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7

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning and o	ending		
	Check if	C Name of organization		D Employer identif	ication number
	applicab			•	
	Addre chang	HANNAH AND FRIENDS, INC.			
	Name chang			30-0	171137
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Termi	51250 HOLLIHOCK KOAD		574-	273-9824
	Amen return			G Gross receipts \$	1,130,288.
	Applic	SOUTH BEND, IN 40037		H(a) Is this a group r	
	pendi	F Name and address of principal officer:MAURA WEIS		for subordinate	s? Yes X No
		51250 HOLLYHOCK ROAD, SOUTH BEND, IN	<u> 16637 </u>	H(b) Are all subordinates	ncluded? Yes No
<u>T.</u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) o	or 527	If "No," attach a	ı lıst. (see ınstructions)
		te: ► WWW.HANNAHANDFRIENDS.ORG		H(c) Group exemption	on number
		forganization: X Corporation Trust Association Other	L Year	of formation: 2003 i	M State of legal domicile: SC
P	art I	Summary			
ø	1	Bnefly describe the organization's mission or most significant activities: HANN			. PROVIDES
Activities & Governance		CHARITABLE AND EDUCATIONAL SERVICES AND E	FINANC	IAL AND EDU	CATIONAL
Ë	2	Check this box	ed of more	than 25% of its net a	ssets.
8	3	Number of voting members of the governing body (Part VI, line 1a)		. <u>3</u>	23
<u>ග</u> නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	43
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	25
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.
				Prior Year	Current Year
2015Revenue	8	Contributions and grants (Part VIII, line 1h)		311,823.	648,137.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>105,811.</u>	160,222.
稏	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		218,488.	238,727.
60	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		636,122.	1,047,086.
N	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	.	27,180.	26,175.
-1	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		174,372.	92,133.
Z Sui	16a	Professional fundraising fees (Part IX, column (A), line 11e)	.	0.	0.
ž	b	Total fundraising expenses (Part IX, column (D), line 25)	73.		
į w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		353,672.	
:	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		555,224.	751,123.
	19	Revenue less expenses. Subtract line 18 from line 12		80,898.	<u>295,963.</u>
Net Assets or Fund Balances		RECEIVED	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	າ໘ 🗀	4,840,834.	5,090,707.
t As	21	Total liabilities (Part X, line 26)	750-SC	2,049,543.	1,956,521.
캴	22	Net assets or fund balances. Subtract line 21 from line 20	\(\dot{\dot{\dot{\dot{\dot{\dot{\dot{	2,791,291.	3,134,186.
P	art II	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	그=		
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		- Manue William		/0/	29/19
Sig	n	Signature of officer		Date '	, ,
He	re	MAURA WEIS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's sygnature		Date Check [PTIN
Paid	d	JOHN A. FREDLAKE, C.P.A. John a triallol CO	A۱	2112/14 setf-employ	
Pre	parer	Firm's name JURGONSKI & FREDLAKE CPAS		Firm's EIN	35-1640896
Use	·—··				
		SOUTH BEND, IN 46601		Phone no. (5	
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)	•	· · · · ·	X Yes No
3320	001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ins.		Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

				
4b	(Code) (Expenses \$	including grants of \$) (Reve	nue \$)
				-
4c	(Code) (Expenses \$	including grants of \$) (Rever	nue \$)
4 44	Other program convect (December in School in Co.)			
+a	Other program services (Describe in Schedule O.) (Expenses \$ including gram	nts of \$) (Revenue \$)	
4e	Total program service expenses	650,760.		
			Form 990 (2	

Form 990 (2013) HANNAH AND FRIENDS, INC.
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		i	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		<u> X</u>
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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	<u> </u>	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 hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2013)

Form 990 (2013) HANNAH AND FRIENDS, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a		270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		İ	
	Schedule L, Part I	054		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	00		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III			v
28		27		<u> </u>
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	*, *	ł	4 *€ 4 *€ **\$
_	Instructions for applicable filing thresholds, conditions, and exceptions):	\	i	
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
С	,	_		
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		İ	
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		- 1	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	
		Form !	മമവ ഗ	2012)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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.			s: \
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
С	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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			2. %
а	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
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			× 39/0.
е	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	,		- 1
	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.			
а	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	İ	ŀ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	* 9	`	
11	Section 501(c)(12) organizations. Enter:			<i>></i>
а	Gross income from members or shareholders		, ,	Ÿ.
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1	i	,
	, , , , , , , , , , , , , , , , , , ,	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.			
а	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2013)

30-0171137 Form 990 (2013) Page 6 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 of Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
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		l	
	officer, director, trustee, or key employee?	2	Х	
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	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?			
а	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		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
sec	tion 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 (Section 501(c)(3)s only) a	ıvaılabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion:	·	
	KEVIN GREEN - 574-273-9824			
	51250 HOLLYHOCK ROAD, SOUTH BEND, IN 46637			

orm 990 (2013)	FRIENDS,	INC.	30-0171137	Page 7
Dart VIII O	 		Highart Companyated	

