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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization HANNAH AND FRIENDS, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: 51250 HOLLYHOCK ROAD

City or town, state or country, and ZIP + 4: SOUTH BEND, IN 46637

**D** Employer identification number: 30-0171137

**E** Telephone number: (574) 273-9824

**G** Gross receipts $ 1,555,162.

**F** Name and address of principal officer SHARON BUI GREEN
51250 HOLLYHOCK ROAD SOUTH BEND, IN 46637

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☒ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ WWW.HANNAHANDFRIENDS.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 2003 **M** State of legal domicile SC

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities.
HANNAH & FRIENDS, INC. PROVIDES CHARITABLE AND EDUCATIONAL SERVIES AND FINANCIAL AND EDUCATIONAL SUPPORT TO PROVIDE A BETTER QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS

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) | 3 | 24 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 13 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 200 |
| 7a | Total gross 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 | 0. |

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**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 493,279. | 341,750. |
| 9 | Program service revenue (Part VIII, line 2g) | 0. | 355. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -485,364. | 129,668. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 743,961. | 763,734. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 751,876. | 1,235,507. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 248,736. | 108,883. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 183,178. | 246,699. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | Total fundraising expenses, Part IX, column (D), line 25) ▶ 58,341. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 181,478. | 336,727. |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 613,392. | 692,309. |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 138,484. | 543,198. |

**Net Assets or Fund Balances**

| | | Beginning of Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 6,385,931. | 6,929,075. |
| 21 | Total liabilities (Part X, line 26) | 2,418,937. | 2,249,926. |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 3,966,994. | 4,679,149. |

## 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**

▶ Signature of officer — Date 06/18/10

▶ Sharon Bui Green
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature — Date 6/17/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00159945

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PRICEWATERHOUSECOOPERS LLP, 100 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 — EIN ▶ 13-4008324 — Phone no ▶ 414-212-1600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*** Form **990** (2009)

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SCANNED JUL 22 2010

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission
ATTACHMENT 3

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 400,599 including grants of $ 108,883 ) (Revenue $ _____ )
GRANTS AWARDED TO VARIOUS FAMILIES AND INSTITUTIONS. THESE ARE QUALITY OF LIFE GRANTS FOR CHILDREN WITH SPECIAL NEEDS.

4b (Code _____) (Expenses $ _____ including grants of $ _____ ) (Revenue $ _____ )

4c (Code _____) (Expenses $ _____ including grants of $ _____ ) (Revenue $ _____ )

4d Other program services (Describe in Schedule O )
(Expenses $ including grants of $ ) (Revenue $ )

**4e Total program service expenses ▶** 400,599.

**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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | **Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | | | |
| | • 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* | | | |
| | • 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* | | | |
| | • 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* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | | | |
| | • 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? *If "Yes," complete Schedule D, Part X* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12 | X | |
| 12A | Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes / No) | 12A | No: X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and 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 |
| 24 a | 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 question 25* | 24a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| c | 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 | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25 a | **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 prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," 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 a grant selection committee member, or to a person related to such an individual? *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 | 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 of the organization (or a family member) 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 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 | | 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, Parts II, III, IV, and V, line 1* | 34 | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | X |
| 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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable | 1a 2 | | |
| b | 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 13 | | |
| 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 *e-file* this return (see instructions) | 2b | X | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," 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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 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? | 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).** | | | |
| 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? | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 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, 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 | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 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 | | |

**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.*

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| a | Enter the number of voting members of the governing body | 1a | 24 | | |
| 1b | Enter the number of voting members that are independent | 1b | 17 | | |
| 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 person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | | X |
| 6 | Does the organization have members or stockholders? | 6 | | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written 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* | 9a | | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | |
| 11A | Desribe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and 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 officers or key employees of the organization | 15b | | X |
| | 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 arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ CA, IL, IN, RI, SC,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ SHARON BUI GREEN 51250 HOLLYHOCK ROAD SOUTH BEND, IN 46637
(574)273-9824

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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 Use Schedule J-2 if additional space is needed

- 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 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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SHARON BUI GREEN<br>EXECUTIVE DIRECTOR | 40.00 | X | | X | | | | 84,916. | 0. | 0. |
| STEPHANIE SARELL<br>PROGRAM DIRECTOR | 40.00 | X | | | | | | 7,461. | 0. | 0. |
| APRIL KWIATKOWSKI<br>PROGRAM DIRECTOR | 40.00 | X | | | | | | 20,664. | 0. | 0. |
| STEPHEN GAZDICK<br>CFO | 30.00 | | | X | | | | 50,171. | 0. | 0. |
| TRUSTEE/DIRECTORS SEE STATEMENT A | | | | X | | | | | | |
| | | | | | | | | | | |
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | 163,212. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

| | | Yes | No |
|---|---|---|---|
| 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* | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | X |

**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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

**Part VIII Statement of Revenue** 30-0171137

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a 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 341,750. | | | | |
| | g Noncash contributions included in lines 1a-1f $ 19,501 | | | | |
| | h **Total.** Add lines 1a-1f ▶ | 341,750 | | | |
| Program Service Revenue | | **Business Code** | | | |
| | 2a PROGRAM FEES | 355 | 355 | | |
| | b | | | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g **Total.** Add lines 2a-2f ▶ | 355. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4 ▶ | 129,668. | | | 129,668. |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | 0. | | | |
| | 5 Royalties ▶ | 0 | | | |
| | | (i) Real / (ii) Personal | | | |
| | 6a Gross Rents 5,160 | | | | |
| | b Less rental expenses | | | | |
| | c Rental income or (loss) 5,160 | | | | |
| | d Net rental income or (loss) ▶ | 5,160. | | | 5,160. |
| | | (i) Securities / (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | |
| | b Less cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | 0 | | | |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a 1,075,019 | | | | |
| | b Less direct expenses b 319,655 | | | | |
| | c Net income or (loss) from fundraising events ATCH. 5. ▶ | 755,364. | | | 755,364 |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities ▶ | 0. | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | b Less cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory ▶ | 0. | | | |
| | Miscellaneous Revenue | **Business Code** | | | |
| | 11a OTHER MISCELLANEOUS INCOME | 3,210 | | | 3,210 |
| | b | | | | |
| | c | | | | |
| | d All other revenue | | | | |
| | e **Total.** Add lines 11a-11d ▶ | 3,210. | | | |
| | 12 **Total Revenue.** See instructions ▶ | 1,235,507. | 355 | | 893,402 |

## 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) but are not required to complete columns (B), (C), and (D).**

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (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 U.S See Part IV, line 21 | 8,420. | 8,420. | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 100,463. | 100,463. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 163,212. | 81,607. | 65,284. | 16,321. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 52,050. | 26,025. | 20,820. | 5,205. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 3,899. | 1,949. | 1,560. | 390. |
| 9 Other employee benefits | 9,434. | 4,717. | 3,774. | 943. |
| 10 Payroll taxes | 18,104. | 9,052. | 7,242. | 1,810. |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0. | | | |
| b Legal | 294. | 147. | 118. | 29. |
| c Accounting | 6,900. | 3,450. | 2,760. | 690. |
| d Lobbying | 0. | | | |
| e Professional fundraising services See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other | 56,710. | 28,355. | 22,684. | 5,671. |
| 12 Advertising and promotion | 11,975. | 5,987. | 4,790. | 1,198. |
| 13 Office expenses | 48,175. | 24,088. | 19,270. | 4,817. |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 23,566. | 11,783. | 9,426. | 2,357. |
| 17 Travel | 5,659. | 2,829. | 2,264. | 566. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 12,216. | 6,108. | 4,886. | 1,222. |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 104,413. | 52,207. | 41,765. | 10,441. |
| 23 Insurance | 13,765. | 6,883. | 5,506. | 1,376. |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a LIVESTOCK EXPENSES | 31,842. | 15,921. | 12,737. | 3,184. |
| b GROUNDS SUPPLIES | 7,993. | 3,997. | 3,197. | 799. |
| c LICENSES & PERMITS | 4,567. | 2,284. | 1,827. | 456. |
| d PROGRAM EXPENSE | 3,839. | 1,920. | 1,535. | 384. |
| e FUEL | 2,787. | 1,393. | 1,115. | 279. |
| f All other expenses | 2,026. | 1,014. | 809. | 203. |
| 25 **Total functional expenses.** Add lines 1 through 24f | 692,309. | 400,599. | 233,369. | 58,341. |
| 26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 485,322. | 1 | 161,413. |
| | 2 | Savings and temporary cash investments | 3,021,225. | 2 | 4,169,619. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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 | 73,338. | 9 | 50,916. |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,688,704. | | | |
| | b | Less accumulated depreciation — 10b: 141,577. | 2,245,234. | 10c | 2,547,127. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 560,812. | 15 | 0. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 6,385,931. | 16 | 6,929,075. |
| Liabilities | 17 | Accounts payable and accrued expenses | 187,848. | 17 | 26,303. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 2,210,000. | 20 | 2,210,000. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | 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 ATCH 7 | 21,089. | 23 | 13,623. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 2,418,937. | 26 | 2,249,926. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 3,966,994. | 27 | 4,679,149. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 3,966,994. | 33 | 4,679,149. |
| | 34 | Total liabilities and net assets/fund balances | 6,385,931. | 34 | 6,929,075. |

