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Form **990**

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning and ending

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

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

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

D Employer identification number
30-0171137

E Telephone number
574-273-9824

G Gross receipts $ 1,537,614.

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) ☐ 501(c) ( ) ◀ (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

1 Briefly describe the organization's mission or most significant activities: HANNAH & FRIENDS, INC. PROVIDES CHARITABLE AND EDUCATIONAL SERVICES AND FINANCIAL AND EDUCATIONAL

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	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	341,750.	712,427.
9	Program service revenue (Part VIII, line 2g)	355.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,668.	136,538.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	763,734.	225,202.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,235,507.	1,074,167.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,883.	47,451.
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)	246,699.	155,829.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 38,365.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	336,727.	3,187,166.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	692,309.	3,390,446.
19	Revenue less expenses. Subtract line 18 from line 12	543,198.	<2,316,279.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,929,075.	4,633,020.
21	Total liabilities (Part X, line 26)	2,249,926.	2,140,938.
22	Net assets or fund balances. Subtract line 21 from line 20	4,679,149.	2,492,082.

SCANNED JUN 09 2011

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: 5/3/11
▶ KEVIN P GREEN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOHN A. FREDLAKE, C.P.A.	Preparer's signature: John Fredlake	Date: 5/3/11	Check ☐ if self-employed	PTIN
Firm's name ▶ JURGONSKI & FREDLAKE CPAS			Firm's EIN ▶	
Firm's address ▶ 418 W JEFFERSON BLVD SOUTH BEND, IN 46601			Phone no. (574) 251-1414	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the 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

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 [X] 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 [X] 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 $ 3,198,630. including grants of $ 47,451.) (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 ▶ 3,198,630.

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 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
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15		
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		X	
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	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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 governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	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*		9		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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	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 ▶ IN, SC, RI

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 [X] 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: ▶

KEVIN GREEN - 574-273-9824
51250 HOLLYHOCK ROAD, SOUTH BEND, IN 46637

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

Check if Schedule O contains a response to any question in this Part VII ☐

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.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
MAURA WEIS BOARD MEMBER		X						0.	0.	0.
CHARLIE WEIS BOARD MEMBER		X						0.	0.	0.
RICHARD NUSSBAUM BOARD MEMBER		X						0.	0.	0.
CHARLIE WEIS, JR. BOARD MEMBER		X						0.	0.	0.
DAVID ARCHER BOARD MEMBER		X						0.	0.	0.
DONALD CRESSY BOARD MEMBER		X						0.	0.	0.
FR. PAUL DOYLE BOARD MEMBER		X						0.	0.	0.
ASIA GAJDEROWICZ BOARD MEMBER		X						0.	0.	0.
MIKE GOLIC BOARD MEMBER		X						0.	0.	0.
BOB LAMONTE BOARD MEMBER		X						0.	0.	0.
STEPHEN MATICH BOARD MEMBER		X						0.	0.	0.
TOM MRVA BOARD MEMBER		X						0.	0.	0.
JAMES A. O'BRIEN BOARD MEMBER		X						0.	0.	0.
ANGEL PARMALEE BOARD MEMBER		X						0.	0.	0.
BRADY QUINN BOARD MEMBER		X						0.	0.	0.
PETER SCHIVARELLI BOARD MEMBER		X						0.	0.	0.
JOSEPH TRUSTEY BOARD MEMBER		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
TIM MCDONNELL BOARD MEMBER		X						0.	0.	0.
KRISTIN MANNION BOARD MEMBER		X						0.	0.	0.
SHARON BUI GREEN EXECUTIVE DIRECTOR	40.00	X		X				80,917.	0.	0.
SCOTT MALPASS BOARD MEMBER		X						0.	0.	0.
APRIL KWIATKOWSKI PROGRAM DIRECTOR	40.00	X						9,648.	0.	0.
KEVIN GREEN CFO	40.00			X				17,000.	0.	0.
LYNN LAMONTE BOARD MEMBER								0.	0.	0.
1b Sub-total ▶								107,565.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								107,565.	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*	3		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*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
RANS CUSTOM BUILDERS 54401 26TH ST., SOUTH BEND, IN 46635	CONSTRUCTION SERVICES	337,609.

