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Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public Inspection

		f the Treasury	ł	assets less than \$1,250,000 at the end of The organization may have to use a copy of this retu			ments.			Inspection		
	For the 2009 calendar year, or tax year beginning , 2009, and ending							, 20				
									Employer identification number			
_		ress change use IRS HANSI MINISTRIES								923531		
=		label or						E Telephone number				
=	Initial ret		type.	P O BOX 5471	,			808-325-3131				
\Box	Termina	ted	See Specific	City or town, state or country, and ZIP + 4		.L	1					
=	Amende		Instruc-				F Grou	•	•	on		
ш		ion pending	tions.	KAILUA-KONA, HI 96745		100		nber •		10 171		
	• Sec	ction 501(c)(3)		ntions and 4947(a)(1) nonexempt charitable tri pleted Schedule A (Form 990 or 990-EZ).	usts must attach	4	-	Method: Cash Accrual				
_			a coi	pieted Scheddie A (Form 990 or 990-E2).			er (specify			***		
			11-1-4	Ohawali —		1			_	nization is not		
i Website: ▶ hansiministries@hawaii.rr.com required to at J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 99										dule B (Form 990,		
								<u>-</u>	-			
	Check		•	ation is not a section 509(a)(3) supporting organiz	_		-					
				ım is not required, but if the organization choos				lete tet	um	•		
	_	Boyons	b, to line	9 to determine gross receipts; if \$500,000 or more, enses, and Changes in Net Assets or	Tile Form 990 Inste	ad of Form 95	o inetru	ctions	fo	vr Port I \		
	art I		·····				e mond		5 IC			
	1		_	s, grants, and similar amounts received				1		99,565		
	2	•		evenue including government fees and cont				2		0		
	3		•	and assessments		• • •		3		0		
	4	Investment						4		109		
	5a			n sale of assets other than inventory		ļ	0					
	þ									_		
Revenue	C									0		
	6											
	а		•		ributions	ı	_					
		reported o				 	0]				
	þ			ses other than fundraising expenses	<u>[6b</u>							
	_ c			s) from special events and activities (Subtra		line 6a) .		6c				
	7a			entory, less returns and allowances		 	0					
	þ	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								•		
	C											
	8	Other reve				···	—,	8		0 674		
	9			d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			<u>P</u>	9		99,674		
	10			arrourts/baid (attach schedule)				10		22,563		
	11	Benefits paid to or for members								45.744		
enses	12	Salaries, other compensation, and employee benefits						12		45,714		
Ë	13	Profession	а т ее 8	IND our er payments do independent contrac				13 14		3,760 4,620		
EXP	14	Occupancy, rent, utilities, and maintenance								9,218		
w	1	Printing, publications, postage, and shipping						15		14,031		
	16						}	16 17		99,906		
_	17			dd lines 10 through 16				18		(232)		
ई	18			if balances at beginning of year (from line				10		(232)		
SS	19			reported on prior year's return)				40		220 500		
Net Assets		_	_	•				19		229,509		
Š	20		_	net assets or fund balances (attach explana				20		220 277		
	21			balances at end of year. Combine lines 18 s. If Total assets on line 25, column (B) are		more file E		21	d c	229,277		
تا	art II	Dalance	9 20106		9 φ1,230,000 Or		eginning of		iu C			
_				(See the instructions for Part II.)		<u> </u>				(B) End of year		
2				restments				5,159		40,459		
2		and and build	-				19	4,350	_	189,800		
24				• •					24	220.250		
2		otal assets				· ·	22	9,509	_	230,259		
2		otal liabilitie			Jah II Odl)			26	0 000 077		
2	7 N	iet assets of	Tund t	alances (line 27 of column (B) must agree	with line 21) .	· •L_	22	9,509	27	229,277		

Par	Statement of Program Service Accomp	plishments (See the instru	uctions for Part III	.)		Expenses			
	ribe what was achieved in carrying out the organization		ee in a clear ar	d concise		(Required for section 501(c)(4)			
						izations and section a)(1) trusts, optional			
	· · · · · · · · · · · · · · · · · · ·				for ot	ners)			
28	Aid to Orphanages & Chernobyl victims, (Global Chil	dren's Assistance)							

	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	5,200			
29	Aid to American Military Personnel: care packages In								
	American military personnel serving in Iraq; Bible stu								
	military personnel in Iraq, Germany								
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	2,363			
30	Quarterly publication of children's magazine given to								
	Medical supplies, clothing, aid, and other gifts (Globa								
	(Grants \$ 0) If this amount	includes foreign grants, che	ack hore	N	30a	15,000			
24	Other program services (attach schedule)	includes loreign grants, chi	SUNTIBLE		JUA	10,000			
31		includes foreign grants, che		. ▶ □	240	•			
22	(Grants \$ 0) If this amount Total program service expenses (add lines 28a t			·	31a	22,563			
				tad /Caathai	32				
Par	List of Officers, Directors, Trustees, and Key		(c) Compensation	(d) Contribution					
	(a) Name and address	(b) Title and average hours per week	(If not paid,	employee benefit	plans &	(e) Expense account and			
		devoted to position	enter -0)	deferred comper	sation	other allowances			
	IA HIRSCHMANN	CEO							
POI	BOX 5471 • KAILUA-KONA, HI 96745		14,400		1,623	0			
DAL	KESSLER	PRESIDENT							
745 /	APOLLO BLVD. • MIDLAND, MI	RESIDENT	0		0	0			
BET	TY PERSHING	TOEACHDED							
POI	30X 5471 • KAILUA-KONA, HI 96745	TREASURER	14,400	1,623		0			
JUDI	EE SHAW								
68-3	560 AAKA PL • WAIKOLOA, HI 96738	SECRETARY	0		0	0			
	LE ASPER								
	STH AVE. NW • AUSTIN, MN 55912	DIRECTOR	0		0	0			
	- y								
				L					
	·								
									