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	(C Posi heck r ss per id a di	tion more son	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	(list any hours for related organizations below hold by be		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) MAURA WEIS	2.00							_	_	
BOARD MEMBER		X						0.	0.	0 .
(2) CHARLIE WEIS	2.00	ļ		ŀ				_ 1	_	_
BOARD MEMBER		X						0.	0.	0.
(3) RICHARD NUSSBAUM	2.00	┨							_	
BOARD MEMBER	0.00	X						0.	0.	0
(4) CHARLIE WEIS, JR.	2.00								_	
BOARD MEMBER	2.00	X		-				0.	0.	0 .
(5) DAVID ARCHER	2.00								•	•
BOARD MEMBER	2.00	X						0.	0.	0 .
(6) DONALD CRESSY	2.00	v						_	0	0
BOARD MEMBER	2.00	X						0.	0.	0 .
(7) FR. PAUL DOYLE	2.00	X						0.	0.	0
BOARD MEMBER	2.00			\dashv				U •	U •	0 .
(8) ASIA GAJDEROWICZ	2.00	x						o.	0.	0
BOARD MEMBER (9) MIKE GOLIC	2.00	^		\dashv	_	-		0.		0 .
BOARD MEMBER	2.00	x						o.	0.	0
(10) BOB LAMONTE	2.00		-					0.		
BOARD MEMBER		x						0.	0.	0.
(11) STEPHEN MATICH	2.00									
BOARD MEMBER		x						l o.l	0.	0 .
(12) TOM MRVA	2.00									
BOARD MEMBER		x						0.	0.	0.
(13) JAMES A. O'BRIEN	2.00									
BOARD MEMBER		X		_				0.	0.	0.
(14) BRADY QUINN	2.00									
BOARD MEMBER		X						0.	0.	0.
(15) PETER SCHIVARELLI	2.00									
BOARD MEMBER		X						0.	0.	0.
(16) JOSEPH TRUSTEY	2.00									
BOARD MEMBER		X						0.	0.	0.
(17) LYNN LAMONTE	2.00									
BOARD MEMBER		X						0.	0.	0

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)		(F)	
. Name and title	Average hours per		not o	check	more	than		Reportable compensation	Reportable compensation		Estimat	
•	week		icer ar					from	from related		other	
	(list any	eçe			ļ			the	organizations	C	ompens	ation
	hours for related	or director	, e			ated		organization	(W-2/1099-MISC)		from th	
	organizations	uste	trust		8	npens		(W-2/1099-MISC)		- 1	organiza and rela	
	below		Institutional trustee	_	ploy	stco				- 1	rganızat	
	line)	Individual	Instit	Officer	Key employee	Highest compensated employee	Ē					
(18) KRISTIN MANNION	2.00	ļ										_
BOARD MEMBER	40.00	X		_	-	_	⊢	0.	0	•		0.
(19) SHARON BUI GREEN	40.00	٠,			ĺ			FF 000	•			^
SECRETARY	2 00	X	┢	├		-	├	55,000.	0	•		0.
(20) SCOTT MALPASS	2.00	$ \mathbf{x} $						0.	0			0
BOARD MEMBER	2.00	^	╁	-			_	0.	U	•		0.
(21) ANDREW ENTWISTLE BOARD MEMBER	2.00	X						0.	0			0.
(22) LYNDA ARCHER	2.00	1	\vdash			1	-			+		<u> </u>
BOARD MEMBER	2.00	1						0.	0	_		0.
(23) BROOKE ARCHER	2.00		t							+-		
BOARD MEMBER								0.	0			0.
			ļ			ļ				_		
		-	1	-						+		
1b Sub-total							<u> </u>	55,000.	0			0.
c Total from continuation sheets to Part	VII, Section A						>	0.	0	$\overline{}$		0.
d Total (add lines 1b and 1c)				:			▶	55,000.	0	<u>.l</u>		0.
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			_
compensation from the organization											Yes	0 No
3 Did the organization list any former office	r director or to	ieto	a ka	w en	nnlo		or	highest compansated ai	mplovee on		res	NO
line 1a? If "Yes," complete Schedule J for			6, K6	y en	пріс	yee	, 01	riigriest compensated ei	ripioyee ori	3		X
4 For any individual listed on line 1a, is the			omp	ensa	ation	n and	d ot		the organization			
and related organizations greater than \$1	-									4		Х
5 Did any person listed on line 1a receive of									dual for services			
rendered to the organization? If "Yes," co	mplete Schedul	e <i>J 1</i>	or su	uch j	pers	on				5		X
Section B. Independent Contractors												
 Complete this table for your five highest of the organization. Report compensation for 		-							•	satio	n from	
(A)	r trie caleridal y	ear (enai	ny w	VILS I	OI W	111111	(B)	rear.		(C)	
Name and busines	s address	N	ONE	3				Description of s	ervices		pensatio	n
							_					
											_	
							\dashv					
2 Total number of independent contractors	(including but n	ot I	mite	d to	thos	se lis	l	l above) who received m	ore than		 	
\$100,000 of compensation from the organ	nization				()						