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 ▶ 1

Part VIII Statement of Revenue

		(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 712,427.				
	g Noncash contributions included in lines 1a-1f $ 5,000.				
	h Total. Add lines 1a-1f ▶	712,427.			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	90,446.			90,446.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real / (ii) Personal			
	6a Gross Rents 9,280.				
	b Less: rental expenses				
	c Rental income or (loss) 9,280.				
	d Net rental income or (loss) ▶	9,280.			9,280.
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory 446,462.				
	b Less: cost or other basis and sales expenses 400,370.				
	c Gain or (loss) 46,092.				
	d Net gain or (loss) ▶	46,092.			46,092.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a 278,999.				
	b Less: direct expenses b 63,077.				
	c Net income or (loss) from fundraising events ▶	215,922.			215,922.
	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 ▶				
	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 ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶				
	12 Total revenue. See instructions. ▶	1,074,167.	0.	0.	361,740.

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	1,050.	1,050.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	46,401.	46,401.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,565.	53,782.	43,026.	10,757.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,878.	9,939.	7,951.	1,988.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,790.	1,395.	1,116.	279.
9 Other employee benefits	14,036.	7,018.	5,614.	1,404.
10 Payroll taxes	11,560.	5,780.	4,624.	1,156.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	9,118.	4,559.	3,647.	912.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,716.	1,358.	1,086.	272.
13 Office expenses	3,498.	1,749.	1,399.	350.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	7,946.	3,973.	3,178.	795.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61.	31.	24.	6.
20 Interest	10,030.	5,015.	4,012.	1,003.
21 Payments to affiliates	2,959,369.	2,959,369.		
22 Depreciation, depletion, and amortization	101,318.	50,659.	40,527.	10,132.
23 Insurance	21,252.	10,626.	8,501.	2,125.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CONTRACT SERVICES	14,376.	7,188.	5,750.	1,438.
b LINE OF CREDIT FEES	13,394.	6,697.	5,358.	1,339.
c UTILITIES	12,572.	6,286.	5,029.	1,257.
d LIVESTOCK SUPPLIES	9,586.	4,793.	3,834.	959.
e BOND FEES	3,801.	1,901.	1,520.	380.
f All other expenses	18,129.	9,061.	7,255.	1,813.
25 **Total functional expenses.** Add lines 1 through 24f	3,390,446.	3,198,630.	153,451.	38,365.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		161,413.	1	199,651.
	2	Savings and temporary cash investments		4,169,619.	2	4,035,368.
	3	Pledges and grants receivable, net			3	329,631.
	4	Accounts receivable, net			4	2,500.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		50,916.	9	44,205.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 22,915.			
	b	Less: accumulated depreciation	10b 1,250.	2,547,127.	10c	21,665.
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,929,075.	16	4,633,020.
Liabilities	17	Accounts payable and accrued expenses		26,303.	17	20,938.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		2,210,000.	20	2,120,000.
	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		13,623.	23	
	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		2,249,926.	26	2,140,938.
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		4,679,149.	27	2,162,451.
	28	Temporarily restricted net assets			28	329,631.
	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		4,679,149.	33	2,492,082.
	34	Total liabilities and net assets/fund balances		6,929,075.	34	4,633,020.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,074,167.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,390,446.
3	Revenue less expenses. Subtract line 2 from line 1	3	<2,316,279.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,679,149.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	129,212.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,492,082.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: [X] 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

2010

Open to Public Inspection

Name of the organization	Employer identification number
HANNAH AND FRIENDS, INC.	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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	885,579.	1238458.	493,279.	341,750.	717,427.	3676493.
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	1985311.	1270405.	932,867.	1075019.	278,999.	5542601.
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	2870890.	2508863.	1426146.	1416769.	996,426.	9219094.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	110,950.	244,602.	105,000.	71,670.	169,600.	701,822.
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	63,388.	283,161.	92,753.	61,932.	19,038.	520,272.
c Add lines 7a and 7b	174,338.	527,763.	197,753.	133,602.	188,638.	1222094.
8 **Public support** (Subtract line 7c from line 6)						7997000.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	2870890.	2508863.	1426146.	1416769.	996,426.	9219094.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,313.	219,968.	<458,364.>	134,828.	99,726.	40,471.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	44,313.	219,968.	<458,364.>	134,828.	99,726.	40,471.
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.)				3,565.		3,565.
13 **Total support** (Add lines 9, 10c, 11, and 12.)	2915203.	2728831.	967,782.	1555162.	1096152.	9263130.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	86.33 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	.44 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 ▶ ☐

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

2010

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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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 Tax 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, and not on a historic structure listed in the National Register	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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the 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 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		22,915.	1,250.	21,665.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				21,665.

