

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation HNH FOUNDATION INC		A Employer identification number 02-0497577	
Number and street (or P.O. box number if mail is not delivered to street address) 49 SOUTH MAIN STREET NO 204		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CONCORD, NH 03301		B Telephone number (see instructions) (603) 229-3260	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 26,877,575		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	513,089	513,089		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,399,300			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		2,399,300		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	23,842	12,500		
	12 Total. Add lines 1 through 11	2,936,231	2,924,889		
	13 Compensation of officers, directors, trustees, etc	163,474	0		174,572
	14 Other employee salaries and wages	106,922	0		113,733
	15 Pension plans, employee benefits	13,617	0		13,617
	16a Legal fees (attach schedule)	2,206	0		2,206
	b Accounting fees (attach schedule)	17,925	0		17,925
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	48,403	0		20,140
	19 Depreciation (attach schedule) and depletion	3,036	0		
	20 Occupancy	21,612	0		21,612
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	213,717	85,079		127,962
	24 Total operating and administrative expenses. Add lines 13 through 23	590,912	85,079		491,767
	25 Contributions, gifts, grants paid	696,443			807,427
	26 Total expenses and disbursements. Add lines 24 and 25	1,287,355	85,079		1,299,194
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,648,876			
	b Net investment income (if negative, enter -0-)		2,839,810		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	2				
	2	Savings and temporary cash investments	61,010	131,215	131,215		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)	1,657,197	2,337,071	2,337,071		
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)	2,780,153	3,253,787	3,253,787		
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	20,129,559	20,833,066	20,833,066		
	14	Land, buildings, and equipment basis ▶ _____ 21,291 Less accumulated depreciation (attach schedule) ▶ 11,436	10,392	9,855	9,855		
15	Other assets (describe ▶ _____)	311,011	312,581	312,581			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	24,949,324	26,877,575	26,877,575			
Liabilities	17	Accounts payable and accrued expenses	50,948	44,474			
	18	Grants payable	521,660	374,094			
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)	5,231	13,063			
	23	Total liabilities (add lines 17 through 22)	577,839	431,631			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	24,371,485	26,435,944			
	25	Temporarily restricted		10,000			
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	Total net assets or fund balances (see instructions)	24,371,485	26,445,944			
31	Total liabilities and net assets/fund balances (see instructions) .	24,949,324	26,877,575				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	24,371,485
2	Enter amount from Part I, line 27a	2	1,648,876
3	Other increases not included in line 2 (itemize) ▶ _____	3	425,583
4	Add lines 1, 2, and 3	4	26,445,944
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	26,445,944

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a VARIOUS GAINS AND LOSSES FROM STATEMENT A	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			2,399,300
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			2,399,300
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	2,399,300
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,202,521	24,378,346	0 049327
2015	1,182,332	23,957,671	0 049351
2014	1,119,018	23,610,625	0 047395
2013	1,163,446	22,289,325	0 052197
2012	1,042,545	22,004,361	0 047379
2 Total of line 1, column (d)			0 245649
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 049130
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			25,720,449
5 Multiply line 4 by line 3			1,263,646
6 Enter 1% of net investment income (1% of Part I, line 27b)			28,398
7 Add lines 5 and 6			1,292,044
8 Enter qualifying distributions from Part XII, line 4			1,299,194

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	28,398
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	28,398
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	28,398
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	15,200
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	15,200
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	13,198
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.HNHFUNDATION.ORG	13	Yes	
14	The books are in care of GAIL GARCEAU Telephone no (603) 229-3260			

Located at **49 SOUTH MAIN STREET NO 204 CONCORD NH** ZIP+4 **03301**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
MS PATTI BAUM RESIDENT OF CONCORD NH CONCORD, NH 03301	PROGRAM OFFICER 37 50	103,383	4,642	12,603

Total number of other employees paid over \$50,000. **0**

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	

Total. Add lines 1 through 3 **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	25,588,325
b	Average of monthly cash balances.	1b	211,225
c	Fair market value of all other assets (see instructions).	1c	312,581
d	Total (add lines 1a, b, and c).	1d	26,112,131
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	26,112,131
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	391,682
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	25,720,449
6	Minimum investment return. Enter 5% of line 5.	6	1,286,022

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,286,022
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	28,398
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	28,398
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,257,624
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,257,624
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,257,624

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,299,194
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,299,194
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	28,398
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,270,796

