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2007

Open to Public Inspection

Form **990****Return of Organization Exempt From Income Tax**

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

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

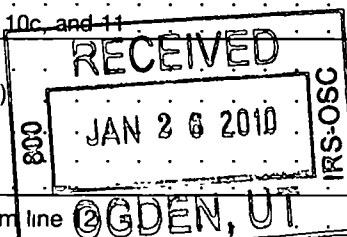
Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 07/01 , 2007, and ending 06/30 , 2008	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization India's Hope Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 368 City or town, state or country, and ZIP + 4 Chinook, MT 59523
	D Employer identification number 81 0534719
	E Telephone number (406) 357-4673
	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
G Website: ▶	
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check here <input type="checkbox"/> 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 ▶ 116403.10	
H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶	
M Check <input type="checkbox"/> 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 (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a	116401
	b Direct public support (not included on line 1a)	1b	
	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 \$ _____ noncash \$ _____)	1e	116401
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	2
	5 Dividends and interest from securities	5	
	6a Gross rents	6a	
	b Less: rental expenses	6b	
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe ▶)	7		
Expenses	8a 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	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
	10a 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 103)	11	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	116403	
Net Assets	13 Program services (from line 44, column (B))	13	87745
	14 Management and general (from line 44, column (C))	14	774
	15 Fundraising (from line 44, column (D))	15	72
	16 Payments to affiliates (attach schedule)	16	0
	17 Total expenses. Add lines 16 and 44, column (A)	17	88591
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	27812	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	4736	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	32548	

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917-19 9

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ 87745 noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	87745	87745		
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	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)	25c	0			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	0			
27	Pension plan contributions not included on lines 25a, b, and c	27	0			
28	Employee benefits not included on lines 25a – 27	28	0			
29	Payroll taxes	29	0			
30	Professional fundraising fees	30	0			
31	Accounting fees	31	0			
32	Legal fees	32	0			
33	Supplies	33	169	169		
34	Telephone	34	556	556		
35	Postage and shipping	35	72		72	
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	0			
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	0			
42	Depreciation, depletion, etc. (attach schedule)	42	0			
43	Other expenses not covered above (itemize):					
a	Wire Fees	43a	49	49		
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	88591	87745	774	72

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

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

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

Program Service Expenses

(Required for 501(c)(3) and
(4) orgs., and 4947(a)(1)
trusts, but optional for
others)

a Operation Saturation - sponsorships - pastors and Church workers (4) \$4080.00		
(Grants and allocations \$ 4500.00) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>		4080.00
b Operating - Indian Christian Ministry - Operate schools (1), churches (2000) and childrens homes (8)		
(Grants and allocations \$ 35000.00) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>		27721.00
c Humanitarian Relief - Medical care (surgeries for Orphans) \$23,796 - Wells (4 Wells) \$ 4,087 -Orphanage (18 children) \$ 7,806		
(Grants and allocations \$ 40,0000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>		35,689.00
d Outreach Service for churches: Conferences		
(Grants and allocations \$ 25000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>		20,255.00
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
f Total of Program Service Expenses (should equal line 44, column (B), Program services).		87,745.00

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	4735.86	45	32548.12
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	4735.86	59	32548.12	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	0.00	66	0.00	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	4735.86	72	32548.17
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)	4735.86	73	32548.17	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4735.86	74	32548.17	

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

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

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return									
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Part I Expenses per Audited Financial Statements for Periods of 12 Months		Part II Expenses for Periods of 12 Months	
a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):		
	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):		
	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d ▶	e	

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

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

Yes	No
-----	----

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	5
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b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI Other Information (See the instructions.)

Yes	No
-----	----

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . .
If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization ►

and check whether it is ☐ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file **Form 1120-POL** for this year?

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <i>Rent 600; Secretarial & Tax Services 1000</i>		
82b			1600
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? <i>N/A</i>		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	<i>N/A</i>
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	✓
90a	List the states with which a copy of this return is filed ▶ <i>Montana</i>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	<i>N/A</i>
91a	The books are in care of ▶ <i>India's Hope</i> Telephone no. ▶ <i>(. 406.) 357-4673</i> Located at ▶ <i>209 New York, POB 368, Chinook, MT</i> ZIP + 4 ▶ <i>59523-0368</i>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	91b	✓

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** ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country **▶**

