# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

**ARMANINO ADVISORY LLC** 

Form <b>990</b>
-----------------

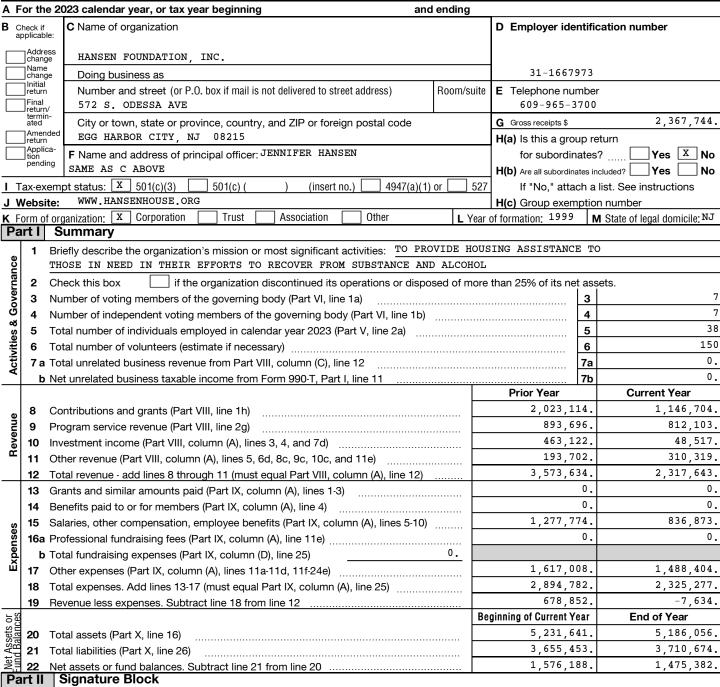
Department of the

Internal Revenue

## PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

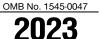
Go to www.irs.gov/Form990 for instructions and the latest information.



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	Signature of officer Date								
Here	MICHAEL LENTZ, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	DANIEL J. MARQUES	DANIEL J. MARQUES	11/14/24	self-employed P01340071					
Preparer	Firm's name ARMANINO ADVISORY LLC			Firm's EIN 94-6214841					
Use Only	Firm's address 1600 MARKET STREET, SUITE								
PHILADELPHIA, PA 19103 Phone no.215-665-396									
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes	No				
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23		Form <b>990</b> (2)	023)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Open to Public

Inspection

Treas		

Form	990 (2023) HANSEN FOUNDATION, INC.	31-1667973	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission: TO PROVIDE AFFORDABLE RECOVERY RESIDENCES AND NECESSARY RECOVERY		
	SUPPORT TO ASSIST THOSE NEW IN RECOVERY IN FACING OVERWHELMING		
	OBSTACLES. TO ADVOCATE FOR ADDICTS AND REDUCE STIGMA IN COMMUNITIES WE		
	SERVE WHILE INCORPORATING EDUCATION ABOUT (CONTINUED ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>v</b>
	prior Form 990 or 990-EZ?	Yes	XNo
2	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		nd
	revenue, if any, for each program service reported.		
4a		(Revenue \$ 863	3,944.)
	TO PROVIDE AFFORDABLE, LONG-TERM, COMFORTABLE RECOVERY RESIDENCES AND		,
	NECESSARY RECOVERY SUPPORT TO ASSIST THOSE NEW IN RECOVERY IN FACING		
	OVERWHELMING OBSTACLES. TO ADVOCATE FOR ADDICTS AND REDUCE STIGMA IN		
	COMMUNITIES WE SERVE WHILE INCORPORATING EDUCATION ABOUT HOLISTIC		
	WELLNESS AND SUSTAINABILITY PRACTICES.		
4b	(Code:) (Expenses \$ including grants of \$)	Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     2,175,413.		
		Form <b>9</b>	<b>90</b> (2023)
332002	2 12-21-23		
	2		

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Form 990 (2023) HANSEN FOUNDATION, INC.

Par	Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1		1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete Schedule D</i> ,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		<u> </u>
, N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1.12		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	L
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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332003 12-21-23

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<sup>3</sup> 2023.05000 HANSEN FOUNDATION, INC.

