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Department of the Treasury Internal Revenue Service

**Short Form Return of Organization Exempt From Income Tax** 

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection 🐇

	A F	or the 2011 ca	endar year, or tax year beginning 4	/01 ,	2011, and ending	3/31	<u>, , , , , , , , , , , , , , , , , , , </u>	2012
	<b>B</b> _0	Check if applicable	С				D Employer ide	ntification number
		ddress change	HANNAH'S GOLD FOUNDATION				27-222	1857
			458 HOWLAND FARM ROAD				E Telephone nu	ımber
	<b>=</b>		BELMONT, VT 05730				(802)	259-2793
	=	erminated						
	⊨=	Amended return Application pending					F Group Exe Number	emption -
	G /	Accounting Met	nod X Cash Accrual Other (spec	cify) ►		H Check	< ► X if the	organization is not
	1 1	Vebsite: ► <u>W</u>	W.HANNAHSGÖLD.COM			requir	ed to attach S	Schedule B (Form
	J	Fax-exempt status	(ck only one) — X 501(c)(3) 501(c) (	) <(insert no)	4947(a)(1) or 527	990, 9	990-EZ, or 990	)-PF).
	K	Check ► X if	the organization is not a section 509(a)(3)	supporting organiz	zation or a section 5	27 organi	zation and its	gross receipts are
	ı	normally <b>not</b> mon nstructions) Bi	ore than \$50,000 A Form 990-EZ or Form at if the organization chooses to file a retu	990 return is not re rn, be sure to file a	equired though Form complete return	990-N (6	e-postcard) ma	be required (see
	L	Add lines 5b, 60	, and 7b, to line 9 to determine gross recoine 25, column (B) below) are \$500,000 o	eipts If gross receipts more file Form 9	pts are \$200,000 or	more, or	ıf total ► \$	5,281.
			e, Expenses, and Changes in Net					
	<u>,,                                   </u>	<del></del>	he organization used Schedule O to respo		•	the ma	ill delions re	X
	$\neg \tau$		ons, gifts, grants, and similar amounts rec		III (IIIS I AIL I	·	11	3,639.
	{				•		2	
		-	service revenue including government fees	s and contracts			<del></del>	
	ĺ		np dues and assessments				3	<del></del>
	l	4 Investmer			1 - 1		4	
	- 1		ount from sale of assets other than invent	ory	5 a			
	l		or other basis and sales expenses		5 b	<u></u>		
		-	) from sale of assets other than inventory (Subtract I	ine 5b from line 5a)			5c	
	٦	=	nd fundraising events		1 1			
	はあくまとい	a Gross inc	ome from gaming (attach Schedule G if gr	eater than \$15,000	) 6a			
	Ĕ	<b>b</b> Gross inc	ome from fundraising events (not including	g \$	of contribu	itions	4.1.3	
	N U E	from fund of such g	raising events reported on line 1) (attach loss income and contributions exceeds \$1	Schedule G if the si 5,000)	<sup>um</sup>   6 <b>ь</b>	1,	642.	
		<b>c</b> Less dire	ct expenses from gaming and fundraising	events .	6 c			
		<b>d</b> Net incon 6b and si	ie or (loss) from gaming and fundraising $\epsilon$ btract line $6c)$	events (add lines 6a	a and		6d	1,642.
	ł	<b>7a</b> Gross sal	es of inventory, less returns and allowance	es	. 7a		<b>建</b>	
	- 1	<b>b</b> Less cos	of goods sold	•	. 7b		227	
	ŀ	c Gross pro	fit or (loss) from sales of inventory (Subtr	act line 7b from line	e 7a)	•	7 c	
		8 Other rev	enue (describe in Schedule O)				8	
<b>a</b>		9 Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	8	ما المراجعة المراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	<del></del>	_ ▶ 9	5,281.
		10 Grants ar	d similar amounts paid (list in Schedule (	D) Dr	SEEVISCHED	ULE O	. 10	15,000.
4	1	11 Benefits	paid to or for members .				11	
0	Ę	12 Salaries,	other compensation, and employee benef	its	1	S.	. 12	
>	EXPENSE		nal fees and other payments to independe		FC 1 0 2012	6	13	1,600.
	Ň	14 Occupani	ey, rent, utilities, and maintenance	Ιω,		œ l	14	
7			Printing, publications, postage, and shipping					267.
	5		enses (describe in Schedule O).	1 00	SEE SCHED	ULE O	15	240.
2			enses. Add lines 10 through 16	·			▶ 17	17,107.
Ū			(deficit) for the year (Subtract line 17 fro	m line 9)			. 18	-11,826.
CANNED	ام		-	·			18.	11,020.
1	N S	19 Net asset	s or fund balances at beginning of year (f orted on prior year's return)	rom line 27, columr	n (A)) (must agree v	vith end-c	f-year 19	15,067.
3	N S E S T E		inges in net assets or fund balances (expl	lain in Schadula 🗥	•		20	13,007.
5	Ś		s or fund balances at end of year. Combin	•			1	2 241
			rk Reduction Act Notice, see the separate		20	<del></del>	▶ 21	3, 241. Form <b>990-EZ</b> (2011)

