Department of the Treasury

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter Social Security numbers on this form as 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 OCT 1. and ending SEP 30, 2014 2013 Check if C Name of organization D Employer identification number A Family For Every Orphan Address change (formerly Doorways To Hope) Name change 26-4015124 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-PO Box 34628 #37939 (360) 358-3293 Amended 300,751. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-Seattle, WA 98124 H(a) Is this a group return pendina F Name and address of principal officer: for subordinates? Yes X No H(b) Are all subordinates included? X Yes No same as C above 4947(a)(1) or 527 ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: > afamilyforeveryorphan.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 2008 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule 0 Activities & Governance 2 Check this box 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) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 3 0 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 ...... 7b **Prior Year Current Year** 346,089 8 Contributions and grants (Part VIII, line 1h) 300,751. Program service revenue (Part VIII, line 2g) 0 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 346,089. 300,751. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 208,802. 164,730. 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 67,443. 57.368. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. n b Total fundraising expenses (Part IX, column (D), line 25) 38, 262, 103 622. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 335,795. 304,432. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 41,657. -35 044. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 97,330. 60,310. 20 Total assets (Part X, line 16) 6,636. 4,660. 21 Total liabilities (Part X, line 26) HE E 90,694. 55,650. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign Sarah Wolfe, Chief Operating Officer Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00295161 Paid Lois S. Lazenby Lois S. Lazenby 58-2115374 Preparer Firm's name Mersereau, Lazenby & Rockas, LLC Firm's EIN Firm's address 3469 Lawrenceville-Suwanee Rd. Use Only Suwanee, GA 30024 Phone no.770-614-6800 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	A Family for Every Orphan (formerly Doorways to Hope) has been
	established to enable local Christian families to bring orphans into
	their homes through foster care and adoption by providing material
	resources and ongoing support.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X 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 allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	OVER FY 2014, WE DISTRIBUTED \$164,760 IN GRANTS TO 6 OF OUR PARTNER
	ORGANIZATIONS IN UKRAINE AND RUSSIA AS WELL AS 2 NEW COUNTRY/REGIONAL
	PROJECTS IN NEPAL AND AFRICA. WE ALSO PROVIDED FUNNDING OF \$66,762 FOR
	GLOBAL ORPHAN CARE ADVOCACY INITIATIVES.
	WE ALSO DISTRIBUTED GRANTS FOR THE WORLD WITHOUT ORPHANS (WWO)
	MOVEMENT, WHICH INCLUDED FUNDING FOR ORPHAN CARE INITIATIVES IN SOUTH
	AFRICA, NEPAL, UKRAINE, INDIA, KYRGYZSTAN, TANZANIA AND RUSSIA.
	IN TOTAL, 6 GRANTS WERE DISTRIBUTED RANGING FROM \$1,750 TO \$89,604. THE
	GRANTS WERE USED TO PROVIDE SUPPORT FOR A NUMBER OF PROJECTS AND
	ESSENTIAL SERVICES, INCLUDING: PRE-ADOPTION TRAINING, POST ADOPTION
4b	(Code:) (Expenses \$
	··
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	<u> </u>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 265,500.
	Form <b>990</b> (2013)

# 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		х
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	4		Х
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	5		Х
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
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	11b		Х
С	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	11c		Х
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	44.1		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 Ie		21
'	the organization's separate of 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	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		<u> </u>	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	4-	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	Λ	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		Λ
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) (formerly Doorways To Hope)

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 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		х
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		х
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 period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		х
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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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			v
00	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
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		х
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
	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?	20		Х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	

# 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				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?		1c	Х	
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		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
3a			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				
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		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		~			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	•			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set				Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			
	to file Form 8282?	I I	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization.		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a 9b		
40	Did the organization make a distribution to a donor, donor advisor, or related person?		96		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
ь 11	Section 501(c)(12) organizations. Enter:	100			
ii a	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
b	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.		.54		
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			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
				990	(2013)

Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the		a "No" r	espon	se					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C									
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI				Х					
<u>Sec</u>	tion A. Governing Body and Management			V						
10	Enter the number of voting members of the governing body at the end of the tax year	1a	7	Yes	No					
Id	If there are material differences in voting rights among members of the governing body, or if the governing	ia	4							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
		1b	7							
b	Enter the number of voting members included in line 1a, above, who are independent		4							
2			2		х					
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the									
3	of officers, directors, or trustees, or key employees to a management company or other person?	•	3		x					
4										
5										
6	Did the organization have members or stockholders?		5 6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or a		<u> </u>							
, -	more members of the governing body?	• •	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
_	persons other than the governing body?		7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		8a	х						
b	Each committee with authority to act on behalf of the governing body?		8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F									
		,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such of									
	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 boo	dy before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х						
b	$Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	e to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe								
	in Schedule O how this was done		12c	Х						
13	1 /		13	Х						
14	Did the organization have a written document retention and destruction policy?		14		Х					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?								
а	The organization's CEO, Executive Director, or top management official		15a	Х						
b	Other officers or key employees of the organization		15b	Х						
	If "Yes" to 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 arrange	ement with a								
	taxable entity during the year?		16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anization's								
	exempt status with respect to such arrangements?		16b							
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed None  Costion 6104 requires an experimental make its Forms 1002 (or 1004 if applicable) 000, and 000.	T (Caption 501/5)(0)   1	0) (2)!-1	lo.						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ι (Section 501(c)(3)s only)	availab	ie						
	for public inspection. Indicate how you made these available. Check all that apply.	n in Cahadula (1)								
40	• • • • • • • • • • • • • • • • • • • •	n in Schedule O)	اعلم							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	orniict of interest policy, a	na iinar	icial						
20	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books a	and records of the average	otion: ►							
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organiz	aliuii.							

Form **990** (2013)

PO Box 33278, Seattle, WA

(formerly Doorways To Hope)

Part VII	Compensation of Officers,	Directors, 1	Γrustees, ∣	Key Emp	oloyees,	Highest C	Compensated	İ
	<b>Employees, and Independe</b>	nt Contract	tors					

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

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	Ī		((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation	amount of
	week (list any	$\vdash$	1	10 0 0	1	Ji, a de	1	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	naltri		loyee	ompe				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Mandell, Melinda	3.00	흐	Ë	5	જ	포 등	요			
Vice Chair		x		х				0.	0.	0.
(2) Longanecker, Oriah	3.00									
Chairman		х		х				0.	0.	0.
(3) Fryman, Alfred D III	3.00									
Treasurer		х		Х				0.	0.	0.
(4) Deyneka, Anita	3.00									
Director		Х						0.	0.	0.
(5) Joseph Leman	3.00	1								
Secretary		Х		Х				0.	0.	0.
(6) Leavens, Justin	3.00	ļ								
Director		Х						0.	0.	0.
(7) Braszko, Alex	3.00	١								
Director		Х	-		┝			0.	0.	0.
		┨								
			$\vdash$		┢	-				
		1								
		1								
		1								
		-								
		<u> </u>	$\vdash$		$\vdash$	$\vdash$	$\vdash$			
		1								
		1								
			T			t				
		1								
	•	•	•	•	•	•	•	•	•	•

Form 990 (2013) (formerly Do									26-40151	124		Pa	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
<b>(A)</b> Name and title	(B) Average hours per week	verage urs per week  Position (do not check more than one box, unless person is both a officer and a director/trustee				<b>1</b> than is bot	one h an	compensation compensation from related			other		of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fr org an	rom the ranizat d relate anizatie	e ion ed
		-											
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<ul><li>Total number of individuals (including but compensation from the organization</li></ul>	not limited to th	nose	liste	ed a	bove	e) wł	no r	eceived more than \$100	0,000 of reportable	)			0
3 Did the organization list any former officer												Yes	No
<ul> <li>line 1a? If "Yes," complete Schedule J for</li> <li>For any individual listed on line 1a, is the sand related organizations greater than \$15</li> </ul>	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		X
<ul> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>cor</i></li> </ul>	accrue compe	nsat	ion 1	from	any	/ unr			idual for services		5		х
Section B. Independent Contractors	<i>'</i>												
Complete this table for your five highest control the organization. Report compensation for the organization is a second or the organization.	•	-							•	oens:	ation 1	from	
(A) Name and busines:	s address	NO	NE					(B) Description of s	services	С	ompe	C) nsatio	n
Total number of independent contractors     \$100,000 of compensation from the organ		not li	mite	d to		se lis	stec	d above) who received n	nore than				
	•										Form	990 (2	2013)