Schedule D (Form 990) 2010

032052
12-20-10

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) 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 (ASC 740).

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	1,074,167.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,390,446.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<2,316,279.>
4	Net unrealized gains (losses) on investments	4	129,212.
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	129,212.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<2,187,067.>

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	1,271,456.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	129,212.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	68,077.		
e	Add lines 2a through 2d			2e	197,289.
3	Subtract line 2e from line 1			3	1,074,167.
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	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,074,167.

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

1	Total expenses and losses per audited financial statements			1	3,458,523.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	68,077.		
e	Add lines 2a through 2d			2e	68,077.
3	Subtract line 2e from line 1			3	3,390,446.
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	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,390,446.

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 XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED ON FORM 990 PART VIII LINE 8B	63,077.
IN KIND AND NON CASH DONATIONS	5,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	68,077.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED ON FORM 990 PART VIII LINE 8B	63,077.

Part XIV Supplemental Information *(continued)*

IN KIND AND NON CASH EXPENSE	5,000.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	68,077.

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

2010

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? 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
Total ▶						

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

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

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	278,999.			278,999.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	278,999.			278,999.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	63,077.			63,077.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(63,077)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	215,922.

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			▶	

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? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

2010

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. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE ATTACHED EXHIBIT D	107	27,510.	18,891.	BOOK	TUITION WAIVERS

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 in Part V.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
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	(i) Pooled financing Yes	(i) Pooled financing No
A	ST JOSEPH COUNTY	35-6000194	790608DN0	11/28/07	2,210,000.	FARM PROJECT - SEE ATTACHED		X		X		X
B	SEE EXHIBITS A & B		NONE					X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	2,210,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	48,155.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	2,161,845.			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	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
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 that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		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	
	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 entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?		X						
e Was the hedge terminated?		X						
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							