Form 990 (	2023
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023) HANSEN FOUNDATION, INC. Checklist of Required Schedules (contin

Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
	Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		x	
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\square$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Par	ιv	Statements Regarding Other IRS Filings and Tax Compliance (continued)				T
20	Ento	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		Yes	No
Za		for the calendar year ending with or within the year covered by this return	<b>2a</b> 38			
b		least one is reported on line 2a, did the organization file all required federal employment tax return	Lu	2b	х	
3a				3a		x
b		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (		3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other a				
		ncial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
b		es," enter the name of the foreign country	,			
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
с		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		s the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any	contributions that were not tax deductible as charitable contributions?	-	6a		x
b	lf "Y	es," did the organization include with every solicitation an express statement that such contribution				
	were	e not tax deductible?		6b		
7	Orga	anizations that may receive deductible contributions under section 170(c).				
а	Did tl	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a	Х	
b	lf "Y	es," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did t	the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to fil	e Form 8282?		7c		X
d	lf "Y	es," indicate the number of Forms 8282 filed during the year	7d			
е	Did t	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did t	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g		e organization received a contribution of qualified intellectual property, did the organization file For		7g		──
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	-	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
-				8		
9	-	nsoring organizations maintaining donor advised funds.				
a				9a		
b				9b		
10		tion 501(c)(7) organizations. Enter:	10-			
a ⊾		ation fees and capital contributions included on Part VIII, line 12	10a	1		
b 11		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11		tion 501(c)(12) organizations. Enter: ss income from members or shareholders	11a			
b		ss income from other sources. (Do not net amounts due or paid to other sources against		1		
D		unts due or received from them.)	11b			
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state?		13a		
		e: See the instructions for additional information the organization must report on Schedule O.				
b		er the amount of reserves the organization is required to maintain by the states in which the				
		nization is licensed to issue qualified health plans	13b			
с		er the amount of reserves on hand	13c			
14a				14a		X
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	exce	ess parachute payment(s) during the year?		15		x
		es," see the instructions and file Form 4720, Schedule N.				
16	Is th	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	lf "Y	es," complete Form 4720, Schedule O.				
17	Sect	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	lf "Y	es," complete Form 6069.				
332005	12-21	-23		Form	1990	(2023)

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	990 (2023) HANSEN FOUNDATION, INC.	31-1667973		Pa	ige 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	w, and for a "No	" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructio	ons.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
ec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	7			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_			
b	Enter the number of voting members included on line 1a, above, who are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2	_	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct superv				77
_	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_		X
6	Did the organization have members or stockholders?	6			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				77
	more members of the governing body?		1		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				v
_	persons other than the governing body?		)		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followin				v
a	The governing body?				X
b	Each committee with authority to act on behalf of the governing body?	8b	)		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				х
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				Λ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Τ,	<b>X</b>	Na
<b>-</b>	Did the exercited have lead charters brenches as efficience?	10		Yes	No X
	Did the organization have local chapters, branches, or affiliates?		a		21
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate				
1	and branches to ensure their operations are consistent with the organization's exempt purposes?			x	
1a ⊾	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t Describe on Schedule O the process, if any, used by the organization to review this Form 990.	he form?	a	<u>л</u>	
b		10	-		х
2a ⊾	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," go to line 13				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>		5		
C		10	_		
<b>。</b>	on Schedule O how this was done Did the organization have a written whistleblower policy?				х
3 4					x
5	Did the organization have a written document retention and destruction policy?		•		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
~	The organization's CEO, Executive Director, or top management official	15			х
a h					x
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		-		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
Jd		16			х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat		a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
		16	h		
ec	exempt status with respect to such arrangements?			- 1	
7	List the states with which a copy of this Form 990 is required to be filed NJ				
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and requir	00, 501(c)(3)s 001(c)(3)s 001(c)(3)s 001(c)(3)s 001(c)(3)s 001(c)(3)s 001(c)(3)s 000(c)(3)s 00(c)(3)s 000(c)(3)s 00(c)(3)s 0	n) av	vailah	ما
0	for public inspection. Indicate how you made these available. Check all that apply.		y) a	vanac	
	Own website       X       Another's website       X       Upon request       Other (explain on Schedule)	$\sim$			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		nci	al	
5	statements available to the public during the tax year.	s policy, and ille		<b>G</b> I	
0	State the name, address, and telephone number of the person who possesses the organization's books and record	e			
	MICHAEL LENTZ - 609-965-3700	3			
	572 S. ODESSA AVE, EGG HARBOR CITY, NJ 08215				
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Form 990 (2023)	HANSEN FOUNDATION, INC.	31-1667973 Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employe	ees, Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated I	Employees
	for all persons required to be listed. Report compensation for the ca anization's <b>current</b> officers, directors, trustees (whether individuals o	, , , ,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated						
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of		
	week		officer and a d				irector/trustee)		tee)	from	from related	other
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	lual tr	tional	Ι.	nploy	st con		1033-1120)		organizations		
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo		
(1) JENNIFER HANSEN	5.00		_									
PRESIDENT	40.00	х		x				0.	0.	0.		
(2) EDWINA HANSEN	20.00											
VICE PRESIDENT		х		х				0.	0.	0.		
(3) ROGER HANSEN	1.00											
CHAIRMAN	40.00	х		х				0.	0.	0.		
(4) MICHAEL LENTZ	1.00											
ASSISTANT SECRETARY/TREASURER	40.00	Х		х				0.	0.	0.		
(5) KIERSTEN MASON	5.00											
SECRETARY	40.00	Х		х				٥.	0.	0.		
(6) MIA BERGMANN	1.00											
TRUSTEE		Х						0.	0.	0.		
(7) ERIKA HANSEN WEICH	1.00											
TRUSTEE		Х						٥.	0.	0.		
				-		-						
		1										
		1										
		1										
332007 12-21-23	•							•		Form <b>990</b> (2023)		