Form **990** (2009)

**Part XI Financial Statements and Reporting**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | 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 | 2c | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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? | 3a | | X |
| 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 | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# 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.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
HANNAH AND FRIENDS, INC.

**Employer identification number**
30-0171137

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | | |
| **(ii)** A family member of a person described in (i) above? | 11g(ii) | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the US? | | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 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) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc (see instructions) . . . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

## Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 386,829. | 885,579 | 1,238,458 | 493,279. | 341,750 | 3,345,895 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 330,990. | 1,985,311 | 1,270,405. | 932,867. | 1,075,019 | 5,594,592 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 717,819 | 2,870,890 | 2,508,863 | 1,426,146. | 1,416,769 | 8,940,487 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 6,250 | 110,950 | 244,602 | 105,000 | 71,670 | 538,472. |
| 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 | 15,350 | 63,388 | 283,161 | 92,753. | 61,932 | 516,584. |
| c Add lines 7a and 7b | 21,600 | 174,338 | 527,763 | 197,753 | 133,602 | 1,055,056 |
| 8 **Public support** (Subtract line 7c from line 6) | | | | | | 7,885,431 |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 717,819. | 2,870,890. | 2,508,863. | 1,426,146. | 1,416,769 | 8,940,487 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 14,650 | 44,313 | 219,968. | -458,364 | 134,828 | -44,605 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 14,650. | 44,313 | 219,968 | -458,364. | 134,828 | -44,605 |
| 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) ATCH 1 | | | | | 3,565 | 3,565 |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12) | 732,469 | 2,915,203 | 2,728,831 | 967,782 | 1,555,162 | 8,899,447 |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 88.61% |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 90.19% |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | -.50% |
| 18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | -2.33% |

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

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

OTHER INCOME

PART III, LINE 12

$355 IS INCOME FROM FEES THAT WERE RECEIVED FOR VARIOUS PROGRAMS RUN BY THE ORGANIZATION DURING THE YEAR. THE REMAINING $3,210 OF OTHER INCOME WAS GENERATED THROUGHOUT THE YEAR FROM MISCELLANEOUS REVENUES.

ATTACHMENT 1

SCHEDULE A, PART III - O

| DESCRIPTION | 2005 | 2006 | 2007 | 2008 | 2009 | TOTAL |
|---|---|---|---|---|---|---|
| PROGRAM FEES | | | | | 355. | 355 |
| OTHER MISCELLANEOUS INCOME | | | | | 3,210 | 3,210 |
| TOTAL | | | | | 3,565 | 3,565. |

HANNAH AND FRIENDS
EIN - 30-0171137
FORM 990, SCHEDULE G, PART II
EVENT INCOME
FOR THE YEAR ENDED DECEMBER 31, 2009

## Events 2009

| | St. Patricks Day | Golf 2009 | [illegible] | Family Fest | | Towel Project | Total |
|---|---|---|---|---|---|---|---|
| Revenue | 706,044.54 | 266,234.69 | 64,060.00 | 5,994.46 | 4,598.29 | 28,086.95 | Income from Events |
| Expenses | 223,080.95 | 45,524.61 | 24,186.34 | 3,441.78 | 1,169.00 | 22,251.90 | |
| | $482,963.59 | $220,710.08 | $39,873.66 | $2,552.68 | $3,429.29 | $5,835.05 | **$755,364.35** |

STATEMENT C

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**

HANNAH AND FRIENDS, INC.

**Employer identification number**

30-0171137

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 520,470. | | 520,470. |
| b Buildings | | 1,409,298. | 46,191. | 1,363,107. |
| c Leasehold improvements | | | | |
| d Equipment | | 281,976. | 54,200. | 227,776. |
| e Other | | 476,960. | 41,186. | 435,774. |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 2,547,127. |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15 )* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | |

**2.** FIN 48 Footnote In Part XIV, 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

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,235,507. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 692,309. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 543,198. |
| 4 | Net unrealized gains (losses) on investments | 4 | 168,957. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV ) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | 168,957. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 712,155. |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,436,070. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 168,957. | | |
| b | Donated services and use of facilities | 2b | 31,606. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 200,563. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,235,507. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12 )* | | | 5 | 1,235,507. |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 723,915. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 31,606. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 31,606. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 692,309. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18 )* | | | 5 | 692,309. |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

**Part XIV Supplemental Information** *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
HANNAH AND FRIENDS, INC.

Employer identification number
30-0171137

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

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

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

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

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

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| Total ▶ | | | | | | |

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

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

| | | (a) Event #1 SEE STMT C (event type) | (b) Event #2 (event type) | (c) Other Events 0 (total number) | (d) Total events (add col. (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | | | | |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | ( ) |
| | 11 Net income summary Combine line 3, column (d), and line 10 ▶ | | | | |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes % No | Yes % No | Yes % No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary Combine line 1, column d, and line 7 ▶ | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities | | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b | If "No," explain | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b | If "Yes," explain | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | |

| | | | Yes | No |
|---|---|---|---|---|
| 13 | Indicate the percentage of gaming activity operated in | | | |
| a | The organization's facility . . . . . | 13a % | | |
| b | An outside facility . . . . . | 13b % | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | |
| | Name ▶ _____ | | | |
| | Address ▶ _____ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . | 15a | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ | | | |
| c | If "Yes," enter name and address of the third party | | | |
| | Name ▶ _____ | | | |
| | Address ▶ _____ | | | |
| 16 | Gaming manager information | | | |
| | Name ▶ _____ | | | |
| | Gaming manager compensation ▶ $ _____ | | | |
| | Description of services provided ▶ _____ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . | 17a | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | |

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
HANNAH AND FRIENDS, INC.

**Employer identification number**
30-0171137

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SAINT JOSEPH HIGH SCHOOL<br>1441 N MICHIGAN STREET SOUTH BEND, IN 46617 | 35-0924794 | 501(C)(3) | 5,600 | | | | CHARITABLE PURPOSES |
| | | | | | | | |
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| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| SEE STATEMENT D | 247 | 100,463. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HANNAH AND FRIENDS, INC.