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

Expense

· **6000 · Grants & Contributions**

6001 · Grants- Cash

Check	04/08/2010	2531	Torres, Destiny	Hannah's Helping Hands Grant	1208 · Cash - Bank of America (LaSa	500.00	500.00
Check	06/02/2010	2571	Starr, Margaret	HHH Grant - Dawson Brummett	1208 · Cash - Bank of America (LaSa	250.00	750.00
Check	06/02/2010	2572	Burgett, Jessica	HHH Grant - Riley Burgett	1208 · Cash - Bank of America (LaSa	250.00	1,000.00
Check	06/02/2010	2573	Cichoracki, Laura	HHH Grant - Patrick Cichoracki	1208 · Cash - Bank of America (LaSa	250.00	1,250.00
Check	06/02/2010	2574	Molenda, Sharon	HHH Grant - Derek Cieslelski	1208 · Cash - Bank of America (LaSa	250.00	1,500.00
Check	06/02/2010	2575	Connelly, Cheryl	HHH Grant - Michael Connelly	1208 · Cash - Bank of America (LaSa	250.00	1,750.00
Check	06/02/2010	2576	Daniels, James & Sandra	HHH Grant - Eva Daniels	1208 · Cash - Bank of America (LaSa	250.00	2,000.00
Check	06/02/2010	2577	Downs, Rene	HHH Grant - Devin Downs	1208 · Cash - Bank of America (LaSa	250.00	2,250.00
Check	06/02/2010	2578	Fidler, Connie	HHH Grant - Eli Fidler	1208 · Cash - Bank of America (LaSa	250.00	2,500.00
Check	06/02/2010	2579	Foreman, Tesia Marie	HHH Grant - Sydnee Diane Foreman I	1208 · Cash - Bank of America (LaSa	250.00	2,750.00
Check	06/02/2010	2580	Copas, April	HHH Grant - Brent Gibson	1208 · Cash - Bank of America (LaSa	250.00	3,000.00
Check	06/02/2010	2581	Grover, Marisa	HHH Grant - JR Grover	1208 · Cash - Bank of America (LaSa	250.00	3,250.00
Check	06/02/2010	2582	Johnson, Cynthia	HHH Grants - Jasmine & Terrance Joi	1208 · Cash - Bank of America (LaSa	500.00	3,750.00
Check	06/02/2010	2583	Kidd, Melissa	HHH Grant - Mason Kidd	1208 · Cash - Bank of America (LaSa	250.00	4,000.00
Check	06/02/2010	2584	Kirkendall, Lance & Deborah	HHH Grant - Brandon Kirkendall	1208 · Cash - Bank of America (LaSa	250.00	4,250.00
Check	06/02/2010	2585	Reed, Joshua & Angela	HHH Grant - Jason Reed	1208 · Cash - Bank of America (LaSa	250.00	4,500.00
Check	06/02/2010	2586	Glek, Calanna	HHH Grant - Sebastian Reynolds	1208 · Cash - Bank of America (LaSa	250.00	4,750.00
Check	06/02/2010	2587	Schwemlein, Duane & Natalie	HHH Grant - Stephen Schwemlein	1208 · Cash - Bank of America (LaSa	250.00	5,000.00
Check	06/02/2010	2588	Bush, Melinda	HHH Grant - Jacob Vravis	1208 · Cash - Bank of America (LaSa	250.00	5,250.00
Check	06/02/2010	2589	Wallin, Ed & Lorinda	HHH Grants - Kara, Kalle, & Kya Wall	1208 · Cash - Bank of America (LaSa	750.00	6,000.00
Check	06/02/2010	2590	Woods, Amanda	HHH Grants - Mellisen & Oslen Wood	1208 · Cash - Bank of America (LaSa	500.00	6,500.00
Check	06/02/2010	2591	Wessel, Jason & Amy	HHH Grant - Bryant Wessel	1208 · Cash - Bank of America (LaSa	150.00	6,650.00
Check	06/02/2010	2592	Nealon, Helen	HHH Grant - David Baker	1208 · Cash - Bank of America (LaSa	150.00	6,800.00
Check	06/02/2010	2593	Allard, Joanne	HHH Grant - Tracy Lee Allard	1208 · Cash - Bank of America (LaSa	200.00	7,000.00
Check	06/02/2010	2594	Amato, Kerrie	HHH Grant - Justin Amato	1208 · Cash - Bank of America (LaSa	200.00	7,200.00
Check	06/02/2010	2595	Gentry, Shirley	HHH Grant - Ryan Bealer	1208 · Cash - Bank of America (LaSa	200.00	7,400.00
Check	06/02/2010	2596	Bollinger, Lori & Joe	HHH Grant - Emily Bollinger	1208 · Cash - Bank of America (LaSa	200.00	7,600.00
Check	06/02/2010	2597	Brown, Laurie	HHH Grant - Nicole Brown	1208 · Cash - Bank of America (LaSa	200.00	7,800.00
Check	06/02/2010	2598	Champagne, Debra	HHH Grant - Tyler Champagne	1208 · Cash - Bank of America (LaSa	200.00	8,000.00