Part	V Other Information (Note the statement requirements in the instructions for Part V.)			-5
	to the state of th		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	-		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	L	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	ł		l .
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ļ
	transaction during the year or is it 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	ļ		,
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		*
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1.00		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Jessie Shimaoka Telephone no. ▶	308-32	5-313	1
	Located at ► 73-4340 Ahi Ahi St., Kailua-Kona, HI ZIP + 4 ►	96745	-5471	
b	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		Yes	
	account)?	42b	ļ	✓
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u>L</u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		00/	<u> </u>	(2000)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) non 17(a)(1) nonexempt cha d 51	exempt charit ritable trusts m	able trusts only. A nust answer question	ll sections 18 46-	າກ 49b
46	Did the organization engage in direct or indirect	political campaign activi	ties on behalf of	or in opposition to	Y	es No
	candidates for public office? If "Yes," complete S	Schedule C, Part I			46	1
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sch	edule C, Part II		47	1
	Is the organization a school as described in sectio				48	7
	Did the organization make any transfers to an ex		•		49a	1
ъ	If "Yes," was the related organization a section 5	27 organization?			49b	
	Complete this table for the organization's five high					
	employees) who each received more than \$100,0				ter "Nor	ıe."
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	on (d) Contributions to employee benefit plans &		pense ant and
	than \$100,000	devoted to position		deferred compensation		lowances
None			f.			
			į			
				•		
f	Total number of other employees paid over \$100					
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			Type of service	(c) Comp	ensation
None	(4)	<u> </u>	<u>````````````````````````````````</u>	, , , , , , , , , , , , , , , , , , , ,	(-) <u>-</u>	
				Ì		
d	Total number of other independent contractors e	each receiving over \$100,	000▶			
					<u> </u>	
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and s based on all informa	statements, and to the bes	any knowl	iowledge edge
Sign Here	Maria Unite fire	schmann		4/12/10 Date		
				/		
	Type or print name and title					
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See in	structions)
Prepare	Firm's name (or			EIN ▶		
Use On	yours if self-employed), address, and ZIP + 4	 	· · · · · · · · · · · · · · · · · · ·	Phone no. ▶		
May th	e IRS discuss this return with the preparer shown	above? See instructions		▶ [Yes [□No
			····	Fo		EZ (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 95 2923531 HANSI MINISTRIES, INC. 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. c ☐ Type III-Functionally integrated d Type III-Other a Type I **b** Type II 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 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) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(m) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col. (i) listed in your organization in col. organization (described on lines 1-9) the organization in support col (i) of your (i) organized in the above or IRC section. governing document? support? (see instructions)) Yes No Yes No Yes

Total

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support	-		-	-	 -	
Ca	lendar 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.*)	114,552	129,362	130,918	110,043	99,565	584,440
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	114,552	129,362	130,918	110,043	99,565	584,440
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)						0
6	Public support. Subtract line 5 from line 4						584,440
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 , , , , , ,	114,552	129,362	130,918	110,043	99,565	584,440
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3	4	3	262	109	381
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						584,821
12	Gross receipts from related activities, etc	•	•			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	d, third, fourth			n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup						
4	Public support percentage for 2009 (line 6	• •	-	l, column (f))		14	99.93 %
15	Public support percentage from 2008 Sch					15	99.95 %
16a	and stop here. The organization qualifies	as a publicly s	supported organ	nization			▶ ☑
Ь	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circun	nstances" test,	check this box	and <mark>stop here</mark> .	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, o organization qua	theck this box a difies as a public	and stop here . By supported or	Explain in Part ganization	IV how the

	Support Schedule for Orga (Complete only if you checke				1)(2)		
	tion A. Public Support						
Ca	alendar 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	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						
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					ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
С	Add lines 7a and 7b						-
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				···		
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourti			
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16						15 16	<u>%</u> %_
Sec	tion D. Computation of Investmen	nt Income P	ercentage				
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) ,	17	%
18	Investment income percentage from 20					18	<u>%</u>
19a	17 is not more than 33% %, check this b	ox and stop h	e re. The organi	zation qualifies	s as a publicly	supported or	ganization 🕨 🔲
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifie	s as a publicly	supported org	ganization 🕨 🔲
20	Private foundation. If the organization	did not check	a box on line	4, 19a, or 19b	, check this b	ox and see in	structions ► 🔲

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Co. Part II, line 17a or 17b; and Part	mplete this t III, line 12.	part to provide to Provide any other	he explanations required er additional information.	by Part II, line 10; See instructions.
		-	-	- -	-
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