Form 990 (2013) HANNAH AND FRIENDS, INC.
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a				-	1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, E	С	Franksisian avanta	1c					
ar /		Related organizations	1d					
s, G		Government grants (contribut	ions) 1e					
Sign		All other contributions, gifts, gran						
hei	·	similar amounts not included abo	1 1	648,137.				
Ξğ	a	Noncash contributions included in lines		010,1010				
ağ	_	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		648,137.			
				Business Code			·	
.	2 a							
ا کج	b							
Ser	c							
E §	ď							
Program Service Revenue	-		-			-		
포	f	All other program service reve	nue					
- 1		Total. Add lines 2a-2f						
\exists	3	Investment income (including	dividends inter	est and				+
	Ü	other similar amounts)	arriachas, inter	ost, and	75,218.			75,218.
	4	Income from investment of ta	x-exemnt bond :	roceeds	73,210.			75,210.
	5	Royalties	cocinpt bond	proceeds				
	3	noyames .	(i) Real	(ii) Personal				
	6 a	Gross rents	50,943					
	V a	Less: rental expenses	0.					
	0	Rental income or (loss)	50,943					
	4	Net rental income or (loss)	30,343	· · · · · · · · · · · · · · · · · · ·	50,943.			50,943.
		Gross amount from sales of	(i) Secunties	(ii) Other	30,343.		·	30,343.
	, a	assets other than inventory	85,004.					
	.	Less: cost or other basis	05,004	<u>'</u>				
		and sales expenses	0.					
	•	Gain or (loss)	85,004.					
	٥	Net gain or (loss)	05,001	'	85,004.			85,004.
	Ωa	Gross income from fundraising	n events (not		03,004.			03,004.
g	0 4	including \$						
ē		contributions reported on line						
æ		·	•	270,986.				
Other Reven	h			83,202.				
δ		Net income or (loss) from fund		<u>03/202.</u>	187,784.			187,784.
		Gross income from gaming ac	-		107,7010			101,101.
	Ju	Part IV, line 19						
	h	Less: direct expenses	a b					
		Net income or (loss) from gam						
ŀ		Gross sales of inventory, less	-				_	
	10 a	and allowerses		1				
	h	Less: cost of goods sold	b					
		Net income or (loss) from sale						
Ì		Miscellaneous Revenue		Business Code				
ł	11 a			Dusiness Code				
ł	ii a				-	··· ··		
	C							
	ن بہ	All other revenue			+			
J	ū	Total, Add lines 11a-11d	•		-			
	12	Total revenue. See instructions.			L,047,086.	0.	0	398,949.
33200	9	. Juni 10 voile 6. Oco mon denolis.			L / O Z / / O O O O	<u>V•</u>		Form 990 (2013)

Form 990 (2013) HANNAH AND FRIENDS, INC. Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			<u> </u>	
_	the United States. See Part IV, line 22	26,175.	26,175.		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	80,000.	40,000.	32,000.	8,000
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	3,553.	1,773.	1,424.	356
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,650.	825.	660.	165
9	Other employee benefits	282.	141.	113.	28
10	Payroli taxes	6,648.	3,324.	2,659.	665
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting	16,300.	8,150.	6,520.	1,630
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4,036.	2,018.	1,614.	404
13	Office expenses	2,483.	1,242.	993.	248
14	Information technology				
15	Royalties				
16	Occupancy		4 445		
17	Travel	2,233.	1,117.	893.	223
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	560	200	204	
19	Conferences, conventions, and meetings	760.	380.	304.	76.
20	Interest	46,216.	23,108.	18,486.	4,622
21	Payments to affiliates	520,928.	520,928.		
22	Depreciation, depletion, and amortization	Г 000	2.540	2 020	
23	Insurance	5,098.	2,549.	2,039.	510
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTROL OR CEDITAGE	9,470.	4,735.	3,788.	947
b	TIMET TOTAL	5,282.	2,641.	2,113.	528
c	DUDI TO DEL METONO	4,478.	2,239.	1,791.	448
_	POSTAGE	3,482.	1,741.	1,393.	348
	All other expenses	12,049.	7,674.	3,500.	875
25	Total functional expenses. Add lines 1 through 24e	751,123.	650,760.	80,290.	20,073
26	Joint costs. Complete this line only if the organization		5237.000		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
	•	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	225,329.	1	167,539.
2	Savings and temporary cash investments	4,397,363.	2	4,339,510.
3	Pledges and grants receivable, net	132,340.	3	533,896.
4	Accounts receivable, net	39,011.	4	9,322
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_{တ္}	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 2	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	4,500.	9	1,000
	Land, buildings, and equipment: cost or other	270001		2,000
102	basis. Complete Part VI of Schedule D 10a			
6			10c	
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	
1	Other assets. See Part IV, line 11	42,291.	15	39,440
15	· · · · · · · · · · · · · · · · · · ·	4,840,834.	16	5,090,707
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,043.	17	4,761
1	Accounts payable and accrued expenses	1,043.	18	4,701
18	Grants payable	10,500.	19	1,000
19	Deferred revenue	2,038,000.		1,950,760
20	Tax-exempt bond liabilities	2,030,000.	20	1,930,760
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	2 040 542	25	1 056 501
26	Total liabilities. Add lines 17 through 25	2,049,543.	26	1,956,521.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
8	complete lines 27 through 29, and lines 33 and 34.	0 (01 051		0 560 000
E 27	Unrestricted net assets	2,621,951.	27	2,563,290.
5 28 6	Temporarily restricted net assets	169,340.	28	570,896.
<u> </u>	Permanently restricted net assets		29	
27 28 29 30 31 32 31 32 32 32 33 32 33 32 33 33 33 33 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	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	
z 33	Total net assets or fund balances	2,791,291.	33	3,134,186.
34	Total liabilities and net assets/fund balances	4,840,834.	34	<u>5,090,707.</u>

	1990 (2013) HANNAH AND FRIENDS, INC.	30-01	.71137	Pa	ıge 12
Pa	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI	•			
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,04	7,0	86.
2	'Total expenses (must equal Part IX, column (A), line 25)	2	75	1,1	23.
3	Revenue less expenses. Subtract line 2 from line 1	3	29	5,9	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,79	1, 2	91.
5	Net unrealized gains (losses) on investments	5			32.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,13	4,1	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·· ·		\mathbf{x}
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		. []		>x.
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	Ο.		- 1800g - 1800g	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		,×.	. 3
	separate basis, consolidated basis, or both:		<u> </u>	*** ***	3
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		2	İ
	consolidated basis, or both			,	18
	X Separate basis Consolidated basis Both consolidated and separate basis			4	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			,
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt	1 2		1.2 / 2.
	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 requi	red audıt			_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_	3b		