Check	06/02/2010	2599	Decamp, Nick & Nancy	HHH Grant - Aaron Decamp	1208 · Cash - Bank of America (LaSa	200.00	8,200.00
Check	06/02/2010	2600	Deleon, Reyes	HHH Grant - Ashlee Gomez	1208 · Cash - Bank of America (LaSa	200.00	8,400.00
Check	06/02/2010	2601	Kirkland, Rachel	HHH Grant - Matthew Kirkland	1208 · Cash - Bank of America (LaSa	200.00	8,600.00
Check	06/02/2010	2602	Maxwell, Brian & Carolyn	HHH Grant - Emily Maxwell	1208 · Cash - Bank of America (LaSa	200.00	8,800.00
Check	06/02/2010	2603	Masland, Deborah	HHH Grant - Olivia Milton	1208 · Cash - Bank of America (LaSa	200.00	9,000.00
Check	06/02/2010	2604	Duarte, Victoria	HHH Grant - Niccolo Palmisano	1208 · Cash - Bank of America (LaSa	200.00	9,200.00
Check	06/02/2010	2605	Phillips, Sherry & Kenny	HHH Grant - Brandon Phillips	1208 · Cash - Bank of America (LaSa	200.00	9,400.00
Check	06/02/2010	2606	Pierce, Stephen & Christine	HHH Grant - Zachary Pierce	1208 · Cash - Bank of America (LaSa	200.00	9,600.00
Check	06/02/2010	2607	Planis, Jennifer	HHH Grant - Jared Planis	1208 · Cash - Bank of America (LaSa	200.00	9,800.00
Check	06/02/2010	2608	Russo, Carla	HHH Grant - Michael Russo	1208 · Cash - Bank of America (LaSa	200.00	10,000.00
Check	06/02/2010	2609	Salcedo, Rachelle	HHH Grant - Noah Sanchez	1208 · Cash - Bank of America (LaSa	200.00	10,200.00
Check	06/02/2010	2610	Simoneau, Theresa	HHH Grant - Dennis Simoneau	1208 · Cash - Bank of America (LaSa	200.00	10,400.00
Check	06/02/2010	2611	Benson, Kerin	HHH Grant - Hayden Theriault	1208 · Cash - Bank of America (LaSa	200.00	10,600.00
Check	06/02/2010	2612	Medeiros, Ligia	HHH Grant - Justin Wahlers	1208 · Cash - Bank of America (LaSa	200.00	10,800.00
Check	06/02/2010	2613	Smith, Mean	HHH Grants - Dervin & Elandre Davis	1208 · Cash - Bank of America (LaSa	1,000.00	11,800.00
Check	06/02/2010	2614	Cumberland Middle School	HHH Grant - 6th Grade Science	1208 · Cash - Bank of America (LaSa	500.00	12,300.00
Check	06/02/2010	2615	McDowell, Laura	HHH Grant - Laura McDowell	1208 · Cash - Bank of America (LaSa	200.00	12,500.00
Check	06/02/2010	2616	Corville, Inc.	HHH Grant - Wagon Rides at H&F	1208 · Cash - Bank of America (LaSa	100.00	12,600.00
Check	06/02/2010	2617	void check		1208 · Cash - Bank of America (LaSa	0.00	12,600.00
Check	06/07/2010	2620	Perry, Sivonia Jo	HHH Grant - Damon Mitchell Zito	1208 · Cash - Bank of America (LaSa	400.00	13,000.00
Check	07/27/2010	2648	Penrod, Keith	HHH Grant - Keith Penrod	1208 · Cash - Bank of America (LaSa	0.00	13,000.00
Check	07/28/2010	2649	Professional Golfcar Corporation	HHH Grant - Keith Penrod	1208 · Cash - Bank of America (LaSa	500.00	13,500.00
Check	08/03/2010	2654	Camp Ruggles	HHH Grant - Woodbine, Harmony	1208 · Cash - Bank of America (LaSa	500.00	14,000.00
Check	08/17/2010	2656	Adeyemi, Folasade	HHH Grant - Zacchaeus Adeyemi	1208 · Cash - Bank of America (LaSa	300.00	14,300.00
Check	08/17/2010	2660	Esaue, Linda	HHH Grant - Ginger & James Arnold	1208 · Cash - Bank of America (LaSa	1,000.00	15,300.00
Check	08/17/2010	2661	Ayers, Robert & Annette	HHH Grant - Katharine Ayers	1208 · Cash - Bank of America (LaSa	300.00	15,600.00
Check	08/17/2010	2662	Bennett, Michele & Phillip	HHH Grant - Olivia Bennett	1208 · Cash - Bank of America (LaSa	500.00	16,100.00
Check	08/17/2010	2663	Bernard, Marie	HHH Grant - Alexandra Bernard	1208 · Cash - Bank of America (LaSa	300.00	16,400.00
Check	08/17/2010	2664	Bourque, Alissa	HHH Grant - Brandon Bourque	1208 · Cash - Bank of America (LaSa	300.00	16,700.00
					1208 · Cash - Bank of America (LaSa	300.00	17,000.00