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Form 990 (2023)

	990 (2023) HANSEN FOUNDA	TION, INC.								31-16	67973	3	P	age <b>8</b>
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box, offic	not c , unle:	Pos heck i ss per	more rson i	than o s both r/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	ion amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
											-+			
											-+			
											-+			
											-+			
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0. 0.			0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	!			0
3	Did the organization list any former officer,										ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	Isatio	on fr	om	any	unre	elate	ed organization or individ	dual for services		4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or sl	ich i	oers	on .					5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								ensat	ion fro	om	
	(A) Name and business		NO		0				(B) Description of s		с	(C ompe	<b>;)</b> nsatio	n
	Total number of independent contractors		<b></b>	oito	1+0	the		+04	abova) who received	are then				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	יווח	mee	1 (0 )		se lis D	iea	above) who received mo					

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ar	t VII									_
		Check if Schedule O	conta	ains a resp	onse	or note to any line		(B)	(C)	(D)
							<b>(A)</b> Total revenue	Related or exempt	Unrelated business revenue	Revenue exclue from tax und sections 512 -
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a						
nut		Membership dues								
bo		Fundraising events								
ΒL		Related organizations								
nila		Government grants (contr				190,658.				
ŝ		All other contributions, gifts,								
the		similar amounts not included	l abov	e 1f		956,046.				
0 P	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	\$					
an	h	Total. Add lines 1a-1f					1,146,704.			
						Business Code				
	2 a			721310	792,111.	· · · · ·				
e	b	HORTICULTURE THERAP	Y			721310	19,992.	19,992.		
enu	С									
Revenue	d									
	е									
		All other program service revenue			010 100					
							812,103.			
	3	Investment income (including dividends, interest, and other similar amounts)					48,517.			48,5
		Income from investment of					40,517.			±0,5
	4 5					Г				
	5	Royalties		(i) Re		(ii) Personal				
	6 a	Gross rents	62	(,)		() • • • • • • •				
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of		(i) Secur		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
2		and sales expenses	7b							
	с	Gain or (loss)	7c							
	d	Net gain or (loss)								
	8 a	Gross income from fundraisi	ng eve	ents (not						
5		including \$								
		contributions reported on								
	_	Part IV, line 18			<u>8a</u>					
		Less: direct expenses				50,101.	253,648.			253,6
		Net income or (loss) from				·····	200,048.			200,0
	эa	Gross income from gamin								
	h	Part IV, line 19 Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, I	-	-	<u> </u>					
	u	and allowances			10a	51,841.				
	b	Less: cost of goods sold								
		Net income or (loss) from					51,841.	51,841.		
1					<i>.</i>	Business Code	,			
	11 a	MISC INCOME				900099	4,830.			4,8
nue	b									
Revenue	с									
œ	d	All other revenue								
		Total. Add lines 11a-11d					4,830.			
	12	Total revenue. See instruction					2,317,643.	863,944.	0.	306,9

## 20411114 701245 CUS000046786

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2023.05000 HANSEN FOUNDATION, INC. CUS00001

HANSEN FOUNDATION, INC. Form 990 (2023) HANSEN FOUNDATION,
Part IX Statement of Functional Expenses

