

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning, 2016, and ending, 2016, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: GIANNA HOUSE FOUNDATION. D Employer identification number: 30-0703625. E Telephone number: (586) 445-0440. F Group Exemption Number. G Accounting Method: Accrual. H Check if the organization is not required to attach Schedule B. I Website: N/A. J Tax-exempt status: 501(c)(3). K Form of organization: Corporation. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 195,071.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. Table with 3 columns: Line number, Description, Amount. Rows 1-21 covering Revenue, Expenses, and Assets.

Table with 3 columns: Line number, Description, Amount. Rows 1-21 covering Revenue, Expenses, and Assets. Revenue total: 195,071. Expenses total: 223,319. Net assets at end of year: 335,016.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	324,973.	22 185,369.
23 Land and buildings	0.	23 133,273.
24 Other assets (describe in Schedule O) See L-24 Stmt.	44,552.	24 23,098.
25 Total assets	369,525.	25 341,740.
26 Total liabilities (describe in Schedule O) See L-26 Stmt.	6,261.	26 6,724.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	363,264.	27 335,016.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>Gianna House Foundation raises funds through the general public by pledges and contributions and the funds are used to support the general operations to promote the safety of mothers and their babies</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	1,516.
29 <u>Gianna House Foundation raises funds through the general public with its annual golf outing, which raises the funds by offering a golf outing that uses a rented location and the public provides support through their contributions less the related expenses to operate the event</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	5,861.
30 _____ _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a) _____	32	7,377.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nancy Hauff, RN President	16.00	0.	0.	0.
Hon. Daniel P. O'Brien Vice-President	4.00	0.	0.	0.
Kevin Murphy Treasurer	8.00	0.	0.	0.
Thomas Masson Recording Secretary	4.00	0.	0.	0.
Fr. Stanley Pachla Board Member	1.00	0.	0.	0.
Diane Trombley RN Board Member	1.00	0.	0.	0.
Sr. Diane Masson Founding Member	25.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of Mary Bissa Telephone no. (313) 822-0604 Located at 760 Trombley Grosse Pointe Park MI ZIP+4 48230

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42 b Yes No
c At any time during the calendar year, did the organization maintain an office outside the United States?
42 c Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a X

b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) 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) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Nancy Hauff, RN President

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Phillip J Abraham CPA Abraham & Associates PC 2615 W 12 Mile Road Suite 117 Berkley MI 48072-1627 Firm's EIN 38-3385556 Phone no. (248) 246-1075

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Advertising	240.
Automobile Expense	687.
Bank Service Charges	72.
Collection Fees	539.
Computer Expense	736.
Consulting Services	37,500.
Contract Services	34,930.
Depreciation	7,732.
Donations	250.
Dues & Subscriptions	195.
Golf Outing Expense	5,861.
Infant Program Expense	1,516.
Insurance - Director and Officer	890.
Insurance - General	3,734.
Office Expense	7,501.
Storage Expense	7,650.
Telephone Expense	3,080.
Travel and Meetings	4,848.
Utilities Expense	3,483.
Total	<u>121,444.</u>

Form 990-EZ, Part III, Statement of Program Service Accomplishments
Organization's Primary Exempt Purpose

Gianna house teen pregnancy and parenting residence is a sacred
sanctuary for its residents, each of
whom deserves to continue the life of
her unborn child in an environment imbued with

Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

Other Expenses Smart Worksheet

To enter assets, **QuickZoom** to Asset Entry Worksheet **→**

To view a calculated report of all depreciation information,
QuickZoom to Depreciation Reports **→**

QuickZoom to Form 4562 **→**

The following items carry to the expanding table on line 16 below:

A Depreciation 7,732.

B Amortization _____