 or 990-E7		Sahadula I. (Farm 000 ar 000 FZ) 2012

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization and	swered "Yes" on Form 99	0, Part IV, line 28a, :	28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
Part V	Supplemental Information	ditional information for res	ponses to questions	on Schedule I. (see instructio	hone)	

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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Open to Public Inspection

Employer identification number

04-3683765

A Child's Hope Foundation

01. Officer, directors, etc. family relationship (Part VI, line 2)

Stephen Kent White a Key Employee and Mary White the Secretary/Treasurer are married to

each other.

02. Form 990 governing body review (Part VI, line 11)

The President and Members of the Board are provided with regular financial documents which

indicate the actual bank account balances, deposits made and expenditures incurred. Each

member of the Board has also been provided with a copy of the Final DRAFT 990 for review,

and/or comment, before it was officially filed.

03. Conflict of interest policy compliance (Part VI, line 12c)

The conflict of interest policy is reviewed regularly with the board. It is monitored

with each new transaction that takes place to ensure compliance.

04. Governing documents, etc, available to public (Part VI, line 19)

Many of the governing documents, financial reports, and other information about the

foundation is available on own webpage (achf.org). The public may also request to see

documents not contained on the website by calling the office 801 - 434-9200 or toll free

866 - 217 - KIDS

Form	990 (2012) A Child's Hope Foundation 0	4-3683765		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				.□
1	Total revenue (must equal Part VIII, column (A), line 12)	1		72,	891
2	Total expenses (must equal Part IX, column (A), line 25)	2		138,	464
3	Revenue less expenses. Subtract line 2 from line 1	3		(65,	573)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		119,	971
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		54,	398
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
EEA			Form	990 (2012)