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Employer identification number Name of the organization HANNAH AND FRIENDS, INC. 30-0171137 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.) 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). 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. d ____ Type III - Non-functionally integrated a L___ Type I b Type II c Type III - Functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No 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) Provide the following information about the supported organization(s). (vi) Is the organization in col. (iii) Type of organization (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes Yes Total

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule fo				h/d//A//iv/ or	30-0171	137 Page 2
Part II Support Schedule fo (Complete only if you check						
fails to qualify under the tes				r lailed to quality	under Fait III II the	organization
Section A. Public Support	,,		<u></u>			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(0) 2010	(0) 2011	(G) ZOIZ	(6) 2010	(i) lotal
membership fees received. (Do not	1				1	
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
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)		*, *,	İ			
6 Public support. Subtract line 5 from line 4						***
Section B. Total Support	1				<u></u>	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4			X-7	(-)	1	(7)
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			1			
business is regularly carned on					ļ.,	
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	•				12	
13 First five years. If the Form 990 is forganization, check this box and sto	_	nrst, second, trirc	i, iourtii, or iiitii tab	k year as a section	on 501(c)(3)	▶□
Section C. Computation of Pub		centage			· · ·	
14 Public support percentage for 2013	(line 6, column (f) div	vided by line 11, co	olumn (f))		14	%
15 Public support percentage from 201				• •	15	%
16a 33 1/3% support test - 2013. If the	organization did not	check the box on	line 13, and line 1	4 is 33 1/3% or i	nore, check this box	and
stop here. The organization qualifies	s as a publicly suppo	orted organization				▶□
b 33 1/3% support test - 2012. If the	organization did not	check a box on li	ne 13 or 16a, and i	ine 15 is 33 1/39	6 or more, check this	box
and stop here. The organization qua	alifies as a publicly si	upported organiza	tion			ightharpoons

Schedule A (Form 990 or 990-EZ) 2013

. . ..

17a 10% -facts-and-circumstances test - 2013. 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

b 10% -facts-and-circumstances test - 2012. 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2013 HANNAH AND FRIENDS, INC. 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

<u>Sa</u>	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
		(-) 2000	(-) 2010	(-) 0011	(-D-0010	(-) 2010	(0 T-+-1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not	241 750	717 407	211 605	211 022	640 127	222742
_	include any "unusual grants.")	341,750.	717,427.	211,005.	311,023.	648,137.	2230742.
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	1075019.	278,999.	278,468.	279,360.	270,986.	2182832.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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	1416769.	996,426.	490,073.	591,183.	919,123.	4413574.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	71,670.	169,600.	150,000.	100,000.		491,270.
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		10.000				
	amount on line 13 for the year	61,932.	19,038.	68,711.	100 000		149,681.
	: Add lines 7a and 7b	133,602.	188,638.	218,711.	100,000.	30x x 41	640,951.
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>		/ "; * /	x ,	×	3772623.
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	1416769.	996,426.	490,073.	591,183.	919,123.	4413574.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	134,828.		-		126,161.	
b	Unrelated business taxable income	:					
	(less section 511 taxes) from businesses acquired after June 30, 1975	_					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	134,828.	99,726.	138,818.	128,464.	126,161.	627,997.
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)	1555162.	1096152.	628,891.	719,647.	1045284.	5045136.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here .						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2013 (li	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	74.78 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15	. <u> </u>		16	82.17 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	12.45 %
18	Investment income percentage from 2	2012 Schedule A, i	Part III, line 17		. [18	.88 %
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
to	more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the	=	-		· · · · · ·	•••	▶X
	line 18 is not more than 33 1/3%, che	=				•	
20	Private foundation. If the organization		· ·	<u>=</u>		-	

Association of the part to any automate mornaum. [Generalizations].	Part IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	•	
		
		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

D-	t I Organizations Maintaining Donor Advise	od Funds or Other Similar Funds or	Accounts Complete of the
Pa			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, In-	e 6. (a) Donor advised funds	(h) Funda and other accounts
		(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		
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	
D-	impermissible private benefit?		Yes No
Pa	· · · · · · · · · · · · · · · · · · ·	· · · = - · · ·	v, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· —	
	Protection of natural habitat	Preservation of a certified	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
ď	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, re	leased, extinguished, or terminated by the org	anization during the tax
	year Number of states where property subject to concentration on	coment is located	
4	Number of states where property subject to conservation ea Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements r		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		. —
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) above	-	
8		ve satisfy the requirements of section 17 o(f)(4	Yes No
9	In Part XIII, describe how the organization reports conservation	ion escaments in its revenue and expense stat	· · · · · · · · · · · · · · · · · · ·
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes the	organization s accounting for
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	•	
1a	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	•	
	relating to these items:	dudation, or research in factionalists of public	solvinos, provido ano romovinig amounto
	(1) D		▶ \$
	(2) Assets included in Form 000 Post V		\$
2	If the organization received or held works of art, historical tre		n provide
-	the following amounts required to be reported under SFAS 1		in provido
2	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X		\$