Form **990-EZ** (2011)

r.ai	Other Information (Note the Schedule A and personal benefit contract statement rethe instructions for Part V.) Check if the organization used Schedule O to respond to any			EDUI	E O	$\overline{\mathbf{x}}$
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide				Yes	No
	each activity in Schedule O			33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	•		34	_	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the yea (such as those reported on lines 2, 6a, and 7a, among others)?	r from busir	iess activities	35 a		Х
t	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	explanation	ın Schedule O	35 b		
C	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	ion 6033(e) I	notice, 	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N	of net asset		36	and all and the aid	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37a	0.	37b		X X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key	employee o	or were	ľ	1,36	温整装
ì	any such loans made in a prior year and still outstanding at the end of the tax year covered on the tax years year.	by this retur		38 a		X
	amount involved	38b	N/A			
	Section 501(c)(7) organizations Enter		N7 / B			
	I Initiation fees and capital contributions included on line 9	39a	N/A N/A	12.03 / 6.0		
	Gross receipts, included on line 9, for public use of club facilities	39b			1967 <i>8</i> 64 12611 226	
40 8	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the section 4911 ►	-	0.			的 第
ı	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year t	958 excess l hat has not	benefit been reported	出版	ANG R	足級用
	on any of its prior Forms 990 or 990 EŽ? If 'Yes,' complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			40b	<b>#</b> ##71	X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>-</b>	0.			
(	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	▶	0.			
	All organizations. At any time during the tax year, was the organization a party to a prohibite	ed tax			THE STATE OF	
	shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed   NONE			40 e	}	<u>X</u>
41		Telepho	one no. ► (802) IP + 4 ► 05730	259		93
41 42:	List the states with which a copy of this return is filed NONE  The organization's books are in care of PATRICIA TETER	Telepho	IP + 4 ► 05730	259 	Yes	
42	The organization's books are in care of PATRICIA TETER Located at 458 HOWLAND FARM ROAD BELMONT VT  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other the states with which a copy of this return is filed.	Telephe Z or other au financial acc	thority over a count)?	259 	Yes	93 No X
42	The organization's books are in care of PATRICIA TETER  Located at 458 HOWLAND FARM ROAD BELMONT VT  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fine At any time during the calendar year, did-the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country:	Telepho or other au financial acc ancial Accoun	thority over a count)?	259 	Yes	No X X X
41 42	The organization's books are in care of PATRICIA TETER Located at 458 HOWLAND FARM ROAD BELMONT VT  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin C At any time during the calendar year, did-the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C	Telepho	thority over a count)?	259 	Yes	No X X X
41 42 43 44	The organization's books are in care of PATRICIA TETER Located at 458 HOWLAND FARM ROAD BELMONT VT  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin C At any time during the calendar year, did-the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year	or other au financial Account US?	thority over a count)?  thority over a count)?  ts.	259 42b 42c	Yes	No X X N/A N/A No
41 42 43 44	At any time during the calendar year, did-the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cand enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 rof Form 990-EZ.	or other au financial Account US?	thority over a count)?  thority over a count)?  ts.	259 42b 42c	Yes	No X X N/A N/A No
41 42 43 44	The organization's books are in care of PATRICIA TETER  Located at 458 HOWLAND FARM ROAD BELMONT VT  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin C At any time during the calendar year, did the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 91 instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 91 instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year? If 'No,' Schedule O	Telephone 2 or other audinancial Account US? Check here must be come 290 must be	thority over a count)?  thority over a count)?  ts.  • 43    poleted instead completed   explanation in	259 42b 42c 42c	Yes	No X X N/A N/A No X
41 42:	List the states with which a copy of this return is filed  NONE  The organization's books are in care of  PATRICIA TETER Located at  458 HOWLAND FARM ROAD BELMONT VT  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other is filed. Yes, enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin CAI any time during the calendar year, did the organization maintain an office outside of the life 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cand enter the amount of tax-exempt interest received or accrued during the tax year of Form 990-EZ.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year? If 'No,' Schedule O  a Did the organization have a controlled entity of the organization within the meaning of sections.	ancial Account US?  Check here must be come provide an on 512(b)(13)	thority over a count)?  thority over a count)?  ts.  pleted instead completed explanation in 3)?	259 42b 42c 42c 44a 44b 44c 45a	Yes	No X X N/A N/A No X X
41 42:	The organization's books are in care of PATRICIA TETER  Located at 458 HOWLAND FARM ROAD BELMONT VT  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin C At any time during the calendar year, did the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 91 instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 91 instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year? If 'No,' Schedule O	ancial Account US?  Check here must be come provide an on 512(b)(13)	thority over a count)?  thority over a count)?  ts.  pleted instead completed explanation in 3)?	259 42b 42c 42c 44a 44b 44c 45a	Yes	No X X N/A N/A No X X