Form	990	(2013) (former	ly Doorways 1	To Hope)			26-4015124	Page <b>9</b>
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, G		Fundraising events						
ar /		Related organizations						
ini,		Government grants (contribut						
rion	f	All other contributions, gifts, gran	its, and					
la pri		similar amounts not included abo	ve <b>1f</b>	300,751.				
di	ç	Noncash contributions included in lines	3 1a-1f: \$					
a S	h	Total. Add lines 1a-1f			300,751.			
				Business Code				
စ္ပ	2 a	ı						
Program Service Revenue	b							
Sul	c	•						
ev ev	c	i						
<u>Б</u> .	e	·						
•	f	All other program service reve	enue					
	Ç	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)						
	4	Income from investment of ta		· •				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	1						
	c	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		·····				
Other Revenue	8 8	<ul> <li>Gross income from fundraisin including \$</li> </ul>						
Ş.		including \$ contributions reported on line						
~ B		Part IV, line 18	•					
喜	h	Less: direct expenses						
ō		Net income or (loss) from fund						
		Gross income from gaming ac	-					
	- •	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less		,				
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
İ	11 a	1						
	b	)						
	c	; <u> </u>						
	c	All other revenue						
	e	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.			300,751.	0.	0.	
33200 10-29-	9 ·13							Form <b>990</b> (2013)

### 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 (A) (B) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 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 164,730 164,730 United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 62,650 14,499 31,202 16,949. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4,793 1,109 2,387 1,297. Payroll taxes 10 Fees for services (non-employees): Management 2,500 2,500 C Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 7,656 3,808 3,826 22 Advertising and promotion 12 6,023 1,733. 3,582 708. 13 Office expenses Information technology 101 101 14 Royalties 15 16 Occupancy 6,148 4,787 1,197 164. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates ..... 21 22 Depreciation, depletion, and amortization ..... 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 71,385 Conference, Travel 71,385 PRINTING 5,425 949 2,671 1.805 Dues & Subscriptions 2,217 2,217 C Taxes & Licenses 1,681 1,681 d 486 486 All other expenses 335,795 49,350 265,500 20,945. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ...... (A) Beginning of year End of year 97,330. 60,070. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 240 Accounts receivable, net 4 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 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(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 97,330. 60,310. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,660. 6,636. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 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 25 6,636. 26 4,660. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 112 5,337. 27 Unrestricted net assets 27 90,582. 50,313. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 55,650. 90,694. Total net assets or fund balances 33 33 97,330. 60,310. 34 34 Total liabilities and net assets/fund balances

Form	990 (2013) (formerly Doorways To Hope)	26-4015124		Pa	ge <b>12</b>				
Pa	rt XI Reconciliation of Net Assets								
	Check 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			<u>,751.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		335	,795.				
3	Revenue less expenses. Subtract line 2 from line 1	3		-35	,044.				
4									
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 33,								
	column (B))	10		55	,650.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Ш				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х					
	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:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
	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:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	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?		2c		Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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	ed audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>				

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

A Family For Every Orphan

(formerly Doorways To Hope)