		AND FRIEND					<u> 30-01</u>			<u>aqe 2</u>
Pa	rt III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, or Otl	ner Simi	lar Asse	ts(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that are a	signıfican	t use of its	collection	n item:	s
	(check all that apply):									
а	Public exhibition	d	յլւ	oan or exc	hange programs					
b	Scholarly research	e	• 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ey further t	he organization's ex	empt pur	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of f	the organ	ization's co	ollection?			Yes		No_
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "Yes" t	o Form 99	0, Part IV, I	ıne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	is or other assets no	ot included	<u>.</u>			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
								Amount	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance		_							
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided in Part XII	l .]
	rt V Endowment Funds. Complete it									
		(a) Current year	(b) Pr	or year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance		I							
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
-	and programs						İ			
f	Administrative expenses					i				
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1o	ı, column (a)) held as	.' –		-		
а	Board designated or quasi-endowment	=	%	,,	,,,					
ь	Permanent endowment ▶	%								
c	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.								
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administered for	the organ	ization			
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations				•			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required c	on Schedi	ule R?		•		3b	$\neg \uparrow$	
4	Describe in Part XIII the intended uses of the	•		-			•			
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered), Part IV.	line 11a. Se	ee Form 990. Part X	, line 10.				
	Description of property	(a) Cost or o	T I	(b) Cost	T -	Accumulat	ted	(d) Book	value	
	Dooding tion of property	basis (investr		basis (1 , ,	epreciation		(4) 200	· vaido	
12	Land	- , , , , ,				• • • • • • • • • • • • • • • • • • • •				—
	Buildings	·								
	Leasehold improvements					<u> </u>				
ن ب	Equipment								-	—
a	Other				·					
	Add lines 1a through 1e (Column (d) must e	L gual Form 990 Po≠	Y colum	n /P) /mc 1	0(c))					0

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or en	d-of-year market value
	al denvatives			-	
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					· -
(D)					
<u>(E)</u>					
<u>(F)</u>					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" (1 -1
	(a) Description of investment	(b) Book value	(c) Method of V	valuation. Cost or end	d-of-year market value
<u>(1)</u>					. .
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					 -
(8)			<u> </u>		
(9) T. 1. 1 (0-1 (1					
Part IX	b) must equal Form 990, Part X, col. (B) line 13.)				
I dit ix	Complete if the organization answered "Yes" t	to Form 990 Port IV	line 11d See Form 000	Dort V. Iroo 15	
		Description	, lille 11d. See Form 990,	rant A, iiile 15.	(b) Book value
(1)	(4)				(2) 2001 12.00
(2)					
(3)					
(4)					
(5)		•		_	
(6)					· · · · · · · · · · · · · · · · · · ·
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	15.)		•	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" t	to Form 990, Part IV,	line 11e or 11f See Form	990, Part X, line 25.	
<u></u> 1.	(a) Description of liability		(b) Book value		
(1) Fed	eral income taxes				
(2)				1	
(3)					
(4)					
(5)					
(6)					•
(7)					
(8)			·		
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line	25.)			

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

Schedule D (Form 990) 2013 HANNAH AND FRIENDS, INC.	30-0171137 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1 1,094,018.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments]
b Donated services and use of facilities]
c Recoveries of prior year grants]
d Other (Describe in Part XIII.)]
e Add lines 2a through 2d	2e 46,932.
3 Subtract line 2e from line 1	з 1,047,086.
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]
b Other (Describe in Part XIII.)]
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 1,047,086.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1 751,123.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e 0.
3 Subtract line 2e from line 1	<u>3</u> 751,123.
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	
b Other (Describe in Part XIII.)]
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.)	5 751,123.
Part XIII Supplemental Information.	
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	4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
DADE V TAND O	
PART X, LINE 2:	
DVDI MANTONI. ACC 740. TMCOMB MANDE CHANCED MUD EDAMONOU DO	D 10001D1
EXPLANATION: ASC 740, INCOME TAXES, CHANGED THE FRAMEWORK FO	R ACCOUNTING
EOD INCEDENTANCE IN INCOME MAYED MUE ODGANIZAMIONIC DOLLOW	TO MO DEGODE
FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION'S POLICY	IS TO RECORD
AN INDECOUNTED MAY DENGETH FROM AN INCERMANTAL MAY DOCUMENT OF	NIN TH TH TO
AN UNRECOGNIZED TAX BENEFIT FROM AN UNCERTAIN TAX POSITION O	NLY IF IT IS
MODE ITVELY MUNN NOW MUNM MUE DOCIMION WILL BE CHAMNINED HOS	N EVANTABATON
MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPO	N EXAMINATION
DV MUR MAVING AUMUODIMIEG TAMBDEGM AAN DEMAINTEG DELAMED M	o anoga
BY THE TAXING AUTHORITIES. INTEREST AND PENALTIES RELATED T	U GRUSS
INDECOUNTED MAY DENEETHE ARE INCLINED WINGIN MUE DROWLETON	EOD THOOME
UNRECOGNIZED TAX BENEFITS ARE INCLUDED WITHIN THE PROVISION	FOR INCOME
TAXES. TO THE EXTENT ACCRUED INTEREST AND PENALTIES DO NOT	III MTWAMDI W
TAXES. TO THE EXTENT ACCRUED INTEREST AND PENALTIES DO NOT	ULTIMATELY
BECOME PAYABLE, AMOUNTS ACCRUED ARE REDUCED IN THE PERIOD TH	To
DECOME PATABLE, AMOUNTS ACCRUED ARE REDUCED IN THE PERIOD TH	<u> </u>
DETERMINATION IS MADE, AND REFLECTED AS A REDUCTION OF THE O	TEDATT THOME
DELIGITION IN MADE, AND REFLECTED AS A REDUCTION OF THE O	A DEVATIT THEOME
TAX PROVISION.	

