

Form 990
990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0041

2013

Open to Public Inspection

- Do not enter Social Security numbers on this form or it may be made public.
 ► Information about Form 990 and its instructions is at [www.irs.gov/form990](#).

A. For the 2013 calendar year, or tax year beginning _____ and ending _____

B <input checked="" type="checkbox"/> Corporation	C Name of organization BRITTANY'S HOPE Doing Business As	D Employer identification number 25-1879417
Number and street (e.g. P.O. box if that is not different) (e.g. street address) 1160 NORTH MARKET STREET		E Room/suite 717-367-9614
City or town, state or province, country, and ZIP or foreign postal code ELIZABETHTOWN, PA 17022		F Telephone number 1,432,769.
G Name and address of principal officer MAI-LYNN SAHD SAME AS C ABOVE		H Mail to this a group return for estimates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> 527 (insert) <input type="checkbox"/> 4947(a)(1)(B) <input type="checkbox"/> 4947(a)(1)(D)		I MSN number (insert) <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► WWW.BRITTANYSHOPE.ORG		K Nonprofit exemption number ►
L Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		M State of incorporation: PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities. PRIMARILY FOCUSES ON CHILD SPECIFIC GRANTS AND ADVOCATING FOR SPECIAL NEEDS INTERNATIONAL.		
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)		
4	Number of independent voting members of the governing body (Part VI, line 1b)		
5	Total number of individuals employed in calendar year 2013 (Part V, line 5a)		
6	Total number of volunteers (estimate if necessary)		
7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 14		
8	Contributions and grants (Part VIII, line 1a)		
9	Program-service revenue (Part VIII, line 3a)		
10	Investment income (Part VIII, column (A), lines 2, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)		
12	Total revenue (add lines 8 through 11 (must equal Part VIII, column (A), line 12))		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefts paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11a)		
b	Total fundraising expenses (Part IX, column (B), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a/11c, 11f-24a)		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
19	Beginning balance of fund balances. Subtract line 18 from line 12		
20	Total assets (Part X, line 1a)		
21	Total liabilities (Part X, line 2a)		
22	Net assets or fund balances. Subtract line 21 from line 20		
	Beginning of Current Year		
	1,836,777.		
	260,100.		
	1,576,677.		
	End of Year		
	2,076,316.		
	288,268.		
	1,788,048.		

Part II Signature Block

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		Date
	MAI-LYNN SAHD, EXECUTIVE DIRECTOR	
	Type or print name and title	
Print/Type preparer's name Preparer Use Only	Print/Type preparer's name BRIAN GROFF	Preparer's signature
		Date 8/3/14
		PTIN P00324634
	Firm's name Firm's address	Firm's EIN 23-1551315
	TROUT, EBERSOLE & GROFF, LLP 1705 OREGON PIKE LANCASTER, PA 17601	Phone no. 717-569-2900

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

 Yes No

2011-10-19-19 LTA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 1 Briefly describe the organization's mission.

WE BELIEVE IN THE FUNDAMENTAL RIGHT OF ALL CHILDREN TO HAVE THE SECURITY AND LOVE OF A FAMILY.

WE RESOLVE TO FACILITATE ADOPTIONS OF SPECIAL NEEDS, OLDER AND SIBLING

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and contributions to others, the total expenses, and revenues, if any, for each program service reported.

4a (Code) Expenses \$ 348,334. Revenue \$ 295,784. Net Assets \$ 181,797.

BRITTANY'S HOPE FOUNDATION IMPACTED NEARLY 1,000 LIVES OF CHILDREN IN ORPHANAGE INSTITUTIONS AS WELL AS IN COMMUNITIES LOCATED IN CAN GIU, BEN TRE, DA NANG, CAM RANH AND HA TINH REGIONS OF VIET NAM.

OUR HUMANITARIAN PROJECTS INCLUDED FOOD RELIEF, EDUCATIONAL SUPPLIES, AND FLOOD RELIEF. WE PROVIDED VOCATIONAL TRAINING TOOLS SUCH AS SEWING AND SCREEN PRINTING MACHINES AND BUILT A CLASSROOM FOR VISUALLY IMPAIRED CHILDREN. WE ALSO PROVIDED HOUSING FOR FLOOD VICTIMS AND RENOVATED SCHOOLS.

