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990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

| | | | | |
|---|---|--|----------------|--|
| 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 | Please use IRS label or print or type. See Specific Instructions. | C Name of organization INDIA'S HOPE | | D Employer identification number 81-0534719 |
| | | Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 368 | Room/suite | E Telephone number 406-357-4673 |
| | | City or town, state or country, and ZIP + 4 CHINOOK MT 59523 | | F Group Exemption Number |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

| | |
|--|---|
| I Website: N/A | G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► |
| 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 | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |

K Check ☐ if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 101,382**

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

| | | | | |
|------------|--|--|--|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 101,382 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a | Gross revenue (not including \$ of contributions reported on line 1) | 6a | |
| | b | Less direct expenses other than fundraising expenses | 6b | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | b | Less cost of goods sold | 7b | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe ►) | 8 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 101,382 |
| | Expenses | 10 | Grants and similar amounts paid (attach schedule) SEE STATEMENT 1 | 10 |
| 11 | | Benefits paid to or for members | 11 | |
| 12 | | Salaries, other compensation, and employee benefits | 12 | |
| 13 | | Professional fees and other payments to independent contractors | 13 | 1,500 |
| 14 | | Occupancy, rent, utilities, and maintenance | 14 | 747 |
| 15 | | Printing, publications, postage, and shipping | 15 | 375 |
| 16 | | Other expenses (describe ►) | 16 | |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 123,899 | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -22,517 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 32,548 |
| | 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 through 20 | 21 | 10,031 |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 32,548 | 10,031 |
| 23 Land and buildings | | |
| 24 Other assets (describe ►) | | |
| 25 Total assets | 32,548 | 10,031 |
| 26 Total liabilities (describe ►) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 32,548 | 10,031 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

9-12
JUL 19 2008
RECEIVED
FSCD
JUL 19 2008
JUL 19 2008

SCANNED AUG 10 2010

Expenses

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

SEE STATEMENT

28 SARAH'S COVENANT HOMES - HOMES FOR HANDICAPPED ORPHANS

►

28a

46,071

29 OPERATION SATURATION - CHURCH PLANTING & PASTORS

►

29a

8,280

30 INDIA CHRISTIAN MINISTRIES

OPERATING SCHOOLS - HSDC (HOPE CHILD DEV CENTER)

► **X**

30a

66,926

31 Other program services (attach schedule) **SEE STATEMENT**

▶ ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

121,277

(a) Name and address

| (b) Title and average hours per week devoted to position |
|--|
| <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p> |

(c) Compensation
(If not paid,
enter -0-)

| | |
|---|--|
| (d) Contributions to employee benefit plans & deferred compensation | |
|---|--|

(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | Yes | No |
|--|-----|----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a | | |
| b Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I | | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c | | |
| d Enter amount of tax on line 40c reimbursed by the organization 40d | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e | | X |
| 41 List the states with which a copy of this return is filed 41 MT | | |
| 42a The books are in care of 42a NANCY SCHELLIN Telephone no 42a 406-357-4673 PO BOX 368 Located at 42a CHINOOK, MT ZIP + 4 42a 59523 | | |
| 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)? | | X |
| If "Yes," enter the name of the foreign country 42b | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? | | X |
| If "Yes," enter the name of the foreign country 42c | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 <input type="checkbox"/> | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year 43 | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?

| | Yes | No |
|------------|-----|-------------------------------------|
| 46 | | <input checked="" type="checkbox"/> |
| 47 | | <input checked="" type="checkbox"/> |
| 48 | | <input checked="" type="checkbox"/> |
| 49a | | <input checked="" type="checkbox"/> |
| 49b | | |

- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$100,000 **0**

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Total number of other independent contractors each receiving over \$100,000 **0**

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.