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** |

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

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	_____					
b	_____					
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					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a _____					
b	_____					
c	_____					
d	_____					
e	_____					
104	Subtotal (add columns (B), (D), and (E))					
105	Total (add line 104, columns (B), (D), and (E)) ▶ _____					

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)

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

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

Yes	No

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

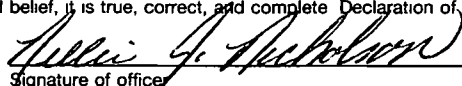

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		Date <u>1/7/10</u>		
Paid Preparer's Use Only	Preparer's signature  Type or print name and title		Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization

India's Hope

Employer identification number

81 : 0534719

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE N/A				
Total number of other employees paid over \$50,000 . ►				

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 N/A		
Total number of others receiving over \$50,000 for professional services ►		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE N/A		
Total number of other contractors receiving over \$50,000 for other services ►		

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

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 ✓

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

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a ✓

b Lending of money or other extension of credit?

2b ✓

c Furnishing of goods, services, or facilities?

*Office space furnished by
President of India's Hope*

2c ✓

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

2d ✓

e Transfer of any part of its income or assets?

2e ✓

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

3a ✓

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

3b ✓

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

3c ✓

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

3d ✓

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

4a ✓

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

4b ✓

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

4c ✓

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 tax 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 ▶

N/A

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

N/A

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	27400	11556	25527	16519	81002
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2	2	1	1	6
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	27402	11556	25528	16520	81008
24 Line 23 minus line 17	27402	11558	25528	16520	81008
25 Enter 1% of line 23	274	116	256	166	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	1620
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	24396
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	81008
d Add: Amounts from column (e) for lines: 18 <u>6</u> 19 <u>0</u> 22 <u>0</u> 26b <u>24396</u>	26d	24402
e Public support (line 26c minus line 26d total)	26e	56606
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	69.88 %

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:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) *N/A*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
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— <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </div> <div> The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </div> </div>	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- 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