WE PROVIDED LONG-TERM HOLISTIC ORPHAN CARE TO 361 ORPHAN CHILDREN. WE IMPROVED CHILDREN'S STANDARD OF LIVING THROUGH PROJECTS RANGING FROM

4b (Code) Expenses \$ 397,000. Revenue \$ 397,000. Net Assets \$

BRITTANY'S HOPE FOUNDATION PLACED 105 CHILD-SPECIFIC GRANTS ON SPECIAL NEEDS ORPHANS IDENTIFIED AND SUBMITTED TO US BY OUR AFFILIATE ADOPTION AGENCIES. THE GRANTS ALLOWED OUR ORGANIZATION TO BRING THESE BEAUTIFUL AND UNIQUE CHILDREN HOME TO THE LOVING ARMS OF THEIR FOREVER FAMILIES AND REDUCE THE COSTS INCURRED IN ORDER TO ADOPT THEM.

4c (Code) Expenses \$ 296,629. Revenue \$ 296,629. Net Assets \$

BRITTANY'S HOPE FOUNDATION IMPACTED NEARLY 705 LIVES OF CHILDREN IN ORPHANAGE INSTITUTIONS AS WELL AS IN COMMUNITIES LOCATED IN BAHIR DAR, INJIBARA AND PAWE REGIONS OF ETHIOPIA.

WE SUCCESSFULLY COMPLETED THE EXPANSION OF FOUR NEW HOUSING UNITS FOR THE INJIBARA CHILDREN'S HOME IN ETHIOPIA. THIS PROJECT CREATED A BETTER LIVING ENVIRONMENT FOR 20 CHILDREN AND SEVEN STAFF AND AFFORDED BRITTANY'S HOPE FOUNDATION THE CAPABILITY TO CARE FOR ADDITIONAL 40 ABANDONED CHILDREN.

WE SUCCESSFULLY BROKE THE BARRIER FOR IMPOVERISHED CHILDREN OF NEGEDE-WOYITO ETHNIC TRIBE IN ETHIOPIA BY CREATING OPPORTUNITIES FOR

- 4d Other program services (Describe in Schedule O)

(Expenses \$)

(Revenue \$)

- 4e Total program service expenses \$

1,041,963.

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2 Is the organization required to complete Schedule B, Schedule of Contributions?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
- 4 Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives contributions, 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 for which 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.
- 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.
- 8 Did the organization maintain collections of works of art, historical treasures, or other valuable assets? If "Yes," complete Schedule D, Part III.
- 9 Did the organization report an amount in Part X, line 21, for escrow circumstances accountability, 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.
- 10 Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.
- 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.
 - 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.
 - 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.
 - 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.
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.
- 13 Is the organization a church described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and II.
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to one foreign individual? If "Yes," complete Schedule F, Parts II and IV.
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, columns (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.
- 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.
- 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.
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

Part IV. Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II.	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary joined exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to finance any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's other Form 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b X	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see instructions L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c X	
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
<i>Note. All Form 990 filers are required to complete Schedule O.</i>	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	1a 0	
1b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to file Form 1041.	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X	
b	If "Yes," enter the name of the foreign country: ► VIETNAM See instructions for filing requirements for Form TD F-90-22-1, Report of Foreign Bank and Financial Accounts.	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c X	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Form 8282 filed during the year	7e X	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a charitable contribution charitable contribution ?	7f X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a charitable contribution charitable contribution ?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, issue excess distribution holdings at any time during the year?	9a X	
9	Sponsoring organizations maintaining donor advised funds.	9b X	
a	Did the organization make any taxable distributions under section 408(e)?		
b	Did the organization make a distribution to a donor, donor advisor, or related entity?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a X	
b	If "Yes," has it filed a Form 729 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O (see instructions).