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,257,624
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			1,182,263	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>1,299,194</u>				
a Applied to 2016, but not more than line 2a			1,182,263	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				116,931
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				1,140,693
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed MS PATTI BAUM 49 SOUTH MAIN STREET SUITE 204 CONCORD, NH 03301 (603) 229-3260	
b The form in which applications should be submitted and information and materials they should include FORMAL APPLICATION FORM	
c Any submission deadlines NONE CURRENTLY	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors RESTRICTED TO THE GENERAL MISSION OF THE FOUNDATION	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	807,427
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	2018-04-07	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SHAUNA BROWN CPA				P01390350
	Firm's name ▶ LEONE MCDONNELL & ROBERTS PA				Firm's EIN ▶ 02-0417217
	Firm's address ▶ 5 NELSON STREET DOVER, NH 038203714				Phone no (603) 749-2700

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MS GAIL GARCEAU	PRESIDENT 37 50	152,748	6,969	3,757
RESIDENT OF BEDFORD NH BEDFORD, NH 03110				
MS PAMELA BROWN	TREASURER 0 50	0	0	0
RESIDENT OF MOULTONBOROUGH NH MOULTONBOROUGH, NH 03031				
MR JOHN HUNT	DIRECTOR 0 50	0	0	0
RESIDENT OF RINDGE NH RINDGE, NH 03461				
MS ALISA DRUZBA	DIRECTOR 0 50	0	0	0
RESIDENT OF CONCORD NH CONCORD, NH 03301				
MS MEL GOSSELIN	DIRECTOR 0 50	0	0	0
RESIDENT OF MANCHESTER NH MANCHESTER, NH 03109				
MS ELAINE VAN DYKE	DIRECTOR 0 50	0	0	0
RESIDENT OF KINGSTON NH KINGSTON, NH 03848				
MS KATHY CROMPTON	CHAIR 0 50	0	0	0
RESIDENT OF NEWFIELDS NH NEWFIELDS, NH 03856				
DR STEVEN A PARIS	SECRETARY 0 50	0	0	0
RESIDENT OF BEDFORD NH BEDFORD, NH 03110				
MR THOMAS A CLAIRMONT	VICE CHAIR 0 50	0	0	0
RESIDENT OF BELMONT NH BELMONT, NH 03220				
MS LISA KAPLAN HOWE	DIRECTOR 0 50	0	0	0
RESIDENT OF MANCHESTER NH MANCHESTER, NH 03104				
DR KATHLEEN THIES	DIRECTOR 0 50	0	0	0
RESIDENT OF BEDFORD NH BEDFORD, NH 03110				
DR RANDI TILLMAN	DIRECTOR 0 50	0	0	0
RESIDENT OF MANCHESTER NH MANCHESTER, NH 03102				
DR BARBARA WAUCHOPE	DIRECTOR 0 50	0	0	0
RESIDENT OF LEE NH LEE, NH 03861				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 122 E 42ND STREET 18TH FLOOR NEW YORK, NY 10168	NONE	NC	TO DEVELOP AND ADVANCE A MULTI-ISSUE POLICY AGENDA TO REDUCE CHILDHOOD OBESITY	25,000
ANTIOCH UNIVERSITY NEW ENGLAND 40 AVON STREET KEENE, NH 034313516	NONE	NC	TO COMPLETE TWO CHILD PARENT PSYCHOTHERAPY TRAININGS FOR UP TO 30 EARLY CHILDHOOD MENTAL HEALTH CLINICIANS	33,261
ANTIOCH UNIVERSITY NEW ENGLAND 40 AVON STREET KEENE, NH 034313516	NONE	NC	TO TRAIN FIRST RESPONDERS, SOCIAL SERVICE AND MENTAL HEALTH PROVIDERS IN TRAUMA INFORMED SKILLS (BASED ON AUDIENCE) FOR CHILDREN UP TO AGE 6 EXPOSED TO DOMESTIC VIOLENCE	25,844
BEARCAMP VALLEY SCHOOL 27 DURRELL ROAD TAMWORTH, NH 03886	NONE	NC	TO PURCHASE A COMMERCIAL REFRIGERATOR FOR STORING FEDERALLY FUNDED MEALS AND SNACKS	1,850
CENTRAL NEW HAMPSHIRE REGIONAL PLANNING COMMISSION 28 COMMERCIAL STREET CONCORD, NH 03301	NONE	NC	TO PRODUCE A PLAN FOR THE TOWN OF HILLSBORO TO IMPROVE ACCESS TO PLAY FOR YOUNG CHILDREN UP TO AGE 5 AND THEIR FAMILIES	10,000
Total ▶ 3a				807,427