EXHIBIT D

Hannah a [illegible]iends, Inc.
Profit & Loss Detail
January through December 2010

Check	08/17/2010	2668	Davis, Mabel	HHH Grant - Christopher Davis	1208 · Cash - Bank of America (LaSa	300.00	18,250.00
Check	08/17/2010	2669	Falciano, Wendy	HHH Grant - Tyler Dolbec	1208 · Cash - Bank of America (LaSa	200.00	18,450.00
Check	08/17/2010	2670	Dooley, Krista	HHH Grant - Mason Dooley	1208 · Cash - Bank of America (LaSa	300.00	18,750.00
Check	08/17/2010	2671	Gladu, Dennis & Sharon	HHH Grant - Jacqueline Gladu	1208 · Cash - Bank of America (LaSa	300.00	19,050.00
Check	08/17/2010	2672	Nenna, Michael	HHH Grant - Heather Ferreira-Nenna	1208 · Cash - Bank of America (LaSa	300.00	19,350.00
Check	08/17/2010	2673	Macemaux, Jennifer	HHH Grant - Ryan Holcomb	1208 · Cash - Bank of America (LaSa	300.00	19,650.00
Check	08/17/2010	2674	Jacobowitz, Pearl & Irwin	HHH Grant - Dakota, Montana, Arizon	1208 · Cash - Bank of America (LaSa	900.00	20,550.00
Check	08/17/2010	2675	Infante, Deborah	HHH Grant - Chaos, North, Frost Infar	1208 · Cash - Bank of America (LaSa	900.00	21,450.00
Check	08/17/2010	2676	Kaplan, Beth	HHH Grant - Jamie Kaplan	1208 · Cash - Bank of America (LaSa	300.00	21,750.00
Check	08/17/2010	2677	Lewis, Allison	HHH Grant - Brandon Lewis	1208 · Cash - Bank of America (LaSa	300.00	22,050.00
Check	08/17/2010	2678	Lima, Cheryl	HHH Grant - Katelyn Lima	1208 · Cash - Bank of America (LaSa	200.00	22,250.00
Check	08/17/2010	2679	Morezzoni, Lorena	HHH Grant - Ryan MacDonald	1208 · Cash - Bank of America (LaSa	200.00	22,450.00
Check	08/17/2010	2680	DaSilva, Adilie	HHH Grant - Brittany DaSilva	1208 · Cash - Bank of America (LaSa	300.00	22,750.00
Check	08/17/2010	2681	Ricard, Christine	HHH Grant - Julie Ricard	1208 · Cash - Bank of America (LaSa	300.00	23,050.00
Check	08/17/2010	2682	Frazee, Kerry	HHH Grant - Kameron Schenck	1208 · Cash - Bank of America (LaSa	200.00	23,250.00
Check	08/17/2010	2683	Stanley, Brenda	HHH Grant - Thomas Stanley	1208 · Cash - Bank of America (LaSa	300.00	23,550.00
Check	08/17/2010	2684	Starr, Cathy	HHH Grant - Julia Ann Star & Andrew	1208 · Cash - Bank of America (LaSa	600.00	24,150.00
Check	08/17/2010	2685	Berrios, Damaris	HHH Grant - Anthony Torres	1208 · Cash - Bank of America (LaSa	300.00	24,450.00
Check	08/17/2010	2686	Palenaude, Linda	HHH Grant - Titus Tully	1208 · Cash - Bank of America (LaSa	300.00	24,750.00
Check	08/17/2010	2687	Vachon, Michelle	HHH Grant - Logan Vachon	1208 · Cash - Bank of America (LaSa	300.00	25,050.00
Check	08/17/2010	2688	Wolfendon, Kathleen	HHH Grant - Bryan Wolfendon	1208 · Cash - Bank of America (LaSa	300.00	25,350.00
Check	08/17/2010	2689	Alves, Lisa & Carlos	HHH Grant - Cain Alves	1208 · Cash - Bank of America (LaSa	300.00	25,650.00
Check	09/24/2010	2698	Coldiron, Lori	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	25,750.00
Check	09/24/2010	2699	Mitchell, Rosie & Billy	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	25,850.00
Check	09/24/2010	2700	Doolittle, Sarah	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	25,950.00
Check	09/24/2010	2701	Garmen, Tina	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,050.00
Check	09/24/2010	2702	Windsor, Calanna	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,150.00
Check	09/24/2010	2703	Hobson, Marilyn	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,250.00
Check	09/24/2010	2704	Johnson, Petra	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,350.00
Check	09/24/2010	2705	Jones, Mark & Christy	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,450.00
Check	09/24/2010	2706	Drudge, Teri	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,550.00
Check	09/24/2010	2707	Mack, Mary	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,650.00
Check	09/24/2010	2708	Merriman, Marc	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	26,750.00
Check	09/24/2010	2709	Sharp, David or Deborah	HHH Grant - 3 boys	1208 · Cash - Bank of America (LaSa	300.00	27,050.00
Check	09/24/2010	2710	Taylor, Ciara	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	27,150.00
Check	09/24/2010	2711	Sego, Debra Jo	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	27,250.00
Check	09/24/2010	2712	Simons, Kristy	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	27,350.00
Check	09/24/2010	2713	Willis, Norma	HHH Grant	1208 · Cash - Bank of America (LaSa	100.00	27,450.00
Check	11/19/2010	2720	Gates, Rachael	HHH	1208 · Cash - Bank of America (LaSa	15.00	27,465.00
Check	11/30/2010	2721	Gates, Rachael	HHH - 11/30/10	1208 · Cash - Bank of America (LaSa	0.00	27,465.00
Check	11/30/2010	2724	Gates, Rachael	HHH - Nov 30	1208 · Cash - Bank of America (LaSa	15.00	27,480.00
Check	12/15/2010	2725	Gates, Rachael	HHH - Dec 15	1208 · Cash - Bank of America (LaSa	15.00	27,495.00
Check	12/22/2010	2726	Gates, Rachael	HHH - Dec 31	1208 · Cash - Bank of America (LaSa	15.00	27,510.00
						27,510.00	27,510.00