Form <b>990-E</b>	Z (2011) HANNAH'S GOLD FOUND	ATION		27-222	1857	P	age <b>4</b>
		<del></del>				Yes	No
46 Did th	e organization engage, directly or indirect dates for public office? If 'Yes,' complete	tly, in political campaig	gn activities on behalf of	f or in opposition to	سنسة <b>46</b>	M. F.	ارستنگ X
Part VI:	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	and section 4947( tion 4947(a)(1) noi e tables for lines 5	(a)(1) nonexempt cl nexempt charitable 00 and 51.	haritable trusts on	ly. All sec	tion ns	
	Check if the organization used Schedul	e O to respond to any t	question in this Part VI			Yes	No
47 Did th	ie organization engage in lobbying activit lete Schedule C, Part II	ies or have a section 5	01(h) election in effect o	during the tax year? If '	Yes, 47	103	Х
	organization a school as described in se		·	dule E .	48		X
	ne organization make any transfers to an	·	related organization?		49a		<u>X</u>
	s,' was the related organization a section	-			49b		
50 Comp emplo	elete this table for the organization's five byees) who each received more than \$10	highest compensated e 0,000 of compensation	employees (other than o from the organization	fficers, directors, truste If there is none, enter "I	es and key None.'		
(	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
NONE							
		<del></del> -	ļ				
51 Comp	number of other employees paid over \$ plete this table for the organization's five tensation from the organization. If there	highest compensated is none, enter 'None.'	ndependent contractors	who each received mo	re than \$10	0,000	of
(a) N	Name and address of each independent contractor paid	d more than \$100,000	( <b>b</b> ) Туре	of service	(c) Com	pensatio	on
NONE _							
							-
			-	<del></del>			
			-		<del> </del>		
e Total	number of other independent contractor	s each receiving over	100,000				
<b>52</b> Did ti	he organization complete Schedule A? National table trusts must attach a completed Sch	lote: All section 501(c)		947(a)(1) nonexempt	► X Ye	 s [	□No
	es of perjury, I declare that I have examined this return and complete Declaration of peparer (other than office	<del></del>	edules and statements, and to the	ne best of my knowledge and b			
true, correct, a	Crace Landing Spiepaler (Unier train one	cry-sec on air information	or which preparer has any know	12/:	3/12		
Sign	Signature of officer			Date	<del></del>		
Here	PATRICIA TETER  Type or print name and title		<del></del>	SEC, TREAS, DI	<u> IR</u>	_	
	Print/Type preparer's name	Propare signature	Date	L Check if	PΠN		
Paid	PETER J CALLNAN, CPA	Hedy	11/28	self-employed	P005669	25	
Preparer Use Only	Firm's name HONECK O'TOOLE,	CPA'S	· · · · · · · · · · · · · · · · · · ·		01 0=		
USE UTILY	Firm's address - 50 PORTLAND PIR	SK		Firm's EIN ►	<u>01-0</u> 39	8174	