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHESHIRE COUNTY CONSERVATION DISTRICT 11 INDUSTRIAL PARK DRIVE WALPOLE, NH 03608	NONE	NC	TO INCREASE ACCESS TO FRESH LOCAL FOOD FOR LOW INCOME POPULATIONS	17,380
FAIR FOOD NETWORK 205 E WASHINGTON STREET SUITE B ANN ARBOR, MI 48103	NONE	NC	TO PILOT A DOUBLE UP SNAP INCENTIVE EFFORT IN RETAIL GROCERS (THIS PROJECT IS IN PARTNERSHIP WITH FIVE NH FUNDERS)	50,000
FAMILIES FIRST 100 CAMPUS DRIVE SUITE 12 PORTSMOUTH, NH 03801	NONE	NC	TO TRAIN STAFF IN TRAUMA-INFORMED CARE, IMPROVE OUTREACH TO TRAUMA SURVIVORS AND EXPAND SERVICES	25,730
GRANITE YMCA117 MARKET STREET MANCHESTER, NH 03104	NONE	NC	TO CONDUCT CATCH TRAINING FOR STAFF ABD IMPLEMENT IN LOCAL AREA EARLY LEARNING CENTERS	16,379
HEALTH STRATEGIES OF NEW HAMPSHIRE 1 PILLSBURY STREET SUITE 301 CONCORD, NH 03301	NONE	NC	TO CONDUCT A SURVEY OF EARLY CHILDHOOD INVESTMENTS, E G QUALITY CHILD CARE, HOME VISITING, ETC	10,000
Total ▶ 3a				807,427

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUNGER FREE VERMONT 38 EASTWOOD DRIVE SUITE 100 SOUTH BURLINGTON, VT 05403	NONE	NC	TO DEVELOP THE HUNGER COUNCIL OF THE UPPER VALLEY TO REDUCE THE INCIDENCE OF HUNGER AND FOOD INSECURITY FOR CHILDREN, FAMILIES, AND INDIVIDUALS IN THE REGION	12,000
JSI RESEARCH AND TRAINING 501 SOUTH STREET 2ND FLOOR BOW, NH 03304	NONE	NC	TO COMPLETE TWO CHILD PARENT PSYCHOTHERAPY TRAININGS FOR UP TO 30 EARLY CHILDHOOD MENTAL HEALTH CLINICIANS	13,412
LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH 67 WATER STREET SUITE 105 LACONIA, NH 03246	NONE	NC	TO ASSESS AND IMPROVE ACCESS TO HEALTHY FOOD FOR LOW INCOME POPULATIONS	21,649
MANCHESTER COMMUNITY HEALTH CENTER 145 HOLLIS STREET MANCHESTER, NH 03101	NONE	NC	TO SUPPORT THE ADVERSE CHILDHOODS EXPERIENCE RESPONSE TEAM TO CONNECT CHILDREN EXPOSED TO VIOLENCE	50,000
MERRIMACK VALLEY DAY CARE CENTER 19 NORTH FRUIT STREET CONCORD, NH 03301	NONE	NC	TO REPLACE A COMMERCIAL FREEZER	6,000
Total 3a				807,427

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NASHUA SOUP KITCHEN AND SHELTER PO BOX 3116 NASHUA, NH 03061	NONE	NC	TO PLAN, COORDINATE RESOURCES, AND IMPLEMENT A COURSE OF ACTION TO BRING ACCESS TO FRESH, HEALTHY FOOD TO FOUR TARGET NEIGHBORHOODS	30,000
NEW FUTURES 10 FERRY STREETSUITE 307 CONCORD, NH 03301	NONE	NC	TO PROVIDE SUPPORT FOR THE NH ADVOCACY HUB	135,000
NH COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE PO BOX 353 4 SOUTH STATE STREET CONCORD, NH 033020353	NONE	NC	TO PROVIDE TRAINING FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE	29,358
NORTH COUNTRY HEALTH CONSORTIUM 262 COTTAGE STREET SUITE 230 LITTLETON, NH 03561	NONE	NC	TO PROVIDE DIAGNOSTIC AND PREVENTATIVE ORAL HEALTH CARE FOR UNINSURED AND UNDERINSURED CHILDREN	25,000
PROGRESSNOW EDUCATION 4 PARK STREET SUITE 207 CONCORD, NH 03301	NONE	NC	FOR ACA OUTREACH AND ENROLLMENT EFFORTS, VIA SOCIAL MEDIA, PRINT MATERIALS, ENROLLMENT FAIRS	96,728
Total ► 3a				807,427

