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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); 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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

ORGANIZATION MONITORS THE USE OF GRANTED FUNDS CONTINUOUSLY BY GRANTING FUNDS ONLY AFTER COST OR PROOF OF PROJECT STATUS HAS BEEN PROVIDED.

**PART I, LINE 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
EAST ASIA & PACIFIC	\$ 332,649	\$ 0
SUB-SAHARAN AFRICA	\$ 258,066	\$ 0



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2015**

Department of the Treasury  
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**BRITTANY'S HOPE**

Employer identification number

**25-1879417**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>GOLF TOURNAMENT</b> <small>(event type)</small>	(b) Event #2 <b>WALK OF LOVE</b> <small>(event type)</small>	(c) Other events <b>9</b> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	94,916	71,253	217,071	383,240
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	94,916	71,253	217,071	383,240
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,860	5,984	914	21,758
	10 Direct expense summary. Add lines 4 through 9 in column (d)				21,758
11 Net income summary. Subtract line 10 from line 3, column (d)				361,482	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
u Attach to Form 990.  
u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BRITTANY'S HOPE**

Employer identification number

**25-1879417**

**Part I General Information on Grants and Assistance**

- 1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALL GOD'S CHILDREN 1400 NE 136TH AVE VANCOUVER WA 98684	93-1052909	501C3	92,097				ADOPTION SUPPORT
(2)	BETHANY CHRISTIAN SERVICES GLOBAL 901 EASTERN AVE, PO BOX 294 GRAND RAPIDS MI 49501-0294	38-1405282	501C3	68,097				ADOPTION SUPPORT
(3)	CHILDREN'S HOME SOCIETY OF MINNESOTA 1605 EUSTIS STREET ST. PAUL MN 55108	41-0693906	501C3	104,097				ADOPTION SUPPORT
(4)	HOLT INTERNATIONAL 195 CITY VIEW EUGENE, OR 97402	23-7257390	501C3	75,097				ADOPTION SUPPORT
(5)	WIDE HORIZONS FOR CHILDREN 375 TOTTEN POND ROAD WALTHAM MA 02451	04-2564960	501C3	86,097				ADOPTION SUPPORT
(6)	MADISON ADOPTION ASSOCIATES 1009 WOODSTREAM DRIVE WILMINGTON DE 19810	51-0399000	501C3	105,722				ADOPTION SUPPORT
(7)	CHILDREN'S HOUSE INTERNATIONAL 2074 VISTA DRIVE FERNDALE WA 98248	94-2643021	501C3	74,097				ADOPTION SUPPORT
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
- 3 Enter total number of other organizations listed in the line 1 table u

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

**ORGANIZATION MONITORS THE USE OF GRANTS CONTINUOUSLY BY GRANTING FUNDS ONLY**

**AFTER PROOF OF ADOPTION HAS BEEN PROVIDED.**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

BRITTANY'S HOPE

Employer identification number

25-1879417

**FORM 990 - ORGANIZATION'S MISSION**

RECOGNIZING THE FUNDAMENTAL RIGHTS OF ALL CHILDREN, WE EMPOWER FAMILIES AND  
COMMUNITIES TO MAKE REAL AND LASTING CHANGE IN THE LIVES OF ORPHANED AND  
AT-RISK CHILDREN THROUGH INTERNATIONAL SPECIAL NEEDS ADOPTION GRANTS AND  
HUMANITARIAN INITIATIVES.

**FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES  
VIETNAM**

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

JAMIE LAMB

DOUGLAS LAMB

BOARD MEMBER

BOARD MEMBER

JL MARRIED TO DL'S NEPHEW

DAVID ABEL

MAI-LYNN SAHD

BOARD MEMBER

EXEC. DIR.

DA IS MLS'S FATHER

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
MANAGEMENT REVIEWS THE FORM 990 BEFORE SIGNING AND FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

ALL GOVERNING BODY MEMBERS ARE REQUIRED TO COMPLETE AND RETURN CONFLICT OF  
INTEREST STATEMENTS ON AN ANNUAL BASIS.

Name of the organization

Employer identification number

**BRITTANY'S HOPE**

**25-1879417**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF THE CONFLICT OF  
INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT FUNDRAISING EXPENSE \$ 21,758

DIRECT FUNDRAISING EXPENSE \$ -21,758