Employer identification number
30-0171137

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No |
|---|---|---|---|---|---|---|---|---|---|---|
| A | ST. JOSEPH COUNTY | 35-6000194 | 790608DN0 | 11/28/2007 | 2,210,000 | FARM PROJECT - SEE STATEMENT E | | X | | X |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| D | | | | | | | | | | |
| E | | | | | | | | | | |

## Part II Proceeds

| | | A | B | C | D | E |
|---|---|---|---|---|---|---|
| 1 | Total proceeds of issue | 2,210,000. | | | | |
| 2 | Gross proceeds in reserve funds | 0. | | | | |
| 3 | Proceeds in refunding or defeasance escrows | 0. | | | | |
| 4 | Other unspent proceeds | 0. | | | | |
| 5 | Issuance costs from proceeds | 48,155. | | | | |
| 6 | Working capital expenditures from proceeds | 0. | | | | |
| 7 | Capital expenditures from proceeds | 2,161,845. | | | | |
| 8 | Year of substantial completion | 2009 | | | | |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No | E Yes | E No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | Were the bonds issued as part of a current refunding issue? | | X | | | | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | | | |
| 11 | Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | | |

## Part III Private Business Use

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No | E Yes | E No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | | | |
| 2 | Are there any lease arrangements with respect to the financed property which may result in private business use? | | X | | | | | | | | |

## Part III Private Business Use *(Continued)*

| | A | | B | | C | | D | | E | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts with respect to the financed property which may result in private business use? | | X | | | | | | | | |
| b Are there any research agreements with respect to the financed property which may result in private business use? | | X | | | | | | | | |
| c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | X | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | % | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | % | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % | | % |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | | | | | | | | |

## Part IV Arbitrage

| | A | | B | | C | | D | | E | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | | | | | | | |
| 2 Is the bond issue a variable rate issue? | X | | | | | | | | | |
| 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | X | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | X | | | | | | | | | |

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

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open To Public Inspection**

**Name of the organization**
HANNAH AND FRIENDS, INC.

**Employer identification number**
30-0171137

## Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | (c) Corrected? No |
|---|---|---|---|
| | | | |
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2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | (b) Loan to or from the organization? From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | (e) In default? No | (f) Approved by board or committee? Yes | (f) Approved by board or committee? No | (g) Written agreement? Yes | (g) Written agreement? No |
|---|---|---|---|---|---|---|---|---|---|---|
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| Total . . . . . ▶ $ | | | | | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|---|---|---|
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## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | (e) Sharing of organization's revenues? No |
|---|---|---|---|---|---|
| JAMES O'BRIEN | BOARD MEMBER | 294 | LEGAL SERVICES | | X |
| | | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
HANNAH AND FRIENDS, INC.

Employer identification number
30-0171137

ATTACHMENT 2

FORM 990 REVIEW

PART VI, SECTION B, LINE 11A

THIS FORM 990 FOR HANNAH AND FRIENDS, INC. IS REVIEWED AND DISCUSSED WITH A PUBLIC ACCOUNTING FIRM.

PUBLIC AVAILABILITY OF DOCUMENTS

PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS FOR HANNAH AND FRIENDS, INC. ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PRIMARY ACTIVITY FOR H&F FARM

SCHEDULE R, PART 2, LINE 1B

PRIMARY ACTIVITY FOR HANNAH & FRIENDS FARM, INC. WILL BE A FACILITY AND RESIDENCE FOR AUTISTIC INDIVIDUALS. THIS ENTITY WAS INACTIVE FOR THE 2009 CALENDAR YEAR.

CONFLICT OF INTEREST POLICY COMPLIANCE

PART VI, SECTION B, LINE 12C

EACH SIGNIFICANT PERSON AS DESIGNATED BY THE BOARD MUST COMPLETE THE REQUIRED ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. THE BOARD OR COMMITTEE SHALL (1)REVIEW RESPONSES TO THE ANNUAL QUESTIONNAIRES AND ANY CONTINUING DISCLOSURES THAT ARE MADE DURING THE YEAR, (2)TAKE SUCH STEPS AS ARE NECESSARY TO IDENTIFY INTERESTS AND REVIEW ANY SO IDENTIFIED, (3)MAKE SUCH FURTHER INVESTIGATION AS IT DEEMS APPROPRIATE WITH REGARD TO

Name of the organization: HANNAH AND FRIENDS, INC.

Employer identification number: 30-0171137

ATTACHMENT 2 (CONT'D)

INTERESTS DISCLOSED OR IDENTIFIED, AND (4)DETERMINE WHETHER ANY SUCH INTEREST GIVES RISE TO A CONFLICT OF INTEREST. ADDITIONALLY, PERIODIC REVIEWS SHALL BE CONDUCTED TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HANNAH & FRIENDS IS A 501(C)(3) NONPROFIT ORGANIZATION DEDICATED TO PROVIDING A BETTER QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS. THE ORGANIZATION WILL PROVIDE SUPPORT FOR A PROGRAM CALLED HANNAH'S HELPING HANDS, WHICH WILL FUND QUALITY OF LIFE GRANTS FOR INDIANA, INCLUDING THE GREATER MICHIANA AREA, AND RHODE ISLAND FAMILIES THAT CARE FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS. THE GRANTS WILL PROVIDE LOW AND MODERATE-INCOME FAMILIES WITH STIPENDS THAT MAY BE USED FOR A WIDE VARIETY OF SUPPORTS RELATED TO THEIR FAMILY MEMBER. THE ORGANIZATION WILL ALSO PROVIDE FUNDING FOR THE CONSTRUCTION AND ONGOING OPERATIONS OF A FARM WHERE RESIDENTIAL HOMES WILL PROVIDE A COMMUNITY FOR ADULTS WITH SPECIAL NEEDS. THE ORGANIZATION FOSTERS AN ONGOING CAMPAIGN OF "AWARENESS & COMPASSION" FOR ALL INDIVIDUALS WITH SPECIAL NEEDS. INDIVIDUALS WITH SPECIAL NEEDS DESERVE THE SAME RESPECT AS EVERYONE ELSE AND IT IS OUR MISSION TO EDUCATE OTHERS WHO DO NOT UNDERSTAND THIS MINDSET.

Name of the organization: HANNAH AND FRIENDS, INC.

Employer identification number: 30-0171137

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|---|---|---|---|---|
| DIVIDEND AND INTEREST INCOME | 103,867 | | | 103,867. |
| REALIZED GAINS OR LOSSES | 25,801 | | | 25,801 |
| TOTALS | 129,668 | | | 129,668 |

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|---|---|---|---|
| EVENT REVENUE | 1,075,019. | 319,655. | 755,364. |
| TOTALS | 1,075,019. | 319,655. | 755,364. |

ATTACHMENT 6

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION | ENDING BOOK VALUE |
|---|---|
| BOND ISSUANCE COSTS | 32,602. |
| PREPAID EXPENSES | 18,314. |
| DEPOSITS | 0. |
| TOTALS | 50,916. |

ATTACHMENT 7

Name of the organization: HANNAH AND FRIENDS, INC.

Employer identification number: 30-0171137

ATTACHMENT 7 (CONT'D)

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CHASE AUTO FINANCE
ORIGINAL AMOUNT: 23,404.
INTEREST RATE: 7.190000
DATE OF NOTE: 08/21/2008
MATURITY DATE: 08/21/2011
REPAYMENT TERMS: MONTHLY PAYMENTS OF $727
PURPOSE OF LOAN: PURCHASE OF TRUCK

| | |
|---|---|
| BEGINNING BALANCE DUE ..... | 21,089. |
| ENDING BALANCE DUE ..... | 13,623. |
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | 21,089. |
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | 13,623. |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**
HANNAH AND FRIENDS, INC.

**Employer identification number**
30-0171137

## Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
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## Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year )

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|---|---|---|---|---|
| HANNAH & FRIENDS FARM, INC. 26-3664209<br>51250 HOLLYHOCK ROAD SOUTH BEND, IN 46637 | SEE SCH O | IN | 501(C)(3) | 9 | N/A |
| | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
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**Part V** **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

| | | | Yes | No |
|---|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| a | Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | 1a | | X |
| b | Gift, grant, or capital contribution to other organization(s) | 1b | | X |
| c | Gift, grant, or capital contribution from other organization(s) | 1c | | X |
| d | Loans or loan guarantees to or for other organization(s) | 1d | | X |
| e | Loans or loan guarantees by other organization(s) | 1e | | X |
| f | Sale of assets to other organization(s) | 1f | | X |
| g | Purchase of assets from other organization(s) | 1g | | X |
| h | Exchange of assets | 1h | | X |
| i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | | X |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | X |
| l | Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | X |
| m | Sharing of facilities, equipment, mailing lists, or other assets | 1m | | X |
| n | Sharing of paid employees | 1n | | X |
| o | Reimbursement paid to other organization for expenses | 1o | | X |
| p | Reimbursement paid by other organization for expenses | 1p | | X |
| q | Other transfer of cash or property to other organization(s) | 1q | | X |
| r | Other transfer of cash or property from other organization(s) | 1r | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| | (a) Name of other organization | (b) Transaction type (a–r) | (c) Amount involved |
|---|---|---|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37 )