Schedule D (Form 990) 2013 HANNAH AND FRIENDS, INC.	<u>30-0171</u>	137 Page 5
Part XIII Supplemental Information (continued)		
THE ORGANIZATION FILES A FEDERAL AND SEVERAL STATE TAX RETU	JRNS. TH	E TAX
YEARS THAT MANAGEMENT BELIEVES REMAIN SUBJECT TO EXAMINATION	ON BY THE	
APPLICABLE FEDERAL AND STATE TAX JURISDICTIONS DATE BACK TO	THE YEA	R
ENDING DECEMBER 31, 2010.		
 		
		· · · · · · · · · · · · · · · · · · ·
		
		
	· · · · · · · · · · · · · · · · · · ·	
		·
		
	· .s.	

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Name of the organization Employer identification number 30-0171137 HANNAH AND FRIENDS, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 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.

332081 09-12-13

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

Sch	edu art l	le G (Form 990 or 990 EZ) 2013 HANNAH II Fundraising Events. Complete if the	AND FRIENDS,	INC.		0171137 Page 2
<u> </u>		of fundraising event contributions and gi				
			(a) Event #1	(b) Event #2 KANSAS	(c) Other events	(d) Total events
			GOLF OUTING	FUNDRAISER	2	(add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	261,752.		6,734.	270,986.
ш						
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	261,752.	2,500.	6,734.	270,986.
	4	Cash prizes				<u> </u>
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jirect E	7	Food and beverages .				
٥	8	Entertainment				
	9	Other direct expenses	82,946.		256.	83,202.
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)			83,202.
						<u> 187,784.</u>
Pa	IT I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$13,000 on Form 990-EZ, line oa	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
36V 6						
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				***
Direct	4	Rent/facility costs			***	
	5	Other direct expenses				
		-	Yes %	Yes %	Yes%	^
	6	Volunteer labor	No	□ No	□ No	<u> </u>
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		.	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
۵	Ent	er the state(s) in which the organization opera	tee gaming activities:			
		he organization licensed to operate gaming ac		states?		Yes No
		No," explain:				
		re any of the organization's gaming licenses re Yes," explain:		-	rear?	Yes No

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 HANNAH AND FRIENDS, INC.	<u> 30-01</u>	<u>71</u>	<u>.137</u>	_ Page 3
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?	Γ		Yes	□ No
13	Indicate the percentage of gaming activity operated in:	l l			
	The organization's facility		l3a		%
- -		· -	3b	-	
	· · · · · · · · · · · · · · · · · · ·	∟	30	<u></u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:			
	Name				<u>-</u> .
	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	nt			
	of gaming revenue retained by the third party > \$				
С	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:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
a		Г	\neg	V	☐ No
	retain the state gaming license?	•	_	res	LI NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne			
Do	organization's own exempt activities during the tax year \$\inftit{V}\$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pai				
Га			s 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction	ıs).			
			_		_
					

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public 2013 Inspection

2 Schedule I (Form 990) (2013) Employer identification number 30-0171137 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ıf applicable INC. Enter total number of other organizations listed in the line 1 table HANNAH AND FRIENDS, General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part

30-0171137 Schedule I (Form 990) (2013) HANNAH AND FRIENDS, INC.

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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

(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	o	17,974,	0	0, BOOK	TUITION WAIVERS
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional Information	

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

(i) Pooled financing Yes No Employer identification number OMB No 1545-0047 2013 Open to Public Inspection (g) Defeased (h) On behalf 30-0171137 ŝ × × of issuer Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
 explanations, and any additional information in Part VI.
 Attach to Form 990. See separate instructions. Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. 2 Z × × Yes (f) Description of purpose FARM PROJECT 2,210,000 SEE ATTACHED (e) Issue price 11/28/07 (d) Date issued 35-6000194790608DNO (c) CUSIP# NONE INC. (b) Issuer EIN HANNAH AND FRIENDS, ф ß A ST JOSEPH COUNTY (a) Issuer name B SEE EXHIBITS A Name of the organization Bond Issues Department of the Treasury Internal Revenue Service Proceeds Part II Part ပ

×

×

	,	A		8	_	O	Δ	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds		- -						
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	ş	Yes	2	Yes	°Z	Yes	S.
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?		×		×				
16 Has the final allocation of proceeds been made?	×		×					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	×		×					
Part III Private Business Use								
		A		В		U		
 Was the organization a partner in a partnership, or a member of an LLC, 	Yes	S.	Yes	No	Yes	N _o	Yes	2
to the second of		1						

Schedule K (Form 990) 2013

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33

332121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bond-financed property?

Are there any lease arrangements that may result in private business use of

which owned property financed by tax-exempt bonds?

INC.	
HANNAH AND FRIENDS,	
AND	
HANNAH	se (Continued)
le K (Form 990) 2013	Private Business U

Part III Schedu

Page 2

30-0171137

፠ % ž å Yes Yes % % % % 윈 ž Yes Yes % % % % 2 × 위>< × × × ×× × × X × œ Yes Yes % % % % å 읟 × × × × × × × × × Yes Yes × × counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b if "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1.145-27 business use of bond-financed property? If "No" to line 1, did the following apply? Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 332122 computation was performed 1.141-12 and 1 145-27 Total of lines 4 and 5 a Rebate not due yet? **b** Exception to rebate? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge g කී -၉ 4 Ŋ 6 7 9

Schedule K (Form 990) 2013

Page 3 ٩ ŝ 0 Yes Yes ŝ ŝ Yes Yes 30-0171137 ₽× Š × × × 8 Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). 2 ŝ × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 7 Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of HANNAH AND FRIENDS, INC. closing agreement program if self-remediation is not available under applicable 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2013 b Name of provider section 148? c Term of GIC regulations?