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o r	ot include amounts reported on lines 6b,	<b>(A)</b> Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ł	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
5	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	650,650.	650,650.		
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,198.	22,198.		
)	Other employee benefits	90,479.	90,479.		
)	Payroll taxes	73,546.	73,546.		
1	Fees for services (nonemployees):				
а	Management				
b	Legal	56,110.		56,110.	
С	Accounting	32,511.		32,511.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,474.		3,474.	
2	Advertising and promotion	8,267.	5,008.	3,259.	
3	Office expenses	288,719.	251,883.	36,836.	
ł	Information technology	15,957.		15,957.	
5	Royalties				
6	Occupancy	466,722.	466,722.		
7	Travel	7,238.	7,238.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest	131,782.	131,782.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	140,930.	140,930.		
3	Insurance	102,612.	102,612.		
ł	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLIENT FOOD COSTS	115,929.	115,929.		
b	BAD DEBT	74,444.	74,444.		
c	MISC. EXPENSES	41,992.	41,992.		
d	EMPLOYMENT EXPENSE	1,717.	,	1,717.	
	All other expenses	, ,		, ,	
5	Total functional expenses. Add lines 1 through 24e	2,325,277.	2,175,413.	149,864.	C
5	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		. , .	, .	

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10 2023.05000 HANSEN FOUNDATION, INC.

Form 990 (2023)

HANSEN FOUNDATION, INC.

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			146,384.	1	80,308
2	Cash - non-interest-bearing Savings and temporary cash investments			1,000,000.	2	1,039,500
3	Pledges and grants receivable, net			_,,	3	_,,
4				213,251.	4	78,826
5	Accounts receivable, net Loans and other receivables from any current or				-4	,
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif				J	
ľ	under section 4958(f)(1)), and persons described				6	
n 7	Notes and loans receivable, net				7	
Assels 0 8 0					8	
88 9	Inventories for sale or use Prepaid expenses and deferred charges			11,446.	9	14,74
. 3	Land, buildings, and equipment: cost or other	 I I		,	3	
lua	basis. Complete Part VI of Schedule D	102	4,565,746.			
Ь			918,422.	3,729,065.	10c	3,647,32
11	Investments - publicly traded securities		,	30,947.	11	54,86
12	Investments - other securities. See Part IV, line 1				12	01,00
13	Investments - program-related. See Part IV, line 1			13		
14				14		
15	Intangible assets Other assets. See Part IV, line 11	100,548.	15	270,48		
16	Total assets. Add lines 1 through 15 (must equa			5,231,641.	16	5,186,05
17	Accounts payable and accrued expenses			98,519.	17	111,92
18	Grants payable	,	18	,		
19	Deferred revenue			19		
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete F				21	
00	Loans and other payables to any current or form				21	
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes			1,279,791.	22	1,418,07
23	Secured mortgages and notes payable to unrela			2,249,468.	23	2,119,21
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay					
20	parties, and other liabilities not included on lines					
	of Schedule D			27,675.	25	61,45
26	Total liabilities. Add lines 17 through 25		·····	3,655,453.	26	3,710,67
	Organizations that follow FASB ASC 958, che	ck here	X	, ,		, ,
ŝ	and complete lines 27, 28, 32, and 33.					
27				1,576,188.	27	1,425,66
					28	49,71
	Organizations that do not follow FASB ASC 9					,
27 28 29 20 2010 2010 2010 2010 2010 2010 201	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
2 30	Paid-in or capital surplus, or land, building, or eq				30	
2 31	Retained earnings, endowment, accumulated inc				31	
32	Total net assets or fund balances			1,576,188.	32	1,475,38
33				5,231,641.	33	5,186,05
1.90						Form <b>990</b> (20

Form **990** (2023)

332011 12-21-23

Form	1990 (2023) HANSEN FOUNDATION, INC.	31-1667973	3	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	317,	643.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	325,	277.
3	Revenue less expenses. Subtract line 2 from line 1	3		-7,	634.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	576,	188.
5	Net unrealized gains (losses) on investments	5		11,	400.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		104,	572.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	475,	382.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		······		$\square$
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	F	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X       Separate basis       Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

HANSEN FOUNDATION, INC.

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public

Inspection

Employer identification number 31-1667973

Pa	irt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1	Ē.	A church, convention of ch	urches. or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	()(A)(i).	
2	$\square$	A school described in sect				· · A		
3	$\square$	A hospital or a cooperative				γ <b>ьγ1γ</b> Δγii	ii)	
4	$\square$	A medical research organiz					•	the hospital's name
4		-	ation operated in col	njunction with a nospital	uescribeu	Sectio		the hospital s hame,
_		city, and state:						a al lia
5		An organization operated for		liege or university owned	or operation	ed by a go	overnmental unit describe	ea in
		section 170(b)(1)(A)(iv). (0						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	Inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	eor
		university:						
10	$\square$	An organization that norma	Illv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membership fees. an	d aross receipts from
		activities related to its exen						
		income and unrelated busir		-				-
						sses acqui	red by the organization a	
44		See section 509(a)(2). (Col		ively to test for public or	fatu Caa	oootion El	O(-)(4)	
11		An organization organized a	-	•	•			
12		An organization organized a	-	-	-		· · ·	
		more publicly supported or	•					Sheck the box on
		lines 12a through 12d that				-	· · · ·	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.	
d		] Type III non-functionally						zation(s)
		that is not functionally int						
		requirement (see instruct	• •	• •	•			
е		Check this box if the orga	-	-				
U		functionally integrated, or					турс ї, турс її, турс її	
	Ento			nany integrated support	ng organiz	ation.		
1		er the number of supported of vide the following informatior		d organization(a)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		