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
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Hannah & Friends
EIN - 30-0171137
PART VII, SECTION A (990)
OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES CONTINUED
FOR THE YEAR ENDED DECEMBER 31, 2009

| Officer Name | Street Address | City | State | Zip Code | Title | Compensation | Contributions to Employee Benefit Plans & Deferred Compensation Plans | Expense Account and Other Allowances |
|---|---|---|---|---|---|---|---|---|
| Weis, Maura | 50905 Fox Trail Road | Granger | IN | 46530 | Chairperson | 0 | 0 | 0 |
| Weis, Charlie | 50905 Fox Trail Road | Granger | IN | 46530 | Co-Vice Chairman | 0 | 0 | 0 |
| Malpass, Scott | 50929 Park Ridge Court | Granger | IN | 46530 | Treasurer | 0 | 0 | 0 |
| Weis, Jr , Charlie | 50905 Fox Trail Road | Granger | IN | 46530 | Board Member | 0 | 0 | 0 |
| Archer, David | 34 Glenwood Lane | Katonah | NY | 10536 | Board Member | 0 | 0 | 0 |
| Bavaro, Mark | 17 Long Hill Road | Boxford | MA | 01921 | Board Member | 0 | 0 | 0 |
| Cressy, Donald | 3930 Edison Lakes Pkwy, Suite 200 | Mishawaka | IN | 46545 | Board Member | 0 | 0 | 0 |
| Doyle, Fr Paul | 170 Dillon Hall | Notre Dame | IN | 46556 | Board Member | 0 | 0 | 0 |
| Entwistle, Andrew | 280 Park Ave , 26th Floor | New York | NY | 10017 | Board Member | 0 | 0 | 0 |
| Gajderowicz, Asia | 111 E. Chestnut, Suite 22A | Chicago | IL | 60611 | Board Member | 0 | 0 | 0 |
| Golic, Mike | 108 Westland Road | Avon | CT | 06001 | Board Member | 0 | 0 | 0 |
| Green, Kevin | 805 Gartner Avenue | South Bend | IN | 46617 | Board Member | 0 | 0 | 0 |
| LaMonte, Bob | 2425 Manzanita Lane | Reno | NV | 89509 | Board Member | 0 | 0 | 0 |
| LaMonte, Lynn | 2425 Manzanita Lane | Reno | NV | 89509 | Board Member | 0 | 0 | 0 |
| Mannion, Kristin | 7665 Hunt Lane | Fayetteville | NY | 13066 | Board Member | 0 | 0 | 0 |
| Matich, Stephen | 12624 17th Street | Yucaipa | CA | 92399 | Board Member | 0 | 0 | 0 |
| Mrva, Tom | 6 Blackstone Valley Place, Suite 205 | Lincoln | RI | 02865 | Board Member | 0 | 0 | 0 |
| Nussbaum, Richard | 225 S Sunnyside Ave | South Bend | IN | 46615 | Co-Vice Chairman | 0 | 0 | 0 |
| O'Brien , James A | 222 Mendoza College of Business | Notre Dame | IN | 46556 | Board Member | 0 | 0 | 0 |
| Parmalee, Angel | 14695 Heatherton Drive | Granger | IN | 46530 | Board Member | 0 | 0 | 0 |
| Quinn, Brady | 32388 Regency Court | Avon Lake | OH | 44012 | Board Member | 0 | 0 | 0 |
| Schivarelli, Peter | 1352 Webster Avenue | Chicago | IL | 60614 | Board Member | 0 | 0 | 0 |
| Trustey, Joseph | 3 William Fairfield Drive | Wenham | MA | 01984 | Board Member | 0 | 0 | 0 |

HANNAH AND FRIENDS
EIN - 30-0171137
FORM 990, SCHEDULE I, PART III
INDIVIDUAL GRANTS
FOR THE YEAR ENDED DECEMBER 31, 2009