EXHIBIT D

Hannah and Friends, Inc.

2010 Non-Cash Grants

Last Name	First Name	Street Address	City	State	Zip	Tuition Grant / Waiver
Biskupski	Skyler	1521 Medora	South Bend	IN	46628	$ 220.00
Blower	Melody	53130 Nadine Street	South Bend	IN	46637	$ 385.00
Bramlett	Jamison	10400 E Jefferson	Osceola	IN	46561	$ 175.00
Coleman	Matt	52303 Carriage Hills Drive	South Bend	IN	46635	$ 180.00
Davis	Alisha	51272 Helmen	South Bend	IN	46637	$ 500.00
Davis	Rebecca	51532 Myrtle Aye	South Bend	IN	46637	$ 500.00
Gates	Rachael	51164 Hollyhock Road	South Bend	IN	46637	$ 195.00
Green	Heather	62430 Locust Road, Lot 226	South Bend	IN	46614	$ 500.00
Guy	Luke	51040 Grapevine Ct	South Bend	IN	46628	$ 415.00
Junge	Eden	1530 South Lea Dr	South Bend	IN	46628	$ 500.00
Kehr	Brittany	51164 Hollyhock Road	South Bend	IN	46637	$ 6.50
Lyvers	Anthony	1906 Kessler Blvd	South Bend	IN	46616	$ 500.00
Mark	Brandon	17978 Sundrop Court	Granger	IN	46530	$ 90.00
McAllister	Trever	6425 Summer Place Drive West, Apt 4-A	Granger	IN	46530	$ 115.00
McAllister	Dakota	6425 Summer Place Drive West, Apt 4-A	Granger	IN	46530	$ 115.00
McAllister	Dalton	6425 Summer Place Drive West, Apt 4-A	Granger	IN	46530	$ 115.00
McDowell	Laura	51164 Hollyhock Road	South Bend	IN	46637	$ 66.50
Mehran	Johnny	null	Granger	IN	46530	$ 565.00
Monhaut	Jim	13955 Dragoon Trail	Mishawaka	IN	46544	$ 100 00
Monhaut	Andrew	13955 Dragoon Trail	Mishawaka	IN	46544	$ 100.00
Nickelson	Jeanette	156 Manchester	Mishawaka	IN	46544	$ 145.00
O'Brien Seitz	Samuel	529 W 13th Street	Mishawaka	IN	46544	$ 350.00
Parker	Chloe	51663 Stoneham Way	Granger	IN	46530	$ 500.00
Parker	Joshua	51663 Stoneham Way	Granger	IN	46530	$ 500.00
Peterson	Grace	51881 James Lawrence Pkwy	Granger	IN	46530	$ 350.00
Phillips	Hope	1530 South Lea Dr	South Bend	IN	46628	$ 500.00
Proano	Rackie	1727 N Adams Street	South Bend	IN	46628	$ 500.00
Ratkiewicz	Daniel	26089 State Rd 2	South Bend	IN	46619	$ 500.00
Resnik	Joseph	50633 Linden Grove Lane	Granger	IN	46530	$ 500.00
Resnik	Luke	50633 Linden Grove Lane	Granger	IN	46530	$ 500.00
Schmitt	Molly	1612 E Madison St	South Bend	IN	46617	$ 200.00
Schultz	Brandon	944 Sylvan Lane	South Bend	IN	46619	$ 90.00
Tozier	McKenzie	14761 E. Wagner Rd	Buchanan	MI	49107	$ 145.00
Treash	Stacy	19270 Waite Blvd	South Bend	IN	46637	$ 500.00
Trowbridge	Steven	372 N River Rd	Ligonier	IN	46767	$ 500.00
Trujillo	Erick	1910 Leer Street	South Bend	IN	46613	$ 500.00
Trujillo	Jose	1910 Leer Street	South Bend	IN	46613	$ 500.00
Vann	Woody	7752 US 35 South	LaPorte	IN	46530	$ 85.00
TOTAL SUMMER TUITION GRANTS/WAIVERS						**$ 12,208.00**