HANSEN FOUNDATION, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,263,291.	1,957,161.	2,432,687.	2,023,114.	956,046.	9,632,299.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,263,291.	1,957,161.	2,432,687.	2,023,114.	956,046.	9,632,299.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,982,902.
	Public support. Subtract line 5 from line 4.						2,649,397.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
7	Amounts from line 4	2,263,291.	1,957,161.	2,432,687.	2,023,114.	956,046.	9,632,299.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	48.		4,844.	2,110.	48,517.	55,519.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	610.	111,628.	125,225.	123,023.	253,648.	614,134.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			14,699.	6,605.	4,830.	26,134.
11	Total support. Add lines 7 through 10						10,328,086.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	6,315,829.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publi						05.55
	Public support percentage for 2023 (I					14	25.65 %
	Public support percentage from 2022					15	25.07 %
16a	<b>33 1/3% support test - 2023.</b> If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2022.</b> If the c				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	•					0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•		•••••		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, cneck this box a		
						Schedule A	Form 990) 2023

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 <b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	anization,
check this box and stop here						<u></u>
Section C. Computation of Public		•				
<b>15</b> Public support percentage for 2023 (		•	.,,		15	%
16 Public support percentage from 2022 Section D. Computation of Invest					16	%
			ing 10 agi ump (f))		17	0/
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from</li></ul>					18	<u> </u>
19a 33 1/3% support tests - 2023. If the				e 15 is more than 3		
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2022.</b> If the						/3%. and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
332023 12-21-23			-			edule A (Form 990) 2023
		15				- · ·

2023.05000 HANSEN FOUNDATION, INC. CUS00001

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023	HANSEN FOUNDATION	, INC
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Yes

2

No

# Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the following persons of the following persons of the following persons of the following persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Image: Control of the following persons of the following persons of the following persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Image: Control of the following persons of the following persons of the following persons described on line 11a above? Image: Image: Control of the following persons described on line 11a above? Image: Image: Control of the following person of the following persons described on line 11a above? Image: Image: Control of the following persons described on line 11a above? Image: Image: Control of the following persons described on line 11a above? Image: Image: Control of the following persons described on line 11a above? Image: Image: Control of the following persons described on line 11a above? Image: Image: Control of the following persons described on line 11a above? Image: Image: Control of the following person described on line 11a above? Image: Image: Control of the following person described on line 11a above? Image: Control of the following person described on line 11a above? Image: Control of the following person described on line 11a above? Control of the following person described

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such hanofit carried out the purposes of the supported ergenization(s) that energied	

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

super	viseu. Di co	nuolieu lite sup	porting organizatio	U.
Section C	C. Type II	Supporting	j Organizations	3

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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Sche	dule A (Form 990) 2023 HANSEN FOUNDATION, INC.			31-1667973	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mu		,	,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2023

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instructions).

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Schedule A (Form 990) 2023

2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	າຣ	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_	Excess from 2022				
	Excess from 2023				

HANSEN FOUNDATION, INC.

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**Current Year** 

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) 2023

Section D - Distributions

Schedule A (Form 990) 2023 HANSEN FOUNDATION, INC.	31-1667973	Page 8
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, linPart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Eline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lineSection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	3, lines 1 and 2; Part IV, Section 1; Part V, Section B, line 1e; F	
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:		
THE ORGANIZATION MEETS THE 10% FACTS AND CIRCUMSTANCES TEST BASED ON THE		
FOLLOWING FACTORS:		
FACTOR I: THE EXTENT TO WHICH THE ORGANIZATION HAS A CONTINUOUS AND BONA		
FIDE PROGRAM OF PUBLIC SUPPORT		
THE HANSEN FOUNDATION WAS FORMED IN 1999 WITH THE DONATION OF A HOME FROM		
ITS FOUNDER, ROGER HANSEN, TO BE USED TO PROVIDE HOUSING