| Amt. Given | Last Name | First Name | Street Address | City | State | Zip | grant purpose |
|---|---|---|---|---|---|---|---|
| $250 00 | Abbott | Hailey | 377 Third Beach Road | Middletown | RI | 02842 | therapeutic horseback riding |
| $300 00 | Adams | Zoe | 240 Rockwood St | LaPorte | IN | 46350 | Swim floatie, adaptive bicycle |
| $235 00 | Aikens | Kark | 2113 S Warren Street | South Bend | IN | 46613 | therapeutic ball for in-home therapy, high chair, developmentally appropriate toys |
| $500 00 | Allard | Tracy Lee | 109 Dean Ave | Smithfield | RI | 2917 | summer camp or an acting group |
| $300 00 | Andrysiak | Maurice | 3716 Langley Dr | South Bend | IN | 46614 | air purifier |
| $400 00 | Angamarca | Stephen | 101-03 37 Ave | Corona | NY | 11368 | programs to help him academically and socially |
| $250 00 | Anstinger | Melanie Marie | 6808 Cliftwood Drive | Evansville | IN | 47712 | tandem bike, lumber for swing set |
| $500 00 | Arno | Anthony | 106 W Douglas Street | Goshen | IN | 46526 | a go talk device |
| $1,000 00 | Arnold | James and Ginger | 1616 Mendon Road | Cumberland | RI | 02864 | tv |
| $500 00 | Asire | Docores | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 | |
| $500 00 | Baker | David | 1422 Rhyne Rd | Dallas | NC | 28034 | Summer camps, video games |
| $200 00 | Barber | Leah | 305 E St. Joseph St | Bristol | IN | 46507 | therapeutic horseback riding |
| $500 00 | Barr | Justin | 737 South 30th Street | South Bend | IN | 46615 | clothes boots back to school needs |
| $500 00 | Barry | John | 178 Railroad St 1R | Manville | RI | 02838 | Therapy day care Software for computer to teach him to write |
| $450 00 | Bartell | Aubrey | 132 Marquette Ave | South Bend | IN | 46617 | therapeutic swing |
| $500 00 | Bates | Hubert | 3231 Sugar Maple Bus Ct. | South Bend | IN | 46628 | Summer camp |
| $300 00 | Becker | Nick | 1323 Fairfax Drive | South Bend | IN | 46614 | Children's Dispensary program |
| $500 00 | Bennett | Olivia | 15 Third Street | Warren | RI | 2885 | Social Skills Group program, baseball, cheerleading program karate and dance lessons summer camp summer school |
| $250 00 | Braig | Hannah | 730 Widener Lane | South Bend | IN | 46614 | trampoline |
| $500 00 | Biskupski | Skylar | 1521 Meadora | South Bend | IN | 46628 | Children s Dispensary, "A place to be me" programs |
| $400 00 | Blue | William | 903 N 5th Street | Goshen | IN | 46528 | to help with tuition to Marion High School |
| $400 00 | Bobson | Thomas | 914 E Fox | South Bend | IN | 46613 | Wii and games |
| $500 00 | Borders | Dalton | 813 Alabama Street | Mishawaka | IN | 46544 | pool, TV |
| $500 00 | Bramlett | Jamison | 10400 E Jefferson Road | Osceola | IN | 46561 | Children's Dispensary programs |
| $200 00 | Brown | Nicole | 18 Yale Ave | Riverside | RI | 02915 | speech therapy after school activities |
| $500 00 | Brown | Kelly | 45 Highland Avenue | Cumberland | RI | 02864 | to purchase supplies for a sensory science project |
| $500 00 | Browns | Charlotte | 3231 Sugar Maple Bus Ct. | South Bend | IN | 46628 | Summer camp and horseback riding therapy |
| $400 00 | Bulger | Payge | 23474 Ardmore Trail | South Bend | IN | 46628 | educational resources music therapy |
| $500 00 | Burgett | Riley | 15702 Hamilton St | Granger | IN | 46530 | Swimming lessons, bike, soccer |
| $500 00 | Burrows | Christopher | 805 W Dunn Ave | Muncie | IN | 47303 | desktop computer |
| $500 00 | Carlson | Michael | 1521 Vabburen St | South Bend | IN | 46628 | mattress and box spring for his bed |
| $200 00 | Carrico | Halee Nicole | 54288 Independence Street | Elkhart | IN | 46514 | adaptive tricycle |
| $260 00 | Carrillo | Edgar Gael | 1842 Manor Haus Ct, Apt 1 | Goshen | IN | 46526 | speech generating devices |
| $500 00 | Carrington | Landen | 15180 Elkhart Street | Goshen | IN | 46528 | supplements and supplies for his restrictive diet |
| $500 00 | Cichoracki | Patrick | 54485 Pleasant Valley Dr | Osceola | IN | 46561 | Camp, swimming lessons new trikes |
| $500 00 | Ciesielski | Derek | 61150 Crumstown Trail | North Liberty | IN | 46554 | Books, videos, English and math books, therapeutic horseback riding, bicycle, helmet |
| $500 00 | Clow | Stephanie | 51690 Creekside Drive | Granger | IN | 46530 | adaptive bicycle trailer |
| $450 00 | Coffman | Nikkia | 3939 Greenmont Dr | South Bend | IN | 46628 | Bed, TV, Guitar, |
| $500 00 | Coldiron | Kyle | 317 Conger Street | Plymouth | IN | 46563 | videos and video games |
| $500 00 | Coleman | Syncere | 1322 Canterbury Dr | South Bend | IN | 46628 | puzzles/games, education books/videos, swimming lessons or horseback riding |
| $500 00 | Connelly | Michael "Mikey" | 4883 W 87th Lane | Crown Point | IN | 46307 | ABA play group, Summer camp swim lessons |
| $450 00 | Conroy | Gabriel | 47 Chesterfield Ave | Warwick | RI | 02889 | augmentative device of the board maker computer program |
| $300 00 | Crawford | Alexa | 13935 Hearthside Drive | Granger | IN | 46530 | special needs stroller |
| $350 00 | Creigh | Whitney | 517 Chesterton Trail | Ft. Wayne | IN | 46825 | A bed |
| $300 00 | Creigh | Pat | 517 Chesterton Trail | Ft. Wayne | IN | 46825 | A divider in classroom to be able to work one on one with students. |
| $500 00 | Crespo | Darien Richard | 91-33 89th Street #1 | Wood Haven | NY | 11421 | computer for homework and games |
| $500 00 | Daoseng | Debbie | 81 Bourdon Blvd | Woonsocket | RI | 02895 | new mattress and bedding |
| $300 00 | Davis | Rebecca | 51532 Myrtle | South Bend | IN | 46637 | Children's Dispensary program |
| $500 00 | Davis | Elandro | 2800 86 Street Apt 4F | Brooklyn | NY | 11223 | speech therapy, occupational therapy |
| $500 00 | Davis | Dervin | 2800 86 Street, Apt 4F | Brooklyn | NY | 11223 | speech therapy and educational conference fees |
| $500 00 | Davis | Alisha | 51272 Helmen | South Bend | IN | 46637 | Children's Dispensary, "A place to be me" programs |
| $500 00 | DeCamp | Aaron | 364 Curtis Corner Road, Apt B1 | Wakefiled | RI | 2879 | Summer therapeutic camp |
| $900 00 | DeWitt | Matthew & Jackson | 6448 Dusty Laurel Dr | Whitestown | IN | 46075 | e-stim machine (physcal therapy tool) and special needs chair |
| $450 00 | Dillon | Matt | 12245 Timberline Trace N | Granger | IN | 46530 | Children's Dispensary program |
| $400 00 | Dockter | Sara | 13392 State Road 13 North | North Manchester | IN | 46962 | Caregiver to go to Rett Syndrome Conference May 22 - 25 |
| $400 00 | Dominguez | Adriana | 635 Studebaker Street | South Bend | IN | 46628 | to help pay for medicines |
| $500 00 | Doolittle | Lorraine | 202 W 7th Street | Mishawaka | IN | 46544 | training device for wheelchair, therapeutic equipment |
| $500 00 | Downs | Devin | 1809 Magnolia Lane | Munster | IN | 46321 | Language camp |
| $350 00 | Dunithan | Daniel | 11615 N Grandview Dr | Syracuse | IN | 46567 | new bed or wheelchair ramp for car or towards a lift for car or stroller |
| $200 00 | Eastman | Michael | 151 Peaked Rock Road | Wakefield | RI | 02879 | therapeutic music drum class |
| $500 00 | Easton | Jasmine | 1233 32nd Street Apt A | South Bend | IN | 46615 | sensory toys and equipment, instruments, etc. |
| $100 00 | Farfura | Nicholas | 11 Corte Real Dr | Bristol | RI | 02809 | assistance for medical copays |
| $365 00 | Ferrando | Celeste | 15339 Feighner Rd | Roanoke | IN | 46783 | Horseback riding soccer |
| $500 00 | Fidler | Eli | P O Box 781 | Winona Lake | IN | 46590 | Horseback riding lessons swimming lessons |
| $500 00 | Fife | Hailey | 10736 Cornerstone Ct | Indianapolis | IN | 46280 | Camp fees for CampAbility |
| $250 00 | Figueroa | Izaiah | 91 Kendall Street | C Falls | RI | 02863 | educational items, trampoline puzzles and games occupational therapy, etc |
| $400 00 | Foreman-Baugh | Sydnee | 512 Curtiss Road P O Box 685 | Kingsford Heights | IN | 46346 | Z-vibe and Medirub Massager for sensory system |
| $500 00 | Frazer | Stephanie | 219 N Elder St | Mishawaka | IN | 46544 | Children s Dispensary program |
| $360 00 | Funderburg | Lauren Leigh | 25300 Dana Dr | South Bend | IN | 46619 | Reins of Life lessons |
| $500 00 | Galaviz-Sherwood | Jordan | 14251 Wynstone Court | Granger | IN | 46530 | Camp tuition and bike |
| $250 00 | Gladu | Jacqueline | 214 Curtis Corner Road | Wakefield | RI | 02879 | Horseback riding lessons |
| $250 00 | Gomez | Ashlee | 2 Old Angell Rd | Cumberland | RI | 02864 | horseback riding and piano lessons |

