



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A                                                                                                                   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)                                                                                                                                                   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I                                                                |     | X  |
| 4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II                                                  |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III                         |     |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II                                       |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III                                                                                                   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V                                                                                       |     | X  |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                    |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI                                                                                                                  | X   |    |
| b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII                                              |     | X  |
| c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII                                              |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX                                                                | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 17? If 'Yes,' complete Schedule D, Part X                                                                                                                               |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X      |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII                                                                                           |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E                                                                                                                                                  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                       |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV                     | X   |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV                              | X   |    |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV                                  |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)                                      |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II                                                                     |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III                                                                                               |     | X  |
| 20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H                                                                                                                                                                |     | X  |
| b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                 |     |    |

**Schedule F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

HOPE RANCH OF MONTANA

Employer identification number

33-1055749

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

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

| (a) Region                                        | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (1) AFRICA-ETHIOPIA                               |                                     |                                                                        | SPONSORSHIP                                                                                                                                 | PROVIDE CARE                                                                                       | 60,988.                                              |
| (2)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (3)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (4)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (5)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (6)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (7)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (8)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (9)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (10)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (11)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (12)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (13)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (14)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (15)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (16)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (17)                                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>3a Sub-total</b>                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 60,988.                                              |
| <b>b Total from continuation sheets to Part I</b> |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>c Totals (add lines 3a and 3b)</b>             | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 60,988.                                              |

**RECEIVED**  
JUL 03 2013  
EOCU  
IRS OGDEN, UTAH

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F (Form 990) 2010

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (1)  |                          |                                              | AFRICA     | PROVIDE CARE         | 60,988.                  | WIRE TRSFER                     |                                   |                                        |                                                       |
| (2)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (3)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (4)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (5)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (6)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (7)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (8)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (9)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (10) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (11) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (12) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (13) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (14) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (15) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (16) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities. 0

**Part III. Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (1)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (2)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (3)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (4)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (5)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (6)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (7)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (8)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (9)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (10)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (11)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (12)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (13)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (14)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (15)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (16)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (17)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (18)                            |            |                          |                          |                                 |                                   |                                        |                                                       |

**Part IV Foreign Forms**

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

BAA

TEEA3505L 10/27/10

Schedule F (Form 990) 2010

RECEIVED  
JUL 03 2013  
EOCU  
IRS OGDEN, UTAH

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**Part I, Line 2 - Grantmakers Explanation For Grants Outside US**

TRAVEL IS CRITICAL, THROUGHOUT THE YEAR, BY BOARD MEMBERS TO OBSERVE, VERIFY, AND OVERSEE THE PROGRESS MADE AS WELL AS VERIFICATION THAT ALL SPENDING IS IN ACCORDANCE WITH THE MONIES SENT-MEETING HOPE RANCH'S ORGANIZATIONS GOALS, MISSION AND VISION AS WELL AS THOSE OF THE CONTRIBUTORS. HOPE RANCH CONTROLS AND SETS FORTH HOW THE FUNDS ARE TO BE DISTRIBUTED BY LOOK DEVELOPMENT. HOPE RANCH OVERSEES ALL PROJECTS. PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ARE AS FOLLOWS:

1. MEMBERS OF THE BOARD OF HOPE RANCH, THROUGH THEIR TRAVELS TO ETHIOPIA, VERIFY PHYSICALLY ALL DOCUMENTATION, ONSITE INSPECTION OF THE SPECIFIC PROJECTS AND VISITS TO THE FACILITIES, CHILDREN AND FAMILIES.

2. PICTURES ARE TAKEN, ALL DOCUMENTATION IS PROVIDED, BY LOOK DEVELOPMENT AND VISITS TO THE RECEIPIENTS ARE MADE TO ATTEST THAT THE DISBURSMENTS ARE ALLOCATED PROPERLY ACCORDING TO HOPE RANCH'S SPECIFIED USE AND IN ACCORDANCE WITH THE MISSION OF HOPE RANCH.

3. HOPE RANCH RECEIVES ANNUAL REPORTS FROM EXTERNAL AUDITS, IN ETHIOPIA, OF LOOK DEVELOPMENT ALLOWING THEM TO MONITOR AND TRACK THE USE OF THE FUNDS.

4. THE BOARD IS UPDATED, THROUGHOUT THE YEAR, BY THE MEMBERS THAT HAVE TRAVELED TO THE ETHIOPIA.

5. LOOK DEVELOPMENT IS REQUIRED TO ACCOUNT TO THEIR GOVERNMENT, FULLFILLING THE REQUIREMENTS ACCORDING TO ETHIOPIAN NGO STATUS.

6. THE GRANT RECEIPIENT IS REQUIRED TO PROVIDE RECEIPTS FOR THE FUNDS HAVE BEEN SPENT ON SPECIFIED AND AGREED UPON GOALS SET FOR BY HOPE RANCH.

**Additional Supplemental Information**

HOPE RANCH PROVIDES ASSISTANCE AND SUPPORT FOR EDUCATION, HYGIENE, FOOD, CLOTHING AND SHELTER FOR ORPHAN CHILDREN IN ETHIOPIA. SEE ATTACHED FORM 4564

**RECEIVED**

JUL 03 2013

ECCU

IRS OGDEN, UTAH