Employer identification number 26-4015124

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
			because it is: (For lines									
1 🗀			s, or association of chur					).				
2	•		<b>′0(b)(1)(A)(ii).</b> (Attach Sc									
з 🗌			tal service organization			170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospita	l's nam	ie,
	city, and stat		•						•	·		
5	An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental un	it describ	ed in		
	-	( <b>b)(1)(A)(iv).</b> (Compl	_	,	·	,	Ü					
6			ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7 X			eives a substantial part					or from the	e general	public desc	ribed i	n
-		<b>b)(1)(A)(vi).</b> (Comple				9			9			
8	-		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33			rom contri	butions. n	nembershi	ip fees. a	nd aross re	ceipts	from
			nctions - subject to certa									
		•	axable income (less sect	•	, ,	•			• •	•		
		<b>509(a)(2).</b> (Complete			,		•	, ,			,	
10			oerated exclusively to te	st for publ	ic safetv. S	See <b>sectio</b>	n 509(a)(4	4).				
11	-	-	oerated exclusively for th	•	•			-	v out the	purposes	of one	or
	· ·		ations described in secti						•			
			organization and comple				,	•	, , ,			
	а П Туре		· — ·	ype III - Fu	_			ј 🔲 тур	e III - No	n-functiona	ly integ	grated
е 🗀			at the organization is not		-	-		r more dis	qualified	persons ot	her tha	n
			han one or more publicly									
f			tten determination from t						. , , ,		. , ,	
		rganization, check tl										
g	Since Augus	t 17, 2006, has the o	organization accepted ar									
_			lirectly controls, either al							',	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?									
			person described in (i) o									
h			about the supported or									
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) ls	s the	(vii) Amoun	t of mor	netarv
` '	anization		(described on lines 1-9		sted in your		ion in col.	organizati (i) organiz	ed in the l	` '	port	,
			above or IRC section (see instructions))	governing	document?	(i) of you	r support?	U.S	5.?			
			(see mstructions))	Yes	No	Yes	No	Yes	No			
Total												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

A Family For Every Orphan

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		112,089.	214,439.	346,089.	300,751.	973,368.
2	Tax revenues levied for the organ-						
	ization'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 through 3		112,089.	214,439.	346,089.	300,751.	973,368.
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)						318,988.
	Public support. Subtract line 5 from line 4.						654,380.
_	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		112,089.	214,439.	346,089.	300,751.	973,368.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)			759.			759.
	Total support. Add lines 7 through 10						974,127.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-			•		
80	organization, check this box and stop	here Do	roontogo				<u></u> ▶∟⊥
	ction C. Computation of Publi			. (2)			67.10
	Public support percentage for 2013 (lin					14	67.18 %
	Public support percentage from 2012					15	90.65 %
168	33 1/3% support test - 2013. If the or	· ·		,		,	
	stop here. The organization qualifies a						
r	o 33 1/3% support test - 2012. If the or	•		•		•	
4-	and <b>stop here.</b> The organization qualit						
1/2	10% -facts-and-circumstances test	•					•
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
k	10% -facts-and-circumstances test						U% or
	more, and if the organization meets th		·		•		<b>.</b> —
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	ı dıd not check a	box on line 13, 16a,	10D, 1/a, 0r 1/b		nd see instructions	

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

A Family For Every Orphan

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, produce comp	proto r are my				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		. ,	, ,	` '	, ,	.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> 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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		. ,	,	, ,	,	.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	n 501(c)(3) organiz	ation.
check this box and <b>stop here</b>	•		•	•		
Section C. Computation of Publi						
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	<b>13</b> (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>.012</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

332024 09-25-13

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

A Family For Every Orphan Name of the organization

**Employer identification number** (formerly Doorways To Hope) 26-4015124

Paı			s or Accounts.	Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at end of year	(a) Doner davies a raines	(5) : 5:100 5:11	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	I I I I I I I I I I I I I I I I I I I	end funds	
•	are the organization's property, subject to the organization's e	_		Yes No
6	Did the organization inform all grantees, donors, and donor ad			103 110
Ü	for charitable purposes and not for the benefit of the donor or			
	• •		· ·	Yes No
Pai	t II Conservation Easements. Complete if the organic			<u> </u>
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed		storically important	land area
	Protection of natural habitat	Preservation of a cert	• •	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation e	easement on the last
_	day of the tax year.		or a concervation c	accomonic on the lact
	day of the tax year.		Held	at the End of the Tax Year
а	Total number of conservation easements		-	
	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
_	listed in the National Register	•		
3	Number of conservation easements modified, transferred, rele			ig the tax
	year <b>&gt;</b>	, 3 ,	J	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and e			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			lance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's	accounting for
	conservation easements.			
Paı	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar As	ssets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stater	ment and balance s	heet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthera	nce of public service	ce, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemen	t and balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic service, provide	e the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	_
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide	
	the following amounts required to be reported under SFAS 11			
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	_
	Assets included in Form 990, Part X		<b>&gt;</b> \$	