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		11		
1b Enter the number of voting members included in line 1a, above, who are independent		11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other entity?		3	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X	
6 Did the organization have members or stockholders?		6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	X	
8 Did the organization contemporaneously document the meetings held to approve actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, affiliates, or branches?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12b	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	13	X
13 Did the organization have a written whistleblower policy?	14	X
14 Did the organization have a written document retention and destruction policy?		
15 Did the process for determining compensation of the following persons include a written P&P approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other offices or key employees of the organization	15b	X
If "Yes" in line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► PA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
MAI-LYNN SAHD - 717-367-9614
1160 NORTH MARKET STREET, ELIZABETHTOWN, PA 17022

Part VII: Section A, Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title <small>(including title of position)</small>	(B) Average hours per week <small>list any hours for related organizations below line)</small>	(C) Position <small>(Do not check more than one box, unless person is both an officer and a director/trustee)</small>				(D) Reportable compensation from the organization <small>(W-931099-MISC)</small>	(E) Reportable compensation from related organizations <small>(W-931099-MISC)</small>	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or trustee	Director	Key employee	Other			
1b Sub-total						0.	0.	0.
c Total from continuation sheets to Part VII, Section A						0.	0.	0.
d Total (add lines 1b and 1c)						0.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization						0		

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No
- 4 For any individual listed on the 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$100,000? If "Yes," complete Schedule J for such individual Yes No
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated entity or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Yes No

Section B: Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	942,067.			
g Noncash contributions included in lines 1a-1f	1g	34,853.			
h Total. Add lines 1a-1f	1h	942,067.			
Program Service Revenue		Business Code			
2 a VIETNAM TRIP	2a	900099	181,797.	181,797.	
b					
c					
d					
e					
f All other program service revenue	2f				
g Total. Add lines 2a-2f	2g	181,797.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)	3		41,556.		41,556.
4 Income from investment of tax-exempt bond proceeds	4				
5 Royalties	5				
6 a Gross rents	6a	(i) Rent (ii) Professional			
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)	6d				
7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
b Less: cost of other losses and sales expenses	7b	99,366.			
c Gain or (loss)	7c	100,631.			
d Net gain or (loss)	7d	-1,265.			
8 a Gross income from fundraising events (not including \$ contributions reported on line 1g). See Part IV, line 16	8a		135,587.		
b Less: direct expenses	8b		23,806.		
c Net income or (loss) from fundraising events	8c		111,781.		111,781.
9 a Gross income from gaming activities. See Part IV, line 10	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory	10c				
Miscellaneous Revenue		Business Code			
11 a UNREALIZED GAINS ON IN	11a	900099	32,296.		32,296.
b OTHER INCOME	11b	900099	100.		100.
c	11c				
d All other revenue	11d				
e Total. Add lines 11a-11d	11e	32,396.			
12 Total revenue. See Instructions	12	1,308,332.	181,797.	0.	184,468.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	397,000.	397,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	591,915.	591,915.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	740.		740.	
b Legal	13,700.		13,700.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,902.		9,902.	
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,778.	17,806.	5,229.	1,743.
12 Advertising and promotion	8,791.	6,393.		2,198.
13 Office expenses	25,779.	20,084.		6,695.
14 Information technology	3,592.	1,751.	876.	875.
15 Royalties				
16 Occupancy	5,326.	5,326.		
17 Travel	7,881.		7,881.	
18 Payments of travel or entertainment expenses for any federal, state, or local public offices				
19 Conferences, conventions, and meetings	2,542.		2,542.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,021.		2,021.	
24 Other expenses. Itemize expenses not covered above. List miscellaneous expenses if line 24a (line 24b amount except 10% of line 25, column (A) amount, list line 24b expenses on Schedule O)				
a MISCELLANEOUS	1,909.	1,313.		596.
b MEMBERSHIPS AND DUES	175.	175.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24	1,096,961.	1,041,963.	42,891.	12,107.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs for a combined educational campaign and fundraising solicitation.				