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

2007 Form 990 - Attachment

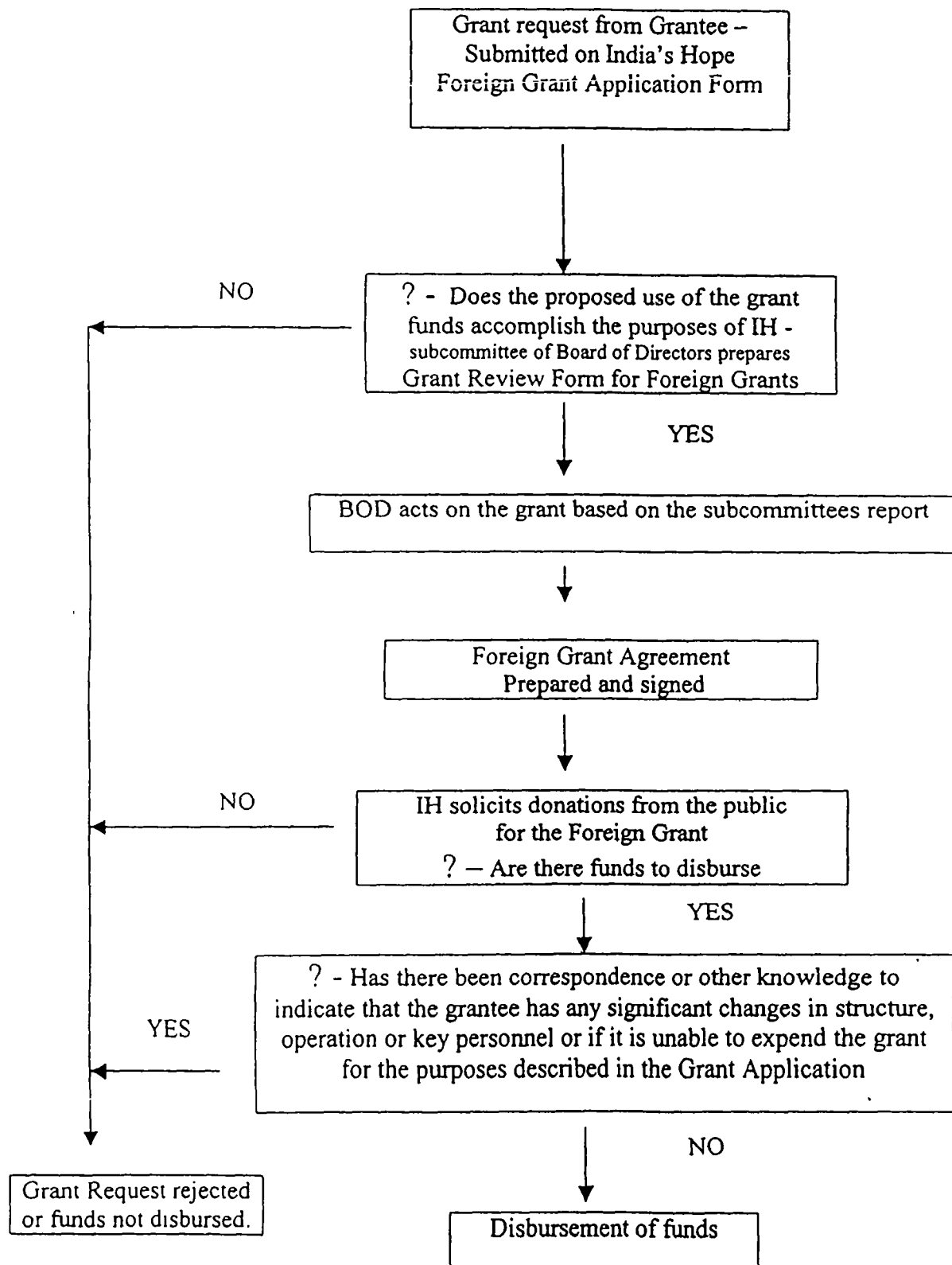
India's Hope

EIN: 81-0534719

Statement for late filing

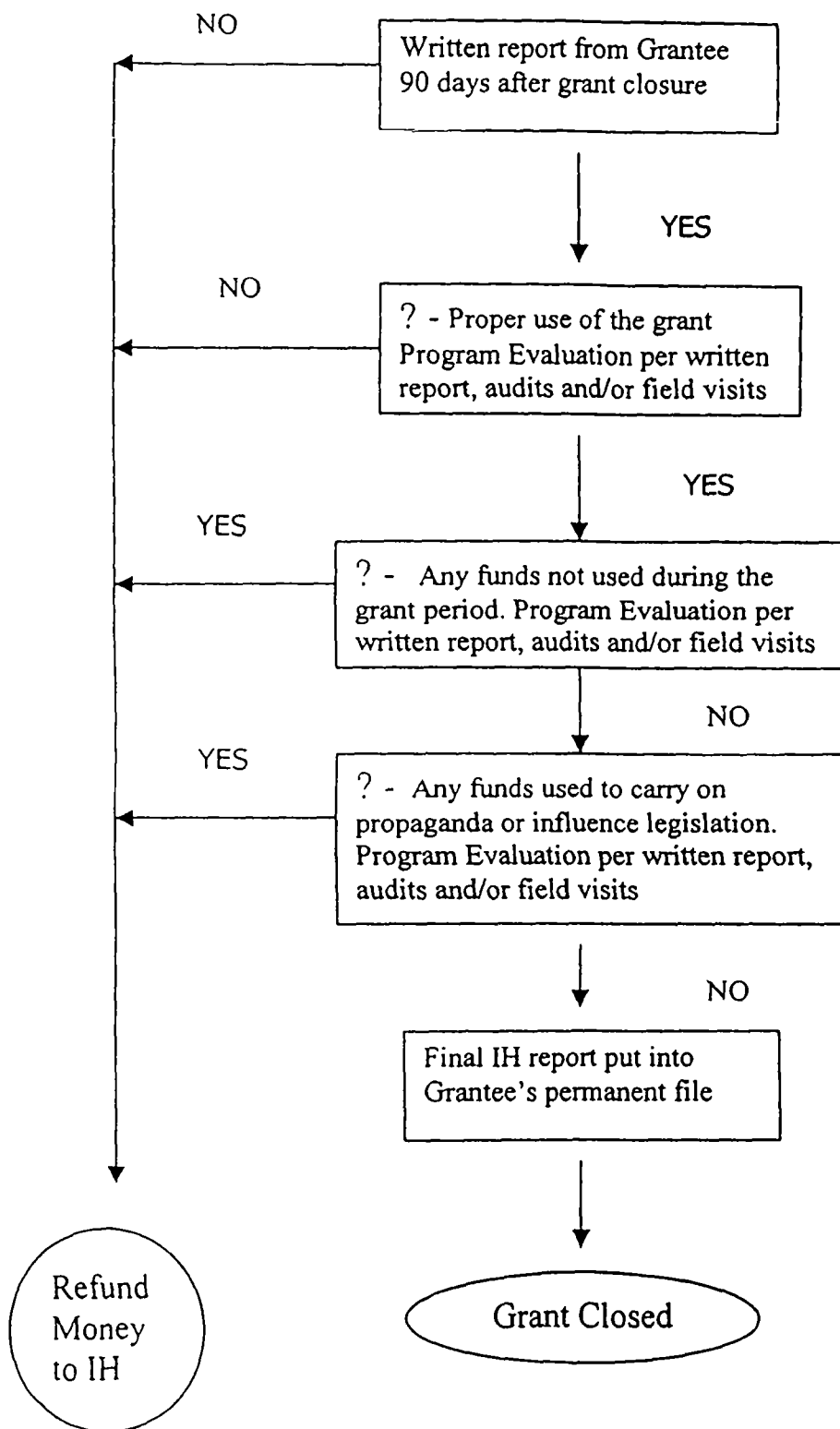
Due to work and family obligations the volunteer staff was unable to complete the bookkeeping and tax return preparation. Volunteers were in India reviewing awarded grant projects.