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

Sche	edule D (Form 990) 2013 (formerly	Doorways To Hope	e)			26-401512	24	Page <b>2</b>
Pai	rt III   Organizations Maintaining	Collections of A	rt, Historical	Treasures, or Ot	her Simil	ar Asset	<b>S</b> (contin	ued)
3	Using the organization's acquisition, acces	ssion, and other record	ds, check any of th	ne following that are a	significant	use of its c	ollection	items
	(check all that apply):							
а	Public exhibition	(	d Loan or e	xchange programs				
b	Scholarly research	•	e LU Other					
С	Preservation for future generations							
4	Provide a description of the organization's	collections and expla	in how they furthe	r the organization's e	kempt purp	ose in Part ?	XIII.	
5	During the year, did the organization solici	t or receive donations	of art, historical tre	easures, or other simi	lar assets			
	to be sold to raise funds rather than to be						Yes	└─ No
Pai	rt IV Escrow and Custodial Arra		lete if the organiza	tion answered "Yes"	to Form 990	), Part IV, lin	ne 9, or	
	reported an amount on Form 990, I							
1a	Is the organization an agent, trustee, custo	odian or other interme	diary for contributi	ons or other assets n	ot included			
	on Form 990, Part X?					L	Yes	└─ No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table:					
						,	Amount	
	• • • • • • • • • • • • • • • • • • • •							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f			
	Did the organization include an amount or						Yes	No
	If "Yes," explain the arrangement in Part X							
Pai	rt V Endowment Funds. Complet		1			vooro book		vooro book
	B	(a) Current year	(b) Prior year	(c) Two years back	(a) Tillee	years back	(e) Four	years back
1a	Beginning of year balance					+		
D	Contributions					$\longrightarrow$		
C	Net investment earnings, gains, and losse					$\longrightarrow$		
a	Grants or scholarships					<del></del>		
е	•							
	and programs					<del></del>	-	
t ~	Administrative expenses					-+		
g	End of year balance  Provide the estimated percentage of the control of the contr		oo (line 1g. oolumn	(a)) hold as:				
2		•	%	r (a)) rielu as.				
a b		%						
0	Temporarily restricted endowment							
C	The percentages in lines 2a, 2b, and 2c sh							
32	Are there endowment funds not in the pos		zation that are held	l and administered fo	r the organi	zation		
ou	by:	occonori or the organiz	eation that are note	and daministered to	i trio organi	Lation	Г	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	$\neg$
b	If "Yes" to 3a(ii), are the related organization	ons listed as required	on Schedule R?				3b	$\neg$
4	Describe in Part XIII the intended uses of t							
Pai	rt VI Land, Buildings, and Equip							
	Complete if the organization answer	red "Yes" to Form 990	0, Part IV, line 11a.	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o			Accumulate	ed (	(d) Book	value
	,	basis (invest	1 , ,		lepreciation	,	-	
1a	Land							
b								
С								
d		<b>I</b>						
	Other							
Total	II. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	t X, column (B), line	e 10(c).)		<b>•</b>		0.