| | | | | | | |
|---|---|---|---|---|---|---|
| $300 00 | Green | Heather | 62430 Locust Road, Lot #226 | South Bend | IN | 46614 Activities in children s dispensary program and swimming lessons |
| $500 00 | Green | Jovanny | 4 South Lane 1-A | Providence | RI | 2904 summer therapeutic camp |
| $300 00 | Grooms | Robert | 506 S 33rd Street | South Bend | IN | 46615 camp tuition for the Children s D spensary |
| $500 00 | Grover | John Russell | 54899 Belmont Stakes Drive | Mishawaka | IN | 46545 funding to attend a conference about son's condition |
| $300 00 | Guernsey | Gabriel | 1540 Kilhoum | Elkhart | IN | 46514 educational items |
| $500 00 | Gustafson | Marilyn | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 Summer camp and horseback nding therapy |
| $300 00 | Harman | Caroline | 2347 Pebble Creek | South Bend | IN | 46628 therapeutic tricycle |
| $300 00 | Harris | Philip | 426 Eagle Pass Drive | Osceola | IN | 46561 ABA program and Logan Center |
| $500 00 | Hauser | Mary | 2505 E Jefferson Blvd | South Bend | IN | 46615 chair |
| $300 00 | Hawkins | Nathan | 1835 N Adams Street | South Bend | IN | 46628 Children's Dispensary program |
| $500 00 | Hazen | Jacob | 50290 Contour Place | South Bend | IN | 46637 Swimming lessons |
| $500 00 | Henriquez | Joemil | 246 Oxford St | Providence | RI | 2905 swimming lessons |
| $250 00 | Hernandez | Ruben | 1715 Kendall St | South Bend | IN | 46613 trampoline, weighted blanket |
| $350 00 | Hess | Mikah | 1427 Conn Ave | Elkhart | IN | 46514 Horse back nding, therapy |
| $200 00 | High | Sarah | D19 Krzak Road | N Kingstown | RI | 02852 Deposit on used mini-van |
| $75 00 | Hocker | Karson | 14356 Parkridge Drive | Granger | IN | 46530 shower chair |
| $250 00 | Horvath | Joshua | 1516 Kensington Place | Mishawaka | IN | 46544 video recorder bicycle |
| $500 00 | Huffer | Karen | 2340 N Main St | Mishawaka | IN | 46545 clothing game system, music games key board |
| $350 00 | Hunt | Tanner | 1506 Bennington Dr | Mishawaka | IN | 46544 new bike or TV funds to help with maintenance of pool and vitamin therapy |
| $230 00 | Infante | Chaos | 40 Summer Street | Westerly | RI | 02891 2nd series of signing time |
| $300 00 | Infante | North | 40 Summer Street | Westerly | RI | 02891 Wii console and Wii Music (child taught himself to play the piano) |
| $120 00 | Ingle | Cindy | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 Horseback riding therapy |
| $500 00 | Islas | Nino | 947 E Sheridan | Warsaw | IN | 46580 Clothes video games, computer games, zoo/indiana beach trips IN summer |
| $300 00 | Jackson | Alvin | 230 Huey Street | South Bend | IN | 46628 speech therapy |
| $500 00 | Jacobowitz | Arizona | P O Box 15102 | Riverside | RI | 2915 Summer programs - horseback nding, YMCA camp etc. |
| $300 00 | Johnson | Willie | 3701 W Jefferson Blvd, Bldg #2 | South Bend | IN | 46618 sensory toys potty seat communication device |
| $300 00 | Johnson | D'Vonte' | 1143 W 52nd Street, Apt G 145 | Merrillville | IN | 46410 puzzles and games educational books and videos art supplies etc |
| $350 00 | Jones | Taylor | 307 N Main Street | North Liberty | IN | 46554 support bar and extension plugs for a swing indoors, therapeutic horseback nding lessons |
| $150 00 | Joseph | Amy | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 Horseback riding therapy |
| $500 00 | Kacher | Kevin | 2056 So 900 W | LaPorte | IN | 46350 mats for therapy |
| $500 00 | Kehr | Brittney | 1719 Lincolnway West | Mishawaka | IN | 46544 Summer camp |
| $600 00 | Kelly Brown, Charlene Luiz Kim Slowik Jodi Magdi | | 45 Highland Ave | Cumberland | RI | 02864 materials to open school store to be run by special needs students |
| $300 00 | Kerchief | Catherine | 3205 N Stockwell | Evansville | IN | 47715 Communication device, summer PT sessions, special needs tryke |
| $500 00 | Kirkendall | Brandon | 4770 Woodside Dr | Buchanan | MI | 49107 Summer activities. Amusement park , art classes therapy |
| $500 00 | Kirkland | Matthew | 467 Hill Farm Rd | Coventry | RI | 2895 Summer camp |
| $320 00 | Knepp | Steven | P O Box 315 | North Liberty | IN | 46554 Reins of Life lessons |
| $500 00 | Knoll | Jessica | 505 Grand Blvd | Mishawaka | IN | 46544 Children's Dispensary "A place to be me" programs |
| $350 00 | Kruse | Allen | 128 E Donaldson Ave | Mishawaka | IN | 46545 General needs Mom cannot work due to son's anger etc so needs help with everything |
| $500 00 | Lange | Jacob | 3405 Newburg Drive | Mishawaka | IN | 46545 computer gas expenses |
| $500 00 | Lains | Aiden | 122 Interlaken Dr | Berne | IN | 46711 outdoor play equipment, listening therapy headphones/CDs |
| $150 00 | Lopez | Steven | 15 Larchwood Drive | Rumford | RI | 02916 physical therapy table for home |
| $500 00 | Mack | Keturah | 802 Clarriet Blvd I W | Elkhart | IN | 46516 Respite care, Computer and software for educational purpose video music flash cards |
| $250 00 | MacLure | Jakob | 482 Jillson Ave | Woonsocket | RI | 02895 hippotherapy to help with balance and loosen muscles |
| $400 00 | Madsen | Abnanna | 715 Cherry Street | North Judson | IN | 46366 voice output communication device |
| $240 00 | Maichen | Maureen | 52236 Shenaodoah Dr | South Bend | IN | 46635 Reins of Life lessons |
| $500 00 | Mangus | Timothy | 715 Park Avenue | South Bend | IN | 46616 rubber connecting mats for play, adaptive bike |
| $350 00 | Martin | Wade | 1384 Dumont Ave | Brooklyn | NY | 11208 respite, educational books/videos computer software, video games, training materials |
| $225 00 | Massy | Patty | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 Horseback riding therapy |
| $500 00 | Mauntel | Mark | 3367 W 700 N | Jasper | IN | 47546 horseback riding lessons |
| $500 00 | Maxwell | Emily | 147 Old North Road | Kingston | RI | 2881 respite care plus social skills and sign language training |
| $400 00 | McAllister | Dalton | 6425 Summer Place Drive West, Apt 4-A | Granger | IN | 46530 Children's Dispensary "A place to be me" programs |
| $250 00 | McCallister | Jakob | 68 Evarts St | Newport | RI | 02840 sensory equipment |
| $500 00 | McNeff | Damien | 626 S 33rd St. | South Bend | IN | 46615 Behavior Counselor |
| $500 00 | Metzger | Elizabeth | 1609 Riverside North Apt D | South Bend | IN | 46616 Children's Dispensary "A place to be me" programs |
| $350 00 | Meyers | Julie | 8006 Glen Oak Parkway | Ft Wayne | IN | 46815 new platform and ramp to access home |
| $400 00 | Meyers | Julie | 8006 Glen Oak Parkway | Ft Wayne | IN | 46815 moving to a new school/classroom and in need of supplies and materials |
| $300 00 | Michelbrink | Benjamin | 3393 S Coulter Creek Dr | LaPorte | IN | 46350 swim lessons Reins of Life |
| $500 00 | Miller | Jerome | 407 E Pokagon St | South Bend | IN | 46617 backyard clubhouse |
| $250 00 | Milton | Olivia | 52 Follett St | Cumberland | RI | 2864 Summer recreational program |
| $500 00 | Mitchell | Austin | 1023 Clover Street | South Bend | IN | 46615 Camp Midhouse, Reins of Life, adaptive bike |
| $500 00 | Monhaut | Andrew | 13955 Dragoon Trail | Mishawaka | IN | 46544 speech therapy, play equipment, behavior therapy |
| $500 00 | Monhaut | Jim | 13955 Dragoon Trail | Mishawaka | IN | 46544 play equipment, behavior therapy educational videos/books |
| $250 00 | Moran | Anthony | 529 South Main Street | Woonsocket | RI | 02895 outdoor sensory play set with swing, etc |
| $260 00 | Mumaw | Justina | 60409 Pembrook Lane | Elkhart | IN | 46517 therapeutic horseback nding lessons |
| $200 00 | Murillo | Jessica | 1526 E Beardsley Ave | Elkhart | IN | 46514 therapeutic horseback nding lessons |
| $200 00 | Murillo | Abraham | 1526 E Beardsley Ave | Elkhart | IN | 46514 therapeutic horseback nding lessons |
| $250 00 | Neibar | Ashlee | 218 E Woodside | South Bend | IN | 46614 educational materials |
| $250 00 | Neibar | Avalene | 218 E Woodside | South Bend | IN | 46614 backyard equipment (trampoline teeter totter, etc) |
| $611 00 | Nelson | Sydney & Sadie | 12 Clover Ave | Erlanger | KY | 41018 Summer camp and swimming lessons |
| $115 00 | Nickelson | Jeanetta | 156 Manchester Drive | Mishawaka | IN | 46544 a Trac phone |
| $500 00 | Niemnski | Austin | 129 Montcello Dr | Dyer | IN | 46311 Summer camp |
| $120 00 | Nixon | Jill | 3231 Sugar Maple Bus Ct. | South Bend | IN | 46628 Wheelchair |
| $450 00 | Nolte | Natalia | 3939 Greenmont Dr | South Bend | IN | 46628 Bed, respite care |
| $350 00 | O Daniels | Anthony | 108-44 172 Street | Jamaica | NY | 11433 YMCA membership speech therapy etc. |
| $200 00 | Oliver | Maddison | 43 Austin Ave | Greenville | RI | 02828 speech therapy |
| $500 00 | Ormond | Brittany | 76 Arlington Avenue, Apt 1 | Warren | RI | 02885 social skills training materials YMCA membership puzzles/games, books maybe adaptive bike |
| $500 00 | Palmisano | Niccolo | 297 Washington Road | Barrington | RI | 2806 Art camp |
| $500 00 | Parker | Chloe | 51663 Stoneham Way | Granger | IN | 46530 summer camp |
| $500 00 | Parker | Joshua | 51663 Stoneham Way | Granger | IN | 46530 Medical camp |