Schedule K (Form 990) 2013

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.

Open to Public

Employer identification number

30-0171137

OMB No 1545-0047

Name of the organization

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

INC.

HANNAH AND FRIENDS.

Inspection

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: EXPLANATION: FEW PEOPLE IN THE BOARD OF DIRECTORS HAVE A FAMILY RELATIONSHIP WITH THE OTHER MEMBERS. CHARLIE WEIS IS THE HUSBAND OF MAURA WEIS. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND DISCUSSES ITS CONTENTS WITH THE BOARD BEFORE THE RETURN IS FILED.

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization **Employer identification number** HANNAH AND FRIENDS, INC. 30-0171137 FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: EACH SIGNIFICANT PERSON AS DESIGNATED BY THE BOARD MUST COMPLETE THE REQUIRED ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. THE BOARD OR COMMITTEE SHALL (1) REVIEW RESPONSES TO THE ANNUAL OUESTIONNAIRES 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: EXPLANATION: 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: EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REOUEST. FORM 990, PART XII, LINE 2C: EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organizati	on	Employer identification number 30-0171137
•	HANNAH AND FRIENDS, INC.	30-01/113/
•		
		

Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

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

2013

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

Employer identification number 30-0171137 Open to Public Inspection

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part

INC.

HANNAH AND FRIENDS,

Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part

(a)	(q)	(0)	(P)	(e)	E	(B)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Ф	Public charity	Direc	Section 512(b)(13) controlled	(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
HANNAH AND FRIENDS NEIGHBORHOOD, INC	RESIDENTIAL FACILITY FOR					_	
26-3664209, 51250 HOLLYHOCK ROAD, SOUTH	INDIVIDUALS WITH						
BEND, IN 46637	DEVELOPMENTAL DISABILITIES	INDIANA	501(C)(3)	<u>o</u>	N/A		×
							!
						-	
				_			

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

332181 09-12-13 LHA

Schedule R (Form 990) 2013

30-0171137

Page 2

Schedule R (Form 990) 2013 HANNAH AND FRIENDS, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership partner?	15		
Per		_	
(j) General or managing partner?	3		
UBI Door Bedule			
Code V-UBI amount in box m 20 of Schedule L K-1 (Form 1065)			
ortionate			
Olspropr allocal	5		
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(C) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

,					1		ı		ı		ı		1	
	(ction (b)(13)	controlled entity?	Š							L		_	
		512 8		Yes		 								
	Ξ	Percentage	ownership											
			end-of-year assets											
	£	Share of total	псоте									_		
	(e)	Type of entity	(C corp, S corp, or trust)	,										
	(9)	Direct controlling	entity (C corp, S corp,											
	<u>(</u>)	Legal domicile	(state or foreign	country)										
	(g)	Primary activity												
	(a)	Name, address, and EIN	of related organization											

Schedule R (Form 990) 2013

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332162 09-12-13

Page 3

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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 transaction	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?			
a Receipt of (i) interest (ii) annurtes (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				10	×	
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)				Þ		×
e Loans or loan quarantees by related organization(s)	•		-	9		×
				2		4
f Dividends from related organization(s)				*		×
g Sale of assets to related organization(s)				1 gt		×
				ŧ		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				; =		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related org	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related orga	related organization(s)		:	£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1r		×
 Sharing of paid employees with related organization(s) 		•		9		×
commence to the solution of the solution (s) and solution (s)				,		;
				2		4
q Heimbursement paid by related organization(s) for expenses				1		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18		×
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.	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1) HANNAH AND FRIENDS NEIGHBORHOOD, INC.	В	520,928.	928.BOOK VALUE			
(2)						
(3)						
(4)						
(5)						
(9)						
332163 09-12-13	41		Schedul	Schedule R (Form 990) 2013	(066 1	2013

Page 4

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

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.

	novo film mao i olionos iro	Solution contain ma	common paramonapa.							
(a)	(Q)	(O)	(Q)	¥e 3	()	(6)	Ξ	(9)	S	8
Name, address, and EIN of entity	Primary activity	흥 <u></u>	Predominant incoming (related, unrelated, excluded from tax	9 partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Uspropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership	General o managing partner?	Percentage ownership
		country)	under section 512-51	ON S	Income	assets	Yes No	(Form 1065)	Yes No	
									_	
									<u></u>	
				<u> </u>			-		+	
	,									
				_						
	:						_			
		_								
				-						
				1		Ì			-	

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Schedule R (Form 990) 2013

Schedule R	R (Form 990) 2013 HANNAH AND FRIENDS, INC. 3	<u>U-U1/113/ Page 5</u>
Part VII	Supplemental Information	
	Provide additional information for responses to questions on Schedule R (see instructions)	
	The second secon	
•	•	
•		
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		•
		
		
	 	
		