► X Yes No Form 990-EZ (2011)

► 01-0398174 (207) 774-0882

Phone no

PORTLAND, ME 04101

May the IRS discuss this return with the preparer shown above? See instructions

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Part   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)(A)().  A church, convention of churches or association of churches described in section 170(b)(1)(A)(A)().  A chosol described in section 170(b)(1)(A)(A)(i). (Altach Schedule E.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).  A medical research organization operated for inconjunction with a hospital described in section 170(b)(1)(A)(ii).  A medical research organization operated for inconjunction with a hospital described in section 170(b)(1)(A)(ii).  Complete Part II.)  A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V).  A norganization 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)(V).  A community frust described in section 170(b)(1)(A)(V). (Complete Part III)  A community frust described in section 170(b)(1)(A)(V). (Complete Part III)  A community frust described in section 170(b)(1)(A)(V). (Complete Part III)  A community frust described business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 599(a)(2). (Complete Part III)  A norganization organized and operated exclusively for the benefit of, to perform the functions of, or carry cut the purposes of one or norganization organized and operated exclusively for the benefit of, to perform the functions of, or carry cut the purposes of one or public's supported organization advanced in section 599(a)(2). (Complete Part III)  A norganization organized and operated exclusively for the benefit of, to perform the functions of, or carry cut the purposes o	HANNAH'S GOLD FOUND	ATION						27-22	21857		
A church, convention of churches or association of churches described in section 170(bX1XAXi).  A school described in section 170(bX1XAXii). (Attach Schedule E.)  A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's name, city, and state  A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's name, city, and state  A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). (Complete Part II.)  A norganization operated in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in section 170(bX1XAXiv). (Complete Part III.)  A community trust described in 170(bX1XAXiv). (Complete Part III.)  A community trust described in 170(bX1XAXiv). (Complete Part III.)  A community trust described in 170(bX1XAXiv). (Complete Part III.)  A community trust described in 170(bX1XAXiv). (Complete Part III.)  A	Part. Reason for Publ	ic Charity Status	(All organizations i	must c	omplet	e this	part.)	See ir	structi	ons.	
A school described in section 170(b)(1)AXii). (Altach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)AXiii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)AXiii). 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)AXiv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)AXiv).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)AXiv). (Complete Part II.)  A community trust described in section 170(b)(1)AXiv). (Complete Part II.)  A norganization 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 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 taxbels income (less section 511 tax) from basissesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)  A norganization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2) see section 509(a)(2). See section 509(a)(3) is certain 509(a)(3) as escion 509(a)(3).  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 organization of se	The organization is not a priva	te foundation because	it is: (For lines 1 throu	gh 11, c	heck on	ly one b	oox )				
A hospital or a cooperative hospital service organization described in section 170(bX1)XAX(iii). Enter the hospital's name, city, and state  A medical research organization operated in conjunction with a hospital described in section 170(bX1)XAX(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(bX1)XAX(v). (Complete Part III.)  A federal, state, or local government or governmental unit described in section 170(bX1)XAX(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(bX1)XAX(v). (Complete Part III.)  A community trust described in section 170(bX1)XAX(vi). (Complete Part III.)  A community trust described in section 170(bX1)XAX(vi). (Complete Part III.)  An organization that normally receives (1) more than 33-1/3% of its support 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 590(a)(2).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 599(a)(2). See section 599(a)(2). Check the box that describes the type of supporting organization and complete lines 1 te through 11 h  a Type I b Type II c Type III - (Type III - (Typ	1 A church, convention	of churches or associ	ation of churches desc	ribed in	section	170(b)(	1 <b>)(A)(i)</b> .				
A medical research organization operated in conjunction with a hospital described in section 170(bX1XAX)(iii) Enter the hospital's name, city, and state  A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAX)(x). (Complete Part II.)  A norganization control of the deferral state of the described in section 170(bX1XAX)(x). (Complete Part II.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAX)(x). (Complete Part II.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAX)(x). (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) See section 509(a)(2). See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization section 509(a)(2) is escence 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2) is a section 509(a)(2). See section 509(a	2 A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	i.)							
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)(v). (Complete Part II.)  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)(v). (Complete Part II.)  A community frust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community frust described in section 170(b)(1)(A)(v). (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.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II b Type II c Type III - Functionally integrated d Type III - Other ellipse of supporting organization and complete lines 11e through 11h  a Type II b Type III of the functionally integrated d Type III of the 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 is a Type I, Type III or Type III supporting organization, check this box.  Since August 17, 2006, has the organization accepted any gift or contribution from any of the followin	3 A hospital or a coope	erative hospital service	organization described	d in sect	ion 170	(b)(1)(A	)(iii).				