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|---|---|---|---|---|---|
| $500 00 Peters | Mikel | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 Wheelchair |
| $300 00 Phillips | Brandon | 31 Stephanie Court | Warwick | RI | 02889 video game system |
| $400 00 Philson | Matthew | PO Box 47, 202 W Market | North Liberty | IN | 46554 piano lessons |
| $500 00 Pierce | Zachary | 56 Stewart Drive | Portsmouth | RI | 2871 summer camp or program |
| $300 00 Pierce | Wesley | 66598 Dogwood Road | Wakarusa | IN | 46573 YMCA membership Reins of Life respite expenses for Blossomland, toilet/bath system needs |
| $500 00 Pridgen | Ian | 10335 Broadway Street | Indianapolis | IN | 46280 Childcare, computer |
| $500 00 Proano | Rackie | 1727 N Adams Street | South Bend | IN | 46628 Children's Dispensary program for Summer 2009 |
| $500 00 Pryor | Seiko | 4964 Brock St, Apt 201 | Indianapolis | IN | 46254 tap/tumbling class |
| $450 00 Ramer | Donn Mark | 68930 CR 15 | New Paris | IN | 46553 computer software |
| $300 00 Reck | Elise | 10421 Whippoorwill Ct | Granger | IN | 46530 YMCA membership |
| $500 00 Reed | Sierra | 1005 St Louis | South Bend | IN | 46617 adaptive bike |
| $500 00 Retching | Ray | 3231 Sugar Maple Bus. Ct. | South Bend | IN | 46628 Wheelchair |
| $500 00 Reynolds | Sabastian | 7218 Kristine Dr | Fort Wayne | IN | 46835 Summer activities - swim lessons, gymnastics horseback riding, nature hiking etc |
| $120 00 Rice | Grace | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 Wheelchair |
| $482 00 Riley | Brittany | 4210 W Washington | South Bend | IN | 46619 an adaptive bicycle |
| $400 00 Rivera | Jessica Lee | 5035 Linden Ave | South Bend | IN | 46619 learning materials exercise equipment |
| $500 00 Rosenthal | Adina Bracha Yisrael Shmuel Miriam and Yorachmiel | 262 Blackstone Blvd | Providence | RI | 02906 membership to JCC facility, swimming lessons, art lessons, respite care, educational books, etc |
| $450 00 Rossi | Mark | 986 Centerville Rd | Warwick | RI | 2886 Summer camp |
| $120 00 Rowland | Mary Mae | 1001 Mayflower Road #85 | South Bend | IN | 46619 Reins of Life lessons |
| $140 00 Rowland | Kristine | 1001 Mayflower Road #85 | South Bend | IN | 46619 Reins of Life lessons |
| $200 00 Rush | Greycen | 55816 Season Ct | Osceola | IN | 46561 Kindermusic program |
| $500 00 Russo | Michael | 13 Homestead Avenue | Johnston | RI | 2919 Summer camp social outings in the community video games |
| $250 00 Sabalewski | Sean Francis | 74 Greenwich Avenue | Warwick | RI | 02886 therapeutic horseback riding lessons |
| $500 00 Salazar | Jessie | 120 Timberbrooke Circle | Bristol | IN | 46507 soft ride pony rider, seat 2 go, etc |
| $400 00 Samm | Anna | 1839 Renfrew Drive | South Bend | IN | 46614 Children s Dispensary, "A place to be me" programs |
| $400 00 Samm | Eliza | 1839 Renfrew Drive | South Bend | IN | 46614 Children's Dispensary "A place to be me" programs |
| $500 00 Schefiel | Brandi | 20025 Brook St | South Bend | IN | 46637 to help pay respite care and Camp Millhouse |
| $100 00 Schenck | Kameron | 10 Ridgeway Dr | Warren | RI | 2885 Summer camp |
| $500 00 Schlaback | Duane | 201 N Washington Street | Wakarusa | IN | 46573 Computer programs, Wii |
| $300 00 Schmitt | Molly | 1612 E Madison | South Bend | IN | 46617 Children s Dispensary programs |
| $500 00 Schmucker | Olivia | 219 Advance N Main St | Lebanon | IN | 46052 Membership to School gym for swimming |
| $300 00 Schmucker | Maleah | 2210 Parkland Dr | Fort Wayne | IN | 46825 occupational and speech therapy |
| $500 00 Schneider | Mitchell | 5903 E 700 North | Monterey | IN | 46960 Summer camp |
| $345 00 Schubert | Cathy | 3231 Sugar Maple Bus Ct. | South Bend | IN | 46628 Wheelchair |
| $300 00 Schultz | Eric | 10040 Hunters Crossing | Granger | IN | 46530 Augmentative communication device |
| $300 00 Schultz | Brandon | 944 Sylvan Ln | South Bend | IN | 46619 laptop to be used at school |
| $500 00 Schumacher | Sarah | 106 N Union Drive | Winona Lake | IN | 46590 Summer camp |
| $500 00 Scott | Chloe | 318 W Lawrence St | Mishawaka | IN | 46545 speech therapy and/or adaptive toys |
| $150 00 Scruggs | Ashley | 2717 Lenson | Mishawaka | IN | 46545 software program to assist with communication |
| $500 00 Septelka | Ethan | 12 Edith Street | Cumberland | RI | 02864 summer camp |
| $500 00 Sharpe | Marcus | 4 South Lane 1-A | Providence | RI | 2804 summer therapeutic camp |
| $500 00 Shoemaker | Bradley | 675 W Business 30 #47 | Columbia City | IN | 46725 YMCA membership, pool pass |
| $260 00 Shoue | Elizabeth | 58803 Norman Ct | Elkhart | IN | 46516 horseback riding therapy at Loveway |
| $500 00 Shull | Ryan | 218 E 6th Street | Mishawaka | IN | 46544 Reins of life camp, shoes, clothes |
| $500 00 Shull | Mandy | 218 E 6th Street | Mishawaka | IN | 46544 Reins of Life learning materials |
| $500 00 Silva | Alec | 61 Mohawk Trail | Cranston | RI | 2921 summer camp |
| $250 00 Silva | Cloe Rose | 62 Connecticut Street, 2nd Floor | Cranston | RI | 02920 music class or gymboree, speech/sign videos items to help with physical therapy at home |
| $500 00 Simons | Lola | 110 N William St #103 | South Bend | IN | 46601 To help keep their home respite care daily items i e diapers bottles doctor visits |
| $500 00 Skinner | Brayden | 1125 Churchill Ct | Greenwood | IN | 46143 adaptive bicycle |
| $225 00 Smith | Shelly | 3231 Sugar Maple Bus Ct. | South Bend | IN | 46628 Wheelchair |
| $350 00 Smith | Jacob | 4143 Westbury Dr | Fort Wayne | IN | 46804 YMCA membership bicycle social activities |
| $350 00 Smith | Colby | 4143 Westbury Dr | Fort Wayne | IN | 46804 YMCA membership, bicycle, social activities |
| $500 00 Snider | Matthew | 1510 Flake St | Elkhart | IN | 46516 new transmission for car so that can get to medical appointments |
| $500 00 Souza | Matthew | 23 Sunset Blvd | Newport | RI | 02840 special carseat, safety gates clothes and shoes |
| $250 00 Souza | Mitchell | 120 Oak Tree Drive | North Kingstown | RI | 02852 YMCA membership |
| $500 00 Speno | Isabella | 1016 Sarah Street | Mishawaka | IN | 46545 summer camp and/or school tuition assistance |
| $500 00 Sparks | Charles | 511 S Franklin Street | Mentone | IN | 46539 Camp Millhouse |
| $500 00 Steele | Penny | 52284 CR 21 | Bristol | IN | 46507 for someone to travel with her to Dallas |
| $300 00 Steinke | Stephanie | 23186 W Edison Road | South Bend | IN | 46628 Children's Dispensary "A place to be me" programs |
| $425 00 Stires | Baylee | 1715 Sterling Dr | South Bend | IN | 46635 Summer camp week of July 12th - 17th |
| $500 00 Stoll | Destine | 50665 County Road 23 | Bristol | IN | 46507 Summer |
| $300 00 Strycker | Lou Wallace | 9907 Niagra Drive | Fishers | IN | 46037 RDI - Relationship Development Intervention |
| $1,200 00 Sutton | Matthew, Patrick & Michael | 510 West Tenth Street | Mishawaka | IN | 46544 Camp tuition, puzzles/games, educational books/videos swimming and horseback riding lessons, etc |
| $300 00 Swafford | Ian | 3625 N 700 W | Rochester | IN | 46975 Reading device |
| $250 00 Tardiff | Matthew | 543 Rathbun Street | Woonsocket | RI | 02895 laptop, sensory items, art classes |
| $300 00 Thompson | Benjamin | 5493 W CR 750 N | Rossville | IN | 46065 Horseback riding therapy, |
| $200 00 Tichenor | Logan | 2380 E 600 S | Fort Branch | IN | 47648 trampoline |
| $400 00 Toomey | Ramona | P O Box 411 | Bristol | IN | 46507 materials for a fence in back yard, and a weighted blanket |
| $500 00 Torres | Anthony | 169 Morin Ht's Blvd | Woon | RI | 02895 Television for his room |
| $500 00 Town | Eric | 116 N Huff Street | Bremen | IN | 46506 materials for a sensory room |
| $260 00 Tozier | McKenzie | 14761 E Wagner | Buchanan | MI | 49107 Reins of Life lessons |
| $500 00 Travers | Quentin | 918 Greenwich Road | Lafayette | IN | 47905 therapy |
| $300 00 Treash | Stacy | 19270 Warle Blvd | South Bend | IN | 46637 Children s Dispensary, "A place to be me" programs |
| $500 00 Troia | Madeline | 63 Mason Road | Barrington | RI | 2806 Sailing camp |
| $400 00 Trujillo | Erick | 1910 Lear St | South Bend | IN | 46613 Children's Dispensary program for Summer 2009 |
| $400 00 Trujillo | Jose Alejandro | 1910 Lear Street | South Bend | IN | 46613 Children s Dispensary summer program |
| $300 00 Twyman | Maggie | 12030 Day Road | Mishawaka | IN | 46545 speech therapy |
| $500 00 Vachon | Logan | 1026 Main Street, P O Box 733 | Hope Valley | RI | 02832 swim classes Boy Scout camp YMCA camp and membership |
| $1 750 00 Van Dyke | Linda | P O Box 46 | Niles | MI | 49120 Luvability Ministries |