_	2
Page	.5

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Total (Col. (h) must equal Form 000. Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	to Form 000 Dort IV	line 11e Coe Form 000 Port V line 12	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
(1)	(b) Book value	(c) mounds or valuation: each	er erra er year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		▶
Complete if the organization answered "Yes"	to Form 000 Port IV	line 11e or 11f See Form 000 Part V li	no 25
( ) 5	10 1 01111 990, Fait 1V,	(b) Book value	116 23.
1. (a) Description of liability  (1) Federal income taxes		(b) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2 Liability for uncertain tay positions. In Part XIII, provide		oto to the organization's financial states	conta that raports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial S		рот ттота	
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	611 (5 11 1 5 1)(11)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Pai	t XII Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18 )	5	
	LVIII O I LILG II	<i></i>		
	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at	nd 4; Part IV, lines 1b and 2b;		(I,
Provi		nd 4; Part IV, lines 1b and 2b;		<b>(</b> I,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at	nd 4; Part IV, lines 1b and 2b;		⟨1,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	nd 4; Part IV, lines 1b and 2b;		(I,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at	nd 4; Part IV, lines 1b and 2b;		(1,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid XX, Line 2:	nd 4; Part IV, lines 1b and 2b; e any additional information.		<b>(</b> 1,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	nd 4; Part IV, lines 1b and 2b; e any additional information.		(I,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income	nd 4; Part IV, lines 1b and 2b; e any additional information.		(Ι,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid XX, Line 2:	nd 4; Part IV, lines 1b and 2b; e any additional information.		(1,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under		(1,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income  ernal Revenue Code Section 501(c)(3) and the Revised Cod	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under		(I,
Providence Part Expl	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income  ernal Revenue Code Section 501(c)(3) and the Revised Cod	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under  e of  in significant		(1,
Providence Part Expl	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income  ernal Revenue Code Section 501(c)(3) and the Revised Code  aington. No tax positions have been taken which result	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under  e of  in significant		(1,
Provide lines  Part  Expl  Inte	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income  ernal Revenue Code Section 501(c)(3) and the Revised Code  aington. No tax positions have been taken which result	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under e of in significant federal		(1,
Provide lines  Part  Expl  Inte	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income  ernal Revenue Code Section 501(c)(3) and the Revised Cod  aington. No tax positions have been taken which result  ertainty for unrecognized tax benefits. AFFEO files the	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under e of in significant federal		(I,
Provide lines  Part  Expl  Inte  Wash  unce	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income  ernal Revenue Code Section 501(c)(3) and the Revised Cod  aington. No tax positions have been taken which result  ertainty for unrecognized tax benefits. AFFEO files the	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under e of in significant federal inspection by		(1,
Provide lines  Part  Expl  Inte  Wash  unce	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  E. X., Line 2:  anation: AFFEO is exempt from federal and state income ernal Revenue Code Section 501(c)(3) and the Revised Code at 1 and 2 and 3	nd 4; Part IV, lines 1b and 2b; e any additional information.  taxes under e of in significant federal inspection by		(1,
Parties Expl Inte Wash unce	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  E. X., Line 2:  anation: AFFEO is exempt from federal and state income ernal Revenue Code Section 501(c)(3) and the Revised Code at 1 and 2 and 3	taxes under e of in significant federal inspection by  Forms 990 for		(1,
Parties Expl Inte Wash unce	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid X. X., Line 2:  anation: AFFEO is exempt from federal and state income ernal Revenue Code Section 501(c)(3) and the Revised Code at 1 and 2012 are subject to inspection. AFFEO files the 1 are the provided at 1 and 2012 are subject to inspection. Generally a 2013 and 2012 are subject to inspection.	taxes under e of in significant federal inspection by Forms 990 for		(I,
Parties Expl Inte Wash unce	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  X, Line 2:  anation: AFFEO is exempt from federal and state income  ernal Revenue Code Section 501(c)(3) and the Revised Cod  aington. No tax positions have been taken which result  ertainty for unrecognized tax benefits. AFFEO files the  commation return Form 990, which is generally subject to  IRS for three years after the date the return is filed.	taxes under e of in significant federal inspection by Forms 990 for		(1,
Provide Interest Part Expl Interest Part Int	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid X. Line 2:  anation: AFFEO is exempt from federal and state income ernal Revenue Code Section 501(c)(3) and the Revised Code at 1 and 2 and 2 and 2 and 2 are subject to inspection. Generally a counting principles in the United States require a tax positions principles in the United States require a tax positions part of the counting principles in the United States require a tax positions principles in the United States require a tax positions principles in the United States require a tax positions principles in the United States require a tax positions.	taxes under e of in significant federal inspection by Forms 990 for ccepted sition to be		(1,
Provide Interest Part Expl Interest Part Int	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid X. X., Line 2:  anation: AFFEO is exempt from federal and state income ernal Revenue Code Section 501(c)(3) and the Revised Code at 1 and 2012 are subject to inspection. AFFEO files the 1 are the provided at 1 and 2012 are subject to inspection. Generally a 2013 and 2012 are subject to inspection.	taxes under e of in significant federal inspection by Forms 990 for ccepted sition to be		(I,
Parties Expl Inte Wash unce info	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid X. Line 2:  anation: AFFEO is exempt from federal and state income ernal Revenue Code Section 501(c)(3) and the Revised Code at 1 and 2 and 2 and 2 and 2 are subject to inspection. Generally a counting principles in the United States require a tax positions principles in the United States require a tax positions part of the counting principles in the United States require a tax positions principles in the United States require a tax positions principles in the United States require a tax positions principles in the United States require a tax positions.	taxes under e of in significant federal inspection by Forms 990 for ccepted sition to be ly than not,		(I,
Parties Expl Inte Wash unce info	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  E. X., Line 2:  anation: AFFEO is exempt from federal and state income example and state example	taxes under e of in significant federal inspection by Forms 990 for ccepted sition to be ly than not,		(1,