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you are filing for an Autom	atic 3-Month Extension, comple	ete only Pa	art I and check this box			.		
• If you are filing for an Addition	nal (Not Automatic) 3-Month E	xtension, d	complete only Part II (on page 2 of	this form)				
Do not complete Part II unless	you have already been granted	an automa	atic 3-month extension on a previou	sly filed Fo	rm 8868.			
Electronic filing (e-file). You can	an electronically file Form 8868 if	you need a	a 3-month automatic extension of ti	me to file (6 months for	a corporation		
required to file Form 990-T), or a	ın additional (not automatic) 3-mo	onth extens	sion of time. You can electronically	file Form 8	868 to reque	st an extension		
of time to file any of the forms li	sted in Part I or Part II with the ex	xception of	Form 8870, Information Return for	Transfers	Associated V	Vith Certain		
Personal Benefit Contracts, wh	ch must be sent to the IRS in pa	per format	(see instructions) For more details	on the ele	ctronic filing o	of this form,		
visit www.irs.gov/efile and click	on e-file for Chanties & Nonprofit	s.						
Part I Automatic 3	-Month Extension of Tim	e. Only s	submit original (no copies ne	eded).				
A corporation required to file Fo	rm 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete				
Part I only						▶ □		
	1120-C filers), partnerships, REM	MICs, and t	rusts must use Form 7004 to reque	st an exte	nsion of time			
to file income tax returns.				Enter fil	er's identifyi	ng number		
Type or Name of exempt or	ganızation or other filer, see ınstn	uctions.		Employe	r identificatio	n number (EIN) or		
print				}				
HANNAH ANI	FRIENDS, INC.				30-01	71137		
due date for Number, street, and	froom or suite no. If a P.O. box,	see instruc	tions.	Social se	cunty numbe	er (SSN)		
filing your return See 51250 HOLLYHOCK ROAD								
	ffice, state, and ZIP code. For a t	foreign add	lress, see instructions.					
SOUTH BENI), IN 46637							
						<u></u>		
Enter the Return code for the re	turn that this application is for (fil	ie a separa	te application for each return)			01		
Application		Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(ı) trust)	05	Form 6069			11		
Form 990-T (trust other than ab		06	Form 8870			12		
	KEVIN GREEN				_			
	► 51250 HOLLYHOC	K ROAI	O - SOUTH BEND, IN	4663	7			
Telephone No. $\triangleright 574-2$			Fax No. >					
-	nave an office or place of busines					▶ -		
		_	emption Number (GEN)					
box . If it is for part of	the group, check this box 🕨 🔃	and atta	ch a list with the names and EINs o	f all memb	ers the exten	sion is for.		
			to file Form 990-T) extension of time					
_ AUGUST 15,		ot organizat	tion return for the organization name	ed above.	The extensio	n		
is for the organization's re								
► X calendar year 20								
tax year beginning	·	, മാ	d ending		<u> </u>			
	ne 1 is for less than 12 months, o	check reaso	on: Initial return	Final retui	n			
Change in accounts								
3a If this application is for Fo	rms 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less any					
nonrefundable credits. Se	e instructions.			3a	\$	0.		
Horifeldindable credits. Se								
	rms 990-PF, 990-T, 4720, or 6069	9, enter any	y refundable credits and					
b If this application is for Fo	rms 990-PF, 990-T, 4720, or 6069 nade. Include any prior year oven	-		3b	\$	0.		
b If this application is for Fo estimated tax payments in		payment al	lowed as a credit.	3b	\$	0.		
b If this application is for Forestimated tax payments in Balance due. Subtract line	nade. Include any prior year over	payment al ayment witl	lowed as a credit. h this form, if required,	3b 3c	\$	0.		

Form 886	8 (Rev. 1-2014)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this	s box		\mathbf{x}
Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	filed Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies needed	<u> </u>
			Enter filer's	identifyi	<u>ng number, see ir</u>	structions
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification nui	nber (EIN) or
print						
File by the	HANNAH AND FRIENDS, INC.				30-01711	
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	ecurity number (SS	iN)
return. See instructions.	51250 HOLLYHOCK ROAD		 	L		
	City, town or post office, state, and ZIP code. For a formal DESTRUCTION ACCORD	oreign add	iress, see instructions.			
	SOUTH BEND, IN 46637					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	THE PARTY OF THE P		1 -2 Bara	
Form 990	+BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
						10
						11
Form 990	-T (trust other than above)	06	Form 8870			12
STOP! Do	o not complete Part II if you were not already granted	<u>l an autor</u>	matic 3-month extension on a prev	iously file	ed Form 8868.	
	KEVIN GREEN				_	
	boks are in the care of 51250 HOLLYHOCI	K ROA		4663	37	
	one No. ► <u>574-273-9824</u>		Fax No. >			Γ
	organization does not have an office or place of business					٠ ـــا
r	is for a Group Return, enter the organization's four digit	-				
box ▶ [. If it is for part of the group, check this box		BER 15, 2014.	rali memb	ers the extension	is for.
	quest an additional 3-month extension of time until $_1$ calendar year 2013 , or other tax year beginning	MOAFF	and endin	~		
	ne tax year entered in line 5 is for less than 12 months, or	book rose		Final	return	 .
	Change in accounting period	ilieck icas	on mida return		Clairi	
7 Sta	te in detail why you need the extension					
	FORMATION NECESSARY FOR THE	PREP	ARATION AND COMPLE	TION	OF AN ACC	URATE
	TURN HAS NOT BEEN RECEIVED					
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
non	refundable credits. See instructions.			8a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated	17.5		
tax	payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid	1-1		
<u>_pre</u>	eviously with Form 8868.			8b	\$	0.
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	ıyment wit	th this form, if required, by using			
EFT	PS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
			st be completed for Part II o	_		
Under pena it is true, co	alties of perju ry, I do clare that I have examined this form, includ orrect, and complete) and that I app authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to	the best o	of my knowledge and	belief,
Signature	► (Title ► 1	EXECU	TIVE DIRECTOR CPA	Date	► 8/14/	14
					Form 8868 (Rev. 1-2014)