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SEACOAST EAT LOCAL 2 WASHINGTON STREET SUITE 331 DOVER, NH 03820	NONE	NC	TO INCREASE ACCESS TO LOCAL HEALTHY FOOD FOR SNAP PARTICIPANTS	26,760
THE ORGANIZATION FOR REFUGEE AND IMMIGRANT SUCCESS 434 LAKE AVE 2ND FLOOR MANCHESTER, NH 03103	NONE	NC	TO EXPAND EDUCATIONAL PROGRAMMING ABOUT THE USES, PREPARATION, AVAILABILITY AND HEALTH BENEFITS OF FRESH PRODUCE ITEMS AT FARMERS' MARKETS, CSAS AND OTHER VENUES	29,029
TURNING POINTS NETWORK 11 SCHOOL STREET CLAREMONT, NH 03743	NONE	NC	TO CONDUCT A NEEDS ASSESSMENT VIA INTERVIEWS AND FOCUS GROUP TO INFORM NEW ONSITE SERVICES FOR CHILDREN EXPERIENCING TRAUMA AS A RESULT OF WITNESSING DOMESTIC VIOLENCE	13,000
UNH SPONSORED PROGRAMS ADMINISTRATION 51 COLLEGE ROAD DURHAM, NH 03824	NONE	NC	TO ESTABLISH A SIX MONTH LEARNING COLLABORATIVE TO SUPPORT UP TO FIVE FAMILY MEDICINE AND PEDIATRIC CLINICS IN INTEGRATING INTO WELL-CARE VISITS FOR CHILDREN UNDER 6 YEARS WITH A PARTICULAR FOCUS ON FLUORIDE VARNISH APPLICATION	28,971
UNIVERSITY OF NEW HAMPSHIRE FOUNDATION 107 NESMITH HALL 131 MAIN STREET DURHAM, NH 03824	NONE	STATE AGENCY	TO PILOT COLLABORATIVE APPROACHES TO INCREASE ACCESS TO HEALTHY LOCAL FOOD	50,000
Total ►				807,427
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF NEW HAMPSHIRE 4 LIBRARY WAY SUITE 202 HEWITT HALL DURHAM, NH 03824	NONE	STATE AGENCY	TO INFORM ORAL HEALTH STAKEHOLDERS OF THE UTILITY OF DENTAL CLAIMS DATA	25,076
Total  3a				807,427

TY 2017 Accounting Fees Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND AUDIT FEES	17,925	0		17,925

TY 2017 Investments Corporate Bonds Schedule

Name: HNH FOUNDATION INC

EIN: 02-0497577

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	3,253,787	3,253,787

TY 2017 Investments Government Obligations Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577**US Government Securities - End
of Year Book Value:**

2,337,071

**US Government Securities - End
of Year Fair Market Value:**

2,337,071

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2017 Investments - Other Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
STOCK & BOND MUTUAL FUNDS	FMV	18,759,604	18,759,604
PRIVATE EQUITY	FMV	733,817	733,817
REAL ESTATE INVESTMENTS	FMV	380,192	380,192
FIXED INDEX ANNUITY	FMV	959,453	959,453

TY 2017 Legal Fees Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,206	0		2,206

TY 2017 Other Assets Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST REC, PREPAIDS AND OTHER ASSETS	61,011	62,581	62,581
PROGRAM RELATED INVESTMENT - LOAN RECEIVABLE, COMMUNITY LOAN FUND	250,000	250,000	250,000

TY 2017 Other Expenses Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES, MEMBERSHIP AND SUBSCRIPTION FEES	4,585	0		4,585
INVESTMENT FEES	85,079	85,079		0
INSURANCE EXPENSE	17,462	0		17,462
OFFICE EXPENSE	11,382	0		10,706
TELEPHONE	4,864	0		4,864
UTILITIES	314	0		314
PROGRAM INITIATIVE CONSULTING FEES	33,533	0		33,533
COMMUNICATIONS	23,424	0		23,424
CONFERENCES, MEETINGS AND TRAVEL	16,287	0		16,287
WEBSITE	3,466	0		3,466

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SPONSORSHIPS	11,856	0		11,856
PAYROLL SERVICE FEES	1,465	0		1,465

TY 2017 Other Income Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INTEREST INCOME ON THE NH COMMUNITY LOAN FUND	12,500	12,500	12,500
GRANT INCOME	10,000		10,000
OTHER INCOME	1,342		1,342

TY 2017 Other Increases Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577

Description	Amount
UNUSED AND UNPAID GRANTS AWARDED IN PRIOR YEARS	36,582
UNREALIZED GAINS ON INVESTMENTS	389,001

TY 2017 Other Liabilities Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL EXCISE TAX PAYABLE	5,231	13,063

TY 2017 Taxes Schedule**Name:** HNH FOUNDATION INC**EIN:** 02-0497577

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	28,263	0		0
PAYROLL TAXES	20,140	0		20,140