Last Name	First Name	Street Address	City	State	Zip	Tuition Grant / Waiver
Amberg	Tiffani	51989 Hazel Road	Granger	IN	46530	$ 1,191.00
Basmore	John	null	null	IN	null	$ 5.00
Buck	Josh	null	null	IN	null	$ 25 00
Coleman	Matt	51156 Hollyhock Road	South Bend	IN	46637	$ 346.00
Gates	Rachael	51164 Hollyhock Road	South Bend	IN	46637	$ 686.00
Hudson	Brandon	51156 Hollyhock Road	South Bend	IN	46637	$ 131.00
Mailloux	Josh	18389 Gardenia Dr.	South Bend	IN	46637	$ 6.00
Mehran	Johnny	null	Granger	IN	46530	$ 891.00
Proano	Rackie	1727 N Adams Street	South Bend	IN	46628	$ 25.00
Ragan	Daniel	null	null	IN	null	$ 110.00
Seggerman	Kaley	null	null	IN	null	$ 531.00
Tozier	McKenzie	14761 E. Wagner Rd	Buchanan	MI	49107	$ 5.00
Weaver	Amber	null	null	IN	null	$ 5.00
TOTAL FALL TUITION GRANTS/WAIVERS						**$ 3,957.00**

	Non-cash Grant
2010 December Holiday Gift Drive*	**$ 2,726.19**

* Recipients include the Special Education Programs of Walt Disney School, Mishawaka, IN; Madison Primary School South Bend, IN; Early College High School at Riley (fka Studebaker School); and families of individuals with developmental disabilities in the Michiana area.

EXHIBIT D

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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: HANNAH AND FRIENDS, INC.

Employer identification number: 30-0171137

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

SUPPORT TO PROVIDE A BETTER QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS

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

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.

FORM 990, PART VI, SECTION A, LINE 2: FEW PEOPLE IN THE BOARD OF DIRECTORS HAVE A FAMILY RELATIONSHIP WITH THE OTHER MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND DISCUSSES IT'S CONTENTS WITH THE BOARD BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH SIGNIFICANT PERSON AS DESIGNATED BY THE BOARD MUST COMPLETE THE REQUIRED ANNUAL CONFLICT OF

Name of the organization: HANNAH AND FRIENDS, INC.

Employer identification number: 30-0171137

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 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.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE COMMUNITY BASED BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 129,212.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

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
2010
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" to 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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
HANNAH AND FRIENDS NEIGHBORHOOD, INC. - 26-3664209, 51250 HOLLYHOCK ROAD, SOUTH BEND, IN 46637	A FACILITY AND RESIDENCE FOR AUTISTIC INDIVIDUALS	INDIANA	501(C)(3)	9	N/A		X

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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	(d) Method of determining amount involved
(1) HANNAH AND FRIENDS NEIGHBORHOOD, INC.	B	2,959,369.	BOOK VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No