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|---|---|---|---|---|---|
| $500 00 Vann | Woody Joseph | 7752 US 35 South | LaPorte | IN | 46350 computer and printer |
| $500 00 Vravis | Jacob | 13872 Log Cabin | Three Oaks | MI | 49128 Art Camp, Summer camp back to school clothes and supplies, video game |
| $500 00 Wallin | Kara | 1715 SE MacGregor Rd | South Bend | IN | 46614 Pool membership, tennis lessons museum membership, Wii |
| $500 00 Wallin | Katie | 1715 SE MacGregor Rd | South Bend | IN | 46614 Pool membership tennis lessons, museum membership, Wii |
| $150 00 Weasel | Bryant | 712 County Road 1500 North | Carmi | IL | 62821 Educational books, CD's, Videos, games puzzles etc |
| $500 00 Whitacre | Tim | 3231 Sugar Maple Bus Ct | South Bend | IN | 46628 Wheelchair |
| $300 00 Whiting | Dondre | 419 S 27th Street | South Bend | IN | 46615 puzzles/games, bicycle, video games, clothes, shoes, art supplies computer software, bunk beds |
| $500 00 Willis | Shawn | 1141 College Street | South Bend | IN | 46628 Exercise equipment, pool, Service pool |
| $500 00 Wilson | Christopher | 707 Archer Avenue | Fort Wayne | IN | 46808 behavior therapy, music lessons, YMCA pass zoo pass |
| $500 00 Wise | Russell | 3413 Oliver St | Ft Wayne | IN | 46806 Music classes, Instruments, social skills training puzzles, games Camp tuition art classes |
| $500 00 Wise | Ricco | 3413 Oliver St. | Ft Wayne | IN | 46806 Music classes Instruments, social skills training puzzles games Camp tuition, art classes |
| $500 00 Woodbine | Harmony | 20 Scott Road | Cumberland | RI | 02864 tuition to Camp Ruggles |
| $500 00 Woods | Mathisen | 188 Country Forest Dr | Fort Wayne | IN | 46818 horseback riding swim lessons, renew zoo pass (animals for speech), books art supplies, software etc |
| $500 00 Woods | Osten | 188 Country Forest Dr | Fort Wayne | IN | 46818 horseback riding swim lessons renew zoo pass (animals for speech), books art supplies, software, etc |
| $200 00 Young | Elijah | 54091 Maple Lane Ave | South Bend | IN | 46635 YMCA membership for classes such as swimming and gymnastics |
| $200 00 Young | Patrick | 54091 Maple Lane Ave | South Bend | IN | 46635 YMCA membership for classes such as swimming and gymnastics |
| $500 00 Zika | Damon | 410 N South Street | Bluffton | IN | 46714 computer for home |

# Exhibit A

## PROJECT

The Project consists generally of (i) acquiring a thirty (30) acre more or less tract of land located immediately south of Eggleston School and east of Hollyhock Road., in St. Joseph County, Indiana, as more particularly described in **Exhibit B** hereof (the "Property"); (ii) acquiring, constructing, improving, equipping and furnishing of facilities of the Borrower on the Property to be used in connection with activities, functions and programs for special needs individuals, including but not limited to: (a) constructing, furnishing and equipping on the Property of two group homes (approximately 3,000 square feet each), an approximately 3,500 square foot facility for recreational activities, an approximately 1,100 square foot caretaker's cottage, a vehicle maintenance garage, a sliding hill, offices to be used by personnel, and adjacent space; (b) acquiring machinery, equipment, furnishings and related property to be installed or used on or in connection with the Property; (c) undertaking general construction and projects on the Property, including fire protection, utility infrastructure, construction of and improvements to roads, walkways and parking lots, site improvements and landscaping and irrigation; (iii) paying certain costs associated with the issuance of the Bonds, and (iv) funding certain capitalized interest.

# Exhibit B

## PROJECT SITE

The Project is located in St. Joseph County, Indiana on the site described as:

**PARCEL I:** Lots 16 to 30 inclusive, as shown on the recorded plat of Hollyhock Addition in the East Half of the Southeast Quarter of Section 12 and in the East Half of the Northeast Quarter of Section 13, all in Township 38 North, Range 2 East, recorded in Plat Book 17, page H in the Office of the Recorder of St. Joseph County, Indiana; and

**PARCEL II:** The Northeast Quarter of the Northeast Quarter of Section 13, Township 38 North, Range 2 East, except the Westerly 376 feet and the Northerly 263 feet.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing *(e-file)*.** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

| **Type or print** | Name of Exempt Organization HANNAH AND FRIENDS, INC.<br>HANNAH AND FRIENDS, INC. | **Employer identification number**<br>30-0171137 |
|---|---|---|
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions. 51250 HOLLYHOCK ROAD<br>51250 HOLLYHOCK ROAD | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions.<br>SOUTH BEND, IN 46637 | |

**Check type of return to be filed** (file a separate application for each return)

| | | | | | |
|---|---|---|---|---|---|
| [X] | Form 990 | [ ] | Form 990-T (corporation) | [ ] | Form 4720 |
| [ ] | Form 990-BL | [ ] | Form 990-T (sec. 401(a) or 408(a) trust) | [ ] | Form 5227 |
| [ ] | Form 990-EZ | [ ] | Form 990-T (trust other than above) | [ ] | Form 6069 |
| [ ] | Form 990-PF | [ ] | Form 1041-A | [ ] | Form 8870 |

- The books are in the care of ▶ SHARON BUI GREEN

Telephone No. ▶ 574 273-9824 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . ▶ [ ] . If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 , 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____ , _____ , and ending _____ , _____ .

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. | 3a | $ |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | 3c | $ |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev 4-2009)