Check here ►

If claiming 501(c)(4) status, file Part II

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash - non-interest-bearing	1	1,022,853.
2	Savings and temporary cash investments	2	14,250.
3	Pledges and grants receivable, net	3	68,794.
4	Accounts receivable, net	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(m)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	9	26,841.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
b	Less: accumulated depreciation	10b	10c
11	Investments - publicly traded securities	11	942,508.
12	Investments - other securities. See Part IV, line 17	12	
13	Investments - program-related. See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets. See Part IV, line 11	15	1,070.
16	Total assets. Add lines 1 through 15 (must equal line 24)	16	2,076,316.
Liabilities			
17	Accounts payable and accrued expenses	17	268.
18	Grants payable	18	288,000.
19	Deferred revenue	19	0.
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
26	Total liabilities. Add lines 17 through 25	26	288,268.
Net Assets or Fund Balances			
27	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	27	1,734,781.
28	Unrestricted net assets	28	53,267.
29	Temporarily restricted net assets	29	
30	Permanently restricted net assets	30	
31	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.	31	
32	Capital stock or trust principal, or current funds	32	
33	Paid-in or capital surplus, or land, building, or equipment fund	33	1,788,048.
34	Retained earnings, undrawn grant, accumulated income, or other funds	34	2,076,316.
	Total net assets or fund balances		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1 1,308,332.
2 Total expenses (must equal Part IX, column (A), line 25)	2 1,096,961.
3 Revenue less expenses. Subtract line 2 from line 1	3 211,371.
4 Net assets or fund balances at beginning of year (must equal Part X, line 3B, column (A))	4 1,576,677.
5 Net unrealized gains (losses) on investments	5
6 Donated services and use of facilities	6
7 Investment expenses	7
8 Prior period adjustments	8
9 Other changes in net assets or fund balances (explain in Schedule O)	9 0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 23, column (B))	10 1,788,048.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	2a	X
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
b Were the organization's financial statements audited by an independent accountant?		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	3a	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as outlined in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Part II

Supplemental Information. Provide the information required by Part I, lines 30c, 32c, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:SCHOOL SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 119.

(D) METHOD OF DETERMINING REVENUE: ACTUAL INVOICE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <http://www.irs.gov/Form990>.

OMB No. 1525-0347

2013

Open to Public
Inspection

BRITTANY'S HOPE

Employer Identification number
25-1879417

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADOPTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN BY PROVIDING FINANCIAL GRANTS TO SPECIAL CHILDREN; TO ACTIVELY SEEK OUT HEALTHY AND HAPPY FAMILIES WHO CAN OFFER LOVE AND SUPPORT TO SPECIAL NEEDS CHILDREN; TO RAISE PUBLIC AWARENESS OF THE NEED FOR HEALTHY HOMES FOR SPECIAL NEEDS, OLDER AND SIBLING CHILDREN AND TO RAISE PUBLIC AWARENESS OF THE UNIQUE JOYS OF PARENTING A SPECIAL CHILD.

WE DEDICATE OUR WORK TO IMPROVING THE QUALITY OF LIFE FOR ALL GOD'S CHILDREN, ESPECIALLY THOSE WHO WAIT IN INSTITUTIONS OR ORPHANAGES, LIVE IN EXTREME POVERTY OR UNDER THE DURESS OF SLAVERY, ABUSE OR WAR; AND WE SEEK, CREATE AND SUPPORT HUMANITARIAN PROGRAMS WHICH ACCOMPLISH THESE GOALS AND EXTEND ALL EFFORTS TO CHAMPION AND CAMPAIGN FOR CHILDREN'S RIGHTS REGARDLESS OF RACE, RELIGION, OR COUNTRY OF ORIGIN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDING ADEQUATE BEDS TO RENOVATION OF HOUSING UNITS.

WE PROVIDED LIFESAVING HEART SURGERY FOR A LITTLE GIRL AND ASSISTED 19 STUDENTS IN COMPLETING EDUCATION AND FINDING EMPLOYMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUSION IN THE EDUCATION SYSTEM. THROUGH OUR EARLY CHILDHOOD EDUCATION OPPORTUNITIES, 32 STUDENTS FROM THIS TRIBE WERE INTEGRATED

Name of the organization

BRITTANY'S HOPE

Employer identification number

25-1879417

INTO SCHOOLS.

WE ASSISTED SIX STUDENTS IN OBTAINING A COLLEGE DEGREE AND FINDING EMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 2c

EXPLANATION: CERTAIN BOARD OF DIRECTOR MEMBERS AND BOARD OFFICERS ARE RELATED TO ONE ANOTHER AS FOLLOWS:

JAMIE LAMB IS MARRIED TO DOUGLAS LAMB'S NEPHEW

FORM 990, PART VI, SECTION B, LINE 11c

EXPLANATION: MANAGEMENT REVIEWS THE FORM 990 BEFORE SIGNING AND FILING.

FORM 990, PART VI, SECTION B, LINE 12c:

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2c

EXPLANATION: THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. THIS PROCESS HAS NOT CHANGED DURING THE CURRENT YEAR.