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(bX1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in Section 170(bX1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(bX1)(A)(iv). (Complete Part II.)  A community trust described in Section 170(bX1)(A)(iv). (Complete Part III.)  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.)  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 carry out the purposes of one or more publicly supported organization assection 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II b Type III c Type III - C Type III - Functionally integrated d Type III - Other 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 is a Type I, Type III 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?  (ii) A family me	4 A medical research of	organization operated	in conjunction with a ho	spital de	escribed	I in sect	tion 170	(b)(1)(A	<b>Xiii)</b> En	ter the hospital	's
170(b)(1)AA(iv). (Complete Part II.)	name, city, and state										
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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  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.)  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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines. 11e through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons of the 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 is a Type I, Type III 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?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g (ii) 11g (i	5 An organization oper 170(b)(1)(A)(iv). (Co	ated for the benefit of mplete Part II.)	a college or university	owned o	or opera	ted by a	govern	mental	unit des	cribed in section	on
In section 170(b)(1)A(x)(vi). (Complete Part II.)    A community trust described in section 170(b)(1)A(x)(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.)   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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h   a											
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	in section 170(b)(1)(	A)(vi). (Complete Par	t II.)		_	ernmen	ital unit	or from	the gen	eral public desc	ribed
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 for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	from activities related investment income a	d to its exempt function and unrelated business	ns — subject to certain taxable income (less s	exception	ons, and	d (2) no	more th	ıan 33-1	/3% of i	ts support from	aross
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	10 An organization orga	inized and operated ex	clusively to test for pul	blic safe	ty. See	section	509(a)(	4).			
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 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?  Yes No  A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  The Provide the following information about the supported organization in column (i) in the organization in column (i) is the organization in column (i) or (ii) support organization in column (i) organization in column (ii) organization in column (ii) organization in column (iii) organization in column (iiii) organizatio	more publicly suppor	ted organizations des	cribed in section 509(a)	)(1) or se	ection 5	09(a)(2)	tions of See <b>s</b>	, or carr ection 5	y out the <b>09(a)(3)</b>	e purposes of o . Check the box	ne or x that
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 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?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization (s)  (i) Name of supported organization above or IRC section (see instructions))  (ii) Name of supported organization in column (i) organization in column (ii) organization in column (iii) organization in column (iii) organization in column (iii) organization	<b> a</b> Type I	<b>b</b> Type II	c 🗌 Type III	- Func	tionally	integrat	ed		d 🗌	Type III - Oth	er
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  Provide the following information about the supported organization(s)  (ii) Name of supported organization about the supported organization in (described on lines 1-9) above or IRC section (see instructions))  (iv) Is the organization in column (i) organization in column (ii) organization in column (iii) organization in column (iii) organization in col	other than foundation	, I certify that the organized in managers and other	anization is not controlle than one or more publ	ed direct icly supp	ly or incorted or	directly b rganizat	oy one o ions de:	or more scribed	disqualit in sectio	fied persons in 509(a)(1) or	
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) EIN  (iii) EIN  (iii) Type of organization in column (i) listed in your governing document?  Yes No  11g (ii)  11g (iii)  (iv) Is the organization in column (i) org	f If the organization re check this box	eceived a written deter	mination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting o	rganization,	
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)	g Since August 17, 20	06, has the organization	on accepted any gift oi	r contribi	ution fro	m any d	of the fo	llowing	persons	·	
below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)										Yes	No
(iii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s)  (i) Name of supported organization (ii) EIN  (ii) Type of organization (obscribed on lines 1-9 above or IRC section above or IRC section (see instructions))  (iv) Is the organization in column (i) isted in your governing document?  Yes No Yes No Yes No		directly or indirectly co erning body of the sur	ontrols, either alone or i	together	with pe	rsons de	escribed	l ın (II) a	and (III)	110(i)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization (s)  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) EIN  (iii) Type of organization (office section above or IRC section (see instructions))  (iv) Is the organization in column (i) organization in c				•					•		1
h Provide the following information about the supported organization(s)  (i) Name of supported organization (ii) EIN  (iii) Type of organization (vi) Is the organization in column (i) Isted in your governing document?  Yes No Yes No Yes No	, ,	•	**	hove?	••		•				+
(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in column (i) Isted in your governing document?  Yes No Yes No Yes No			• • • • • • • • • • • • • • • • • • • •			•			•	1.79 (/	
	(i) Name of supported		(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) l organız column (i your go	ation in ) listed in verning	the organ columi	ization in n (i) of	organiz colur organize	ation in nn (i) ed in the	(vii) Amount of su	upport
(A)				Yes	No	Yes	No	Yes	No		
(A)											
	(A)										
(B)	(B)							_			
(C)	(C)										
(D)	(D)										
(E)					1						
The state of the s	<u> </u>	Carry Co. State 1	The same	1557	141/1	7 47,	. /2	(133	t,		
Total · · · · · · · · · · · · · · · · · · ·	Total	1.3な だっと お動し みん	175 月では、 ますし	1		1 · -	1 . 4.3	1	ا 'ا		