| | | | | |
|---------------------------------|---|---------------------|--|---|
| Sign Here | Signature of officer <u>Brent H. Schellin</u> | | Date <u>7-13-10</u> | |
| | Type or print name and title <u>Brent H. Schellin</u> | | | |
| Paid Preparer's Use Only | Preparer's signature <u>Kasey M. [Signature]</u> | Date <u>7/13/10</u> | Check if self-employed <input checked="" type="checkbox"/> | Preparer's Identifying Number (See instr.) <u>P00117671</u> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 <u>SOLEM & MCINTOSH, CPAS</u> <u>411 OHIO - P.O. BOX 248</u> <u>CHINOOK, MT 59523</u> | | | EIN <u>68-0520887</u> |
| | | | | Phone no <u>406-357-2149</u> |
| | | | | |

May the IRS discuss this return with the preparer shown above? See instructions

Yes ☐ No ☐

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 25,527 | 11,556 | 27,400 | 116,401 | 101,382 | 282,266 |
| 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 1-3 | 25,527 | 11,556 | 27,400 | 116,401 | 101,382 | 282,266 |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 282,266 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 25,527 | 11,556 | 27,400 | 116,401 | 101,382 | 282,266 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1 | 2 | 2 | 2 | | 7 |
| 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.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 282,273 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-----------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.9975 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 69.8800 % |
| 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/> | | |
| b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2008. 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-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 business under section 513 | | | | | | |
| 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 1-5 | | | | | | |
| 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, 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 | | | | | | |
| c 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 | | | | | | |
| 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, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

CHARITABLE, RELIGIOUS AND HUMANITARIAN ACTIVITIES IN INDIA BY SPONSORING
PASTORS AND CHURCHES AND OPERATING SCHOOLS AND CHILDRENS HOMES.

**Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments**Description

OUTREACH SERVICES FOR CHURCHES: CONFERENCES

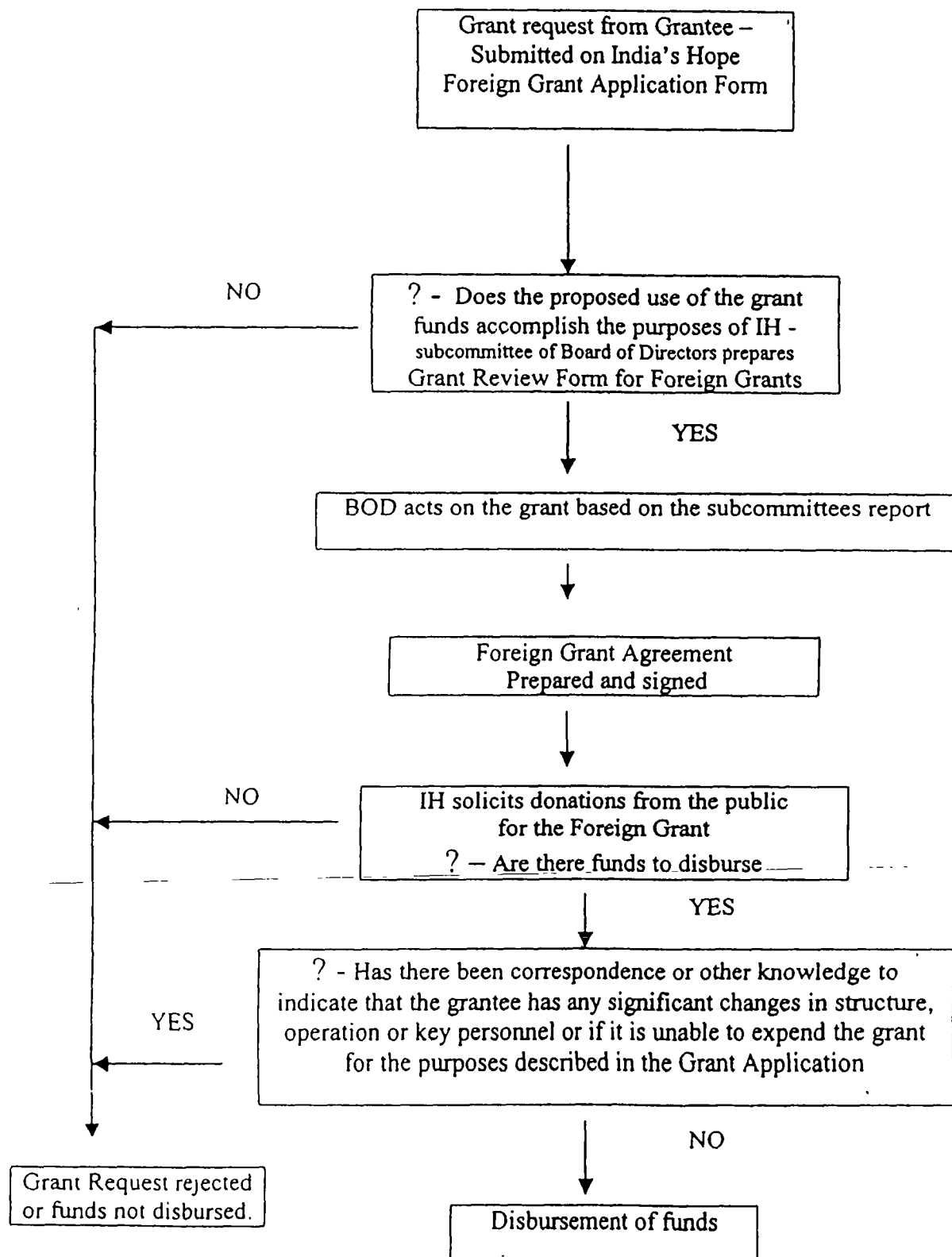
81-0534719

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

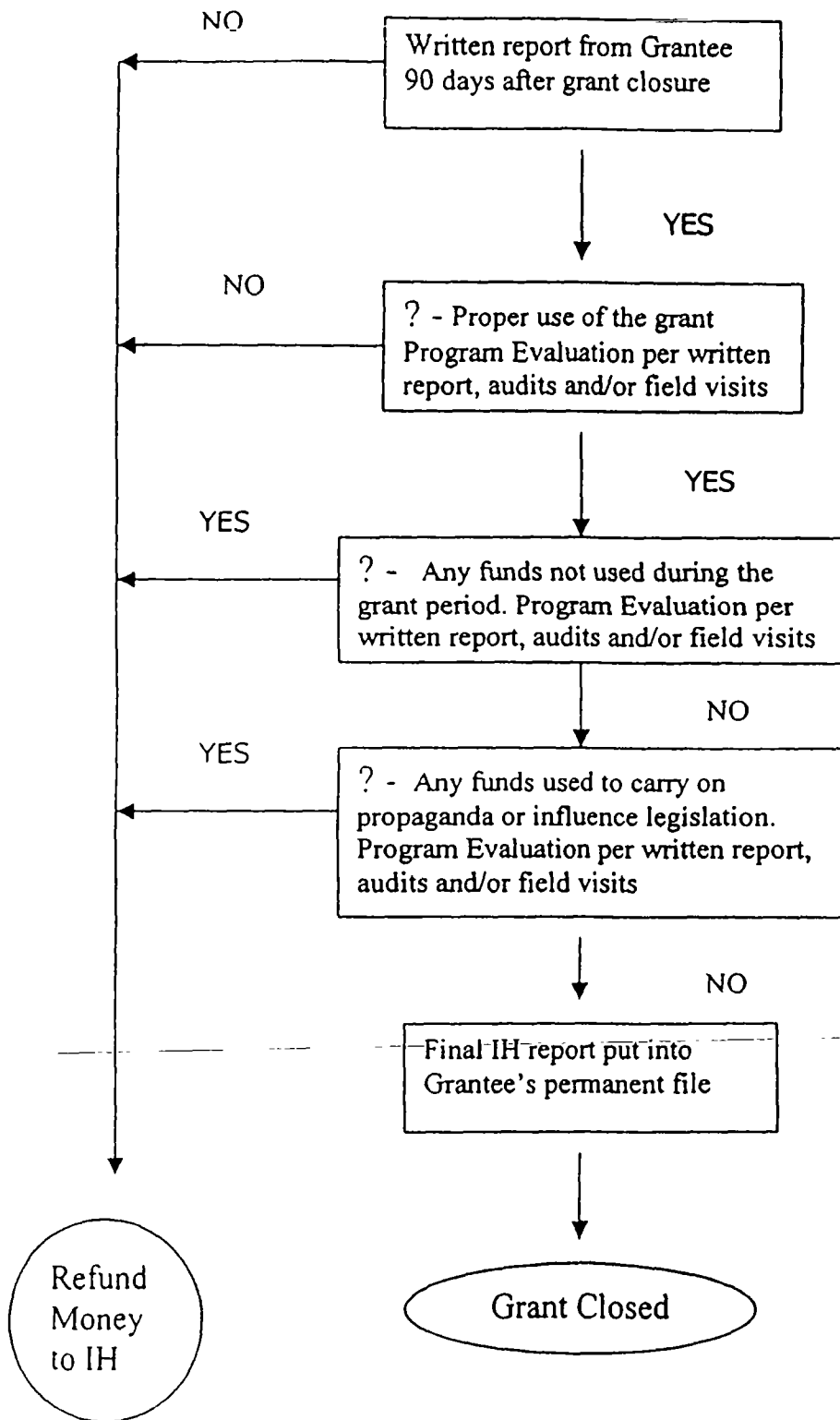
| Name and Address | Description of Property | Cash Contribution | Relationship to Organization | | Class of Activity | | Date of Gift | Purpose |
|----------------------------|-------------------------|-------------------|------------------------------|------------|-------------------|------------------------|--------------|----------------------|
| | | | Noncash Contribution | Book Value | Book Value | Book Value Explanation | | |
| SARAH'S COVENANT HOMES | | 46,071 | | | | | | HOME FOR HANDICAPPED |
| SRI GOLDEN ENCLAVE | | | | | | | | |
| ONGOLE, AP, IN 523002 | | | | | | | | |
| OPERATION SATURATION | | 8,280 | | | | | | CHURCHES & PASTORS |
| GANDHI NAGAR | | | | | | | | |
| ONGOLE, AP, IN 523002 | | | | | | | | |
| INDIA CHRISTIAN MINISTRIES | | 66,926 | | | | | | RELIEF & DEV PROGRAM |
| GANDHI NAGAR | | | | | | | | |
| ONGOLE, AP, IN 523002 | | | | | | | | |
| TOTAL | | 121,277 | | | | | | |