India's Hope Flow Chart of Funding Cycle



India's Hope

Flow Chart of Funding Cycle - Reporting



**INDIA'S HOPE
FOREIGN GRANT
APPLICATION FORM**

GRANTEE INFORMATION

FILE COPY

1. Grantee

Name: _____

Address: _____

Physical
Location: _____

2. Date the organization was founded: _____

**3. Essential institutional character and function or purpose of the proposed grantee
(e.g., educational institution, hospital, Christian mission, church or denomination):**

4. Names and titles of chief personnel of the proposed grantee:

5. Summary of grants awarded by other organizations to the Applicant:

(List Grantor, amount of the grant, date awarded, and the purpose of the grant)

Grantor	Amount of Grant	Date awarded	Purpose of grant

6. Applicant needs to attach a copy of the following organizational statements:

A. Mission Statement

B. Statement of Faith

C. Statement of Ministry Objectives

**INDIA'S HOPE
FOREIGN GRANT
APPLICATION FORM**

GRANT REQUEST

_____ (name of applicant; herein, "Applicant") applies for a grant for the following purposes:

■ **Annual Operating Grant**

Applicant requests an annual operating grant of \$_____, for the year beginning _____ and ending _____. This grant could be paid in monthly installments of \$_____ or in any other fashion deemed acceptable by India's Hope.

Applicant's objectives and anticipated operations for the period covered by the annual operating grant include:

■ **Specific Projects Grant**

In addition to the above needs or as a stand alone specific project, Applicant requests a grant of funds in the amount of \$_____, for one or more special projects as follows:

**INDIA'S HOPE,
FOREIGN GRANT
APPLICATION FORM**

GRANT REQUIREMENTS

If this grant is approved, Applicant agrees to the following grant requirements, in addition to those contained in the final document called Foreign Grant Agreement.

1. Payment of all grant proceeds to Applicant will be contingent on receipt of funds by India's Hope. Applicant shall have no right to any funds held by India's Hope.
2. Any portion of the funds not used within the grant period and/or for the purpose stated above must be immediately returned to India's Hope.
3. Applicant is required to provide India's Hope with immediate notification of any significant changes in Applicant's structure, operation or key personnel, or if it is unable to expend the grant for the purposes described above, or if any expenditure from this grant has been made for any purposes other than those for which the grant was intended.
4. Applicant is required to submit a full and complete written report within 90 days following the operating year for annual operating grants, or within 90 day following the completion of the project for the specific project grant, on the manner in which these grant funds were spent and the progress made in accomplishing the purpose of the grant. This report shall supply sufficient information as necessary for India' Hope to determine that the funds were used for the intended purposes.
5. Applicant will permit India's Hope, at its request, to have reasonable access to Applicant's files, records and personnel for the purpose of making such financial audits, verifications or program evaluations as it deems necessary concerning this grant award.
6. No part of the grant funds is to be used to carry on propaganda, otherwise attempt to influence legislation, or to influence the outcome of any specific public election within the United States or any foreign county.
7. Any violation of the conditions set forth above will require a refunding to India's Hope of any amounts subject to the violation. India's Hope reserves the right to discontinue, modify or withhold any payments due under this grant award or to require a refund of any unexpended grant funds if, in its judgement such action is necessary to comply with the requirements of any law or regulation affecting its responsibilities under this grant award.