332054 09-25-13

### **SCHEDULE F** (Form 990)

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

m990.	Inspection
Employer id	lentification number

A Family For Every Orphan (formerly Doorways To Hope) 26-4015124 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (d) (a) Region (b) Number of (d) Activities conducted in region (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region Russia and Neighboring States n PROGRAM Adoption/Training/Awaren 3,400. Russia and PROGRAM Neighboring States 0 Adoption/Training/Awaren 88.894. Awareness Sub-Saharan Africa n PROGRAM raising/Training 9,240. South Asia 0 PROGRAM Adoption/Conference 5,871. Orphan Care Sub-Saharan Africa n PROGRAM Training/Advocacy 9,952. Europe (Including Orphan Care n Iceland & Greenland) PROGRAM Training/Advocacy 1,172. East Asia and the Orphan Care Pacific 0 PROGRAM Training/Advocacy 8,834. Russia and Orphan Care Training/ Neighboring States 0 PROGRAM Advocacy 7.551. 0 134,914. 3 a Sub-total **b** Total from continuation 0 0. sheets to Part I ..... c Totals (add lines 3a n 134,914. and 3b)

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</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)
		Russia and						
			General operation;					
		States	awareness raising	3,400.	Bank Transfer	0.		
		Russia and	General operation;					
			awareness raising;					
		·	construction;		Bank			
		Azerbijan,	conferences	88,894.	Transfer/Check	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,	Funds for adoption;					
		Bhutan, India,	conference	5,871.	Bank Wire/Cash	0.		
		Sub-Saharan			Bank			
		Africa	Conference	9,952.	Transfer/Cash	0.		
		Sub-Saharan	Awareness;					
		Africa	conferences	9,240.	Bank Transfer	0.		
		Europe (Including			Credit			
		Iceland &			Card/Cash/Bank			
		Greenland)	Conference	1,172.	Transfer/	0.		
					Credit			
		East Asia and the			Card/Cash/Bank			
		Pacific	Conference	8,834.	Transfer/	0.		
		Russia and			Credit			
		Neighboring			Card/Cash/Bank			
		States	Conference	7,551.	Transfer/	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the			xempt bv		<u> </u>
			n 501(c)(3) equivalency letter	-	-	<b>&gt;</b>		
3 Enter total number of			( )(-)					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if  (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
Contract Payment to further World Without Orphans	Russia and Neighboring		00.015				
ovement	States	1	29,817.	Bank Transfer/Cash	0.		

Part	IV	Foreign Forms		
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization of the required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and seipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	x No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qua Info	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. Instructions for Form 8621)	Yes	X No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships. (see Instructions for Form 8865)	Yes	X 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)

Schedule F (Form 990) 2013

Yes X No

Part V	Supplemental Information
	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.

# SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplem

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.

2013

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

A Family For Every Orphan

(formerly Doorways To Hope)

26-

Employer identification number 26-4015124

Form 990, Part I, Line 1, Description of Organization Mission: A FAMILY FOR EVERY ORPHAN (FORMERLY DOORWAYS TO HOPE) HAS BEEN ESTABLISHED TO ENABLE LOCAL CHRISTIAN FAMILIES TO BRING ORPHANS INTO THEIR HOMES THROUGH FOSTER CARE AND ADOPTION BY PROVIDING MATERIAL RESOURCES AND ONGOING SUPPORT. Form 990, Part III, Line 4a, Program Service Accomplishments: COUNSELING/SUPPORT, PRINTING EDUCATIONAL MATERIALS, DIRECT FINANCIAL SUPPORT FOR ADOPTIVE FAMILIES, HIRING OF STAFF TO ASSIST FAMILIES WITH THE ADOPTION PROCESS EMERGENCY ASSISTANCE TO EASTERN UKRAINE LAUNCHING OF "WITHOUT ORPHANS" (WO) CONFERENCES IN KYRGYZSTAN AND SOUTH AFRICA AND VARIOUS INITIATIVES WITH THE WWO MOVEMENT, AS WELL AS GENERAL OPERATING SUPPORT FOR SOME PARTNER ORGANIZATIONS. TOGETHER, THESE ORGANIZATIONS HELPED PLACE OVER 4,250 CHILDREN IN FAMILIES IN 2014 AS WELL AS PROVIDING ASSISTANCE TO OVER 15,079 INDIVIDUALS THROUGH PRE-ADOPTION COUNSELING, POST ADOPTION SUPPORT AND AN ADOPTION HELP HOTLINE. IN 2014, THE WORLD WITHOUT ORPHANS MOVEMENT ASSISTED 14 NATIONS IN CASTING VISION FOR ORPHAN CARE. ADVOCACY AND GOVERNMENTAL CHANGE. SEVEN COUNTRIES WERE ASSISTED WITH AN EXISTING WO MOVEMENT AND 18 CONFERENCES/FORUMS WERE HELD IN 15 COUNTRIES TO RAISE AWARENESS AND PROMOTE RESOURCE SHARING. OVER 4,000 PARTICIPANTS FROM 80 COUNTRIES WERE PRESENT FOR WWO EVENTS IN 2014. THE AMOUNT OF SUPPORT THAT A FAMILY FOR EVERY ORPHAN WAS ABLE TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

PROVIDE TO OUR PARTNERS AND THE WWO MOVEMENT WAS ESSENTIAL.

Schedule O (Form 990 or 990-EZ) (2013)

IN THAT FOR

Name of the organization A Family For Every Orphan (formerly Doorways To Hope)	Employer identification number 26-4015124
(Tormerry Boorways to hope)	20 4013124
HALF OF THESE PROJECTS, WE PROVIDED 100% OF THE FUNDING NEEDED TO	
PROVIDE THE PROJECT OR SERVICE. FOR THE OTHER PROJECTS, OUR FINANCIAL	
SUPPORT COMPRISED BETWEEN 5% AND 50% OF THE FUNDING THEY NEEDED TO	
ACHIEVE THE AFOREMENTIONED OUTCOMES.	
Form 990, Part VI, Section B, line 11:	
Explanation: THE CFO, COO AND EXECUTIVE DIRECTOR REVIEW AND APPROVE THE 990	
PRIOR TO SUBMISSION.	
TRIOR TO BUBBLESTON.	
There are the second of the se	
Form 990, Part VI, Section B, Line 12c:	
Explanation: Board and staff are required to present written statements of	
any conflict of interest.	
Form 990, Part VI, Section B, Line 15:	
Explanation: Process includes review by an independent body (executive	
staff or board of directors), use of comparability data from similarly	
qualified, functionally comparable and similarly situated nonprofits, and	
documentation (through minutes of the meeting and offer letter) of the	
board's consideration and approval of the compensation.	
Form 990, Part VI, Section C, Line 19:	
Explanation: Upon request	