### Rartell Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		<del></del>				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				67,085.	3,639.	70,724.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	67,085.	3,639.	70,724.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						70,724.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4	0.	0.	0.	67,085.	3,639.	70,724.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10 .		PART TO				70,724.
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	7,292.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3)
	tion C. Computation of Pu						
	Public support percentage for 20			ne 11, column (f))	٠ .	14	%
	Public support percentage from				•	15	%
16	a 33-1/3% support test — 2011. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, ar organization	nd the line 14 is 3	3-1/3% or more, c	heck this box
ı	b 33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 16 or 1	Sa, and line 15 is	33-1/3% or more,	check this box
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstand	and-circumstance ces' test. The orga	s' test, check this anization qualifies	box and stop he as a publicly sup	re. Explain in Part ported organizatio	IV how ►
	or more, and if the organization organization meets the 'facts-ar	meets the facts- nd-circumstances	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop he a publicly support	<b>re.</b> Explain in Part ed organization	IV how the ▶
BAA	- transfer to the transfer tra	ization did not chi	eck a box on line	13, 16a, 16b, 17a			tructions. ► ☐
					30		/U UI JJU*LLI LUII

#### Partill | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Cast	ion A. Dublic Cumport						
	ion A. Public Support	4 2 2 2 2 3	45.0000	4.3.0000	(0.0010	(-) 2011	(O T-1-1
1	ar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			İ			
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				King Car		
Sec	tion B. Total Support						
		<del>,</del>	,	<del>,</del>	· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
Calen	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
Calendary 9 10 a	dar year (or fiscal yr beginning in)► Amounts from line 6 Gross income from interest, dividends, payments received	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
Calendaria 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
Calendaria 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
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Schedule /	(Form 990 o	990-EZ) 2011	HANNAH'S	GOLD FOUND	ATION		27-2221857	Page 4
PartilVa	Suppleme Part II, lind (See instri	ntal Informa e 17a or 171 uctions).	ation. Comple o; and Part III,	te this part to , line 12. Also	provide the ex complete this	planations rec part for any a	quired by Part II, dditional informa	line 10; ation.
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

HANNAH'S GOLD FOUNDATION	27-2221857
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
TO SUPPORT THE COMMUNITY OF KIRINDON, KENYA IN AFRICA.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO

2011

# SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

**HANNAH'S GOLD FOUNDATION** 

27-2221857

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

CLASS OF ACTIVITY: DONEE'S NAME: CHARITABLE WORLD VISION

DONEE'S ADDRESS:

34834 WEYERHAEUSER WAY SO. FEDERAL WAY, WA 98001

CASH AMOUNT GIVEN:

\$ 15,000.

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BUSINESS REGISTRATION FEES

TOTAL \$ 240.

#### Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

• If you ar	e filing for an Automatic 3-Month Extension, con	plete only	Part I and check this box	<del></del>		► X
•	e filing for an Additional (Not Automatic) 3-Montl			s form)	).	
	plete Part II unless you have already been grante					
corporation request an e Associated \	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which milling of this form, visit www irs gov/efile and click of	automatic) Part I or Pa ust be sent	3-month extension of time You can elect II with the exception of Form 8870, Infoot to the IRS in paper format (see instruction)	tronica ormatic	ally file Fo on Return	rm 8868 to for Transfers
Part 1 A	utomatic 3-Month Extension of Time. O	nly suhm	it original (no copies needed)		<del></del>	
	on required to file Form 990-T and requesting an a			omnle	te Part Lo	nlv ►
	rporations (including 1120-C filers), partnerships,			an ext	tension of	time to file
	Name of exempt organization or other filer, see instructions					on number (EIN) or
Type or						
print	HANNAH'S GOLD FOUNDATION			X 2	7-2221	857
File by the due date for	Number street, and room or suite number. If a P.O. box, see in	structions		<del></del>		number (SSN)
filing your return See	458 HOWLAND FARM ROAD					
instructions	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions			
	BELMONT, VT 05730					
Enter the Re	eturn code for the return that this application is fo	r (file a sep	arate application for each return)			01
Application Is For		Return Code	Application Is For			Return Code
Form 990		01	Form 990-T (corporation)			07
Form 990-B	L	02	Form 1041-A			08
Form 990-E	Z	01	Form 4720			09
Form 990-P	F	04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephor  If the or  If this is check the exter  I require until  The exter  X  2 If the	ension is for est an automatic 3-month (6 months for a corpora	digit Group theck this b ation require ganization r	e United States, check this box  Exemption Number (GEN) If ox		nd EINs of	
nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions		· · · · · · · · · · · · · · · · · · ·	3a	\$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	llowed as a	credit	3ъ	\$	0.
c Balan EFTP:	ice due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System) See	r payment instructions	with this form, if required, by using	3c	\$	0.

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

Form <b>8868</b>	3 (Rev 1-2012)				Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Mont	h Extensio	, complete only Part II and check	this box	► X		
	complete Part II if you have already been granted						
-	are filing for an Automatic 3-Month Extension, con			,			
	Additional (Not Automatic) 3-Month Exte			no copies needed)			
1,014	Additional (Not Materialio) o Month Exte	1131011 01		identifying number, see i	nstructions		
	Name of exempt organization or other filer, see instructions		Entermers	Employer identification number			
	Walle of exempt organization of other mer, see instructions			Employer dentineation number	(2.74) 0.		
Type or	WANNELS GOT D. HOUNTDAMTON			W 07 0001057			
print	HANNAH'S GOLD FOUNDATION		X  27-2221857				
Number, street, and room or suite number. If a P.O. box, see instructions    Social security number (SS)							
extended	extended HONECK O'TOOLE, CPA'S						
due date for filing the	50 PORTLAND PIER			<u>                                     </u>			
return See instructions	City, town or post office, state, and ZIP code. For a foreign addre	ss, see instruct	ons	_			
	PORTLAND, ME 04101						
Enter the	Return code for the return that this application is fo	r (file a seg	parate application for each return)		01		
	•	•					
Application	on	Return	Application		Return		
ls For		Code	ls For		Code		
Form 990		01			起為經濟的		
Form 990	BL	02	Form 1041-A		08		
Form 990	-EZ	01	Form 4720		09		
Form 990	-PF	04	Form 5227	<del> </del>	10		
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11		
	-T (trust other than above)	06	Form 8870		12		
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<ul><li>If the</li><li>If this</li><li>whole gro</li></ul>	organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box  If it is for part of the get the extension is for	siness in th digit Group	e United States, check this box		Is for the		
members	the extension is ioi	<del></del>	<del></del>				
5 For 6 If th 7 Stat	quest an additional 3-month extension of time until calendar year, or other tax year beginning tax year entered in line 5 is for less than 12 months. Change in accounting period e in detail why you need the extension	ng <u>4/01</u> ths, check r PAYER RE		Final return  DDITIONAL TIME TO			
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c <b>Bal</b> a EFT	ance due. Subtract line 8b from line 8a Include you PS (Electronic Federal Tax Payment System) See	ur payment instruction	with this form, if required, by using s	8c \$			
	Signature and Verific	cation mu	ist be completed for Part II o	only.			
Under penal correct, and	ties of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form		•	-			
Signature 1	► Title ►	SEC. T	REAS, DIR	Date ►			
BAA			L 07/29/11	Form <b>8868</b>	(Rev 1-2012)		
					/		