The above conditions are understood and accepted:

Signature: _____

Title: _____

Applicant: _____

Date: _____

**FOREIGN GRANT
AGREEMENT**

FILE COPY

Grantee:	<hr/>
Grant Award:	<hr/>
Date:	<hr/>

India's Hope (herein, "Ministry") is awarding this grant contingent upon the following conditions:

- ❖ That the purpose of the grant (together with all income earned upon investment of the grant proceeds) is –

as outlined on your Foreign Grant Application Form dated _____.

- ❖ That the grant period for expenditure of these funds will commence on the date of this agreement and end on _____. Extension of the grant period may be made in unusual circumstances, but only upon the express written authority of the Ministry made pursuant to a request received before the expiration of the original grant period
- ❖ That any portion of the funds not used within the grant period and/or for the purpose stated above must be immediately returned to the Ministry.
- ❖ You are required to provide the Ministry with immediate notification of any significant changes in your organization's structure, operation or key personnel, if you are unable to expend the grant for the purpose described above, or if any expenditure from this grant has been made for any purpose other than those for which the grant was intended.
- ❖ Payment of all grant proceeds to Grantee will be contingent on receipt of funds by the Ministry. Grantee shall have no right to any funds held by India's Hope.

FOREIGN GRANT AGREEMENT

- ❖ You are required to submit a full and complete written report by _____ on the manner in which these grant funds were spent and the progress made in accomplishing the purpose of the grant. This report shall supply sufficient information as necessary for the Ministry to determine that the funds were used for the intended purposes.
- ❖ You are required to indicate the grant funds separately on your books of account, maintain an accurate record of the funds received and expenses incurred under this grant and retain such books and records for at least four years after the completion of the use of this grant award.
- ❖ You will permit the Ministry, at its request, to have reasonable access to your files, records and personnel for the purpose of making such financial audits, verifications or program evaluations as it deems necessary concerning this grant award.
- ❖ You will allow the Ministry to use pertinent information regarding your organization for fund raising purposes.
- ❖ No part of the grant funds is to be used to carry on propaganda, or otherwise attempt to influence legislation, or to influence the outcome of any specific public election in the United States or any other country.
- ❖ Any violation of the conditions set forth above will require a refunding to the Ministry of any amounts subject to the violation. The Ministry reserves the right to discontinue, modify or withhold any payments due under this grant award or to require a refund of any unexpended grant funds if, in its judgement, such action is necessary to comply with the requirements of any law or regulation affecting its responsibilities under this grant award.

The above conditions are understood and accepted:

Signature: _____
Title: _____
Grantee Organization: _____
Date: _____

India's Hope
Signature: _____
Title: _____
Date: _____

**GRANT REVIEW FORM
FOR
FOREIGN GRANTS**

(For Internal Use)

FILE COPY

This form is to be completed by the grant committee before India's Hope makes any grant to a foreign organization, which is not a controlled or closely affiliated organization. The purpose is to establish the fact that prior to the grant, this organization conducted an inquiry concerning the potential grantee complete enough to give a reasonable man assurance that the grantee will use the grant to accomplish this organizations exempt purposes.

1. Grantee

Name: _____

Address: _____

Physical
Location: _____

2. Date the organization was founded: _____

3. Essential institutional character and function or purpose of the proposed grantee (e.g., educational institution, hospital, Christian mission, church or denomination):

4. Names and titles of chief personnel of the proposed grantee:

5. Summary of previous grants or other assistance(if any) made by this organization to proposed grantee, including whether proper use of grants was made and whether required reports were filed with this organization:

Date Awarded	Amount of Award	Purpose of the Award	Proper use of award	Required reports filed

6. Summary of grants awarded by other organizations to the proposed grantee:
 (List Grantor, amount of the grant, date awarded, and the purpose of the grant)

Grantor	Amount of Grant	Date awarded	Purpose of grant

- 7 Brief summary of knowledge of this organization based on prior experience or other information readily available. Summarize the prior history and experience of the proposed grantee and its chief personnel including the grantee's activities and practices (or reference specific documents in this organization's files covering these points):

8. Brief statement of basis for conclusion that the proposed grantee will use the grant for the proper purposes (or reference specific documents in this organization's files covering these points).

Date: _____

Organization Officer: _____

Committee Members: _____