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: | |
| Grant Award: | |
| Date: | |

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 –

| | |
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| | |

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.

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 |
|--------------|-----------------|----------------------|---------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

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: _____ |

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 |
|---------|-----------------|--------------|------------------|
| | | | |
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| | | | |

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: _____

**Power of Attorney
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address

INDIA'S HOPE
PO BOX 368
CHINOOK

MT 59523

Social security number(s)

Employer identification
number

81-0534719

Daytime telephone number
406-357-4673

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

2 Representative(s) must sign and date this form on page 2, Part II

Name and address

KASIE L MCINTOSH
PO BOX 248
CHINOOK

MT 59523

CAF No 8005-99605R

Telephone No 406-357-2149

Fax No 406-357-2884

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

CAF No

Telephone No

Fax No

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

CAF No

Telephone No

Fax No

Check if new Address ☐ Telephone No ☐ Fax No ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

3 Tax matters

| Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3) | Tax Form Number (1040, 941, 720, etc) | Year(s) or Period(s) (see the instructions for line 3) |
|--|---|---|
| EXEMPT ORGANIZATION | 990 & 990 EZ | ALL YEARS |
| | | |
| | | |

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ►

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box ☐

b If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Brent H. Schellin
Signature

BRENT H SCHELLIN

Print Name

7-13-10
Date

☐☐☐☐☐
PIN Number

PRESIDENT

Title (if applicable)

INDIA'S HOPE

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

☐☐☐☐☐
PIN Number

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c** Enrolled Agent—enrolled as an agent under the requirements of Circular 230
 - d** Officer—a bona fide officer of the taxpayer's organization
 - e** Full-Time Employee—a full-time employee of the taxpayer
 - f** Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions
 - k** Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230
 - l** Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230
 - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions

| Designation—Insert above letter (a-r) | Jurisdiction (state or identification) | Signature | Date |
|---------------------------------------|--|-------------------------------|----------------|
| B | MT | <i>Kasee M. Schellin, CPA</i> | 7/13/10 |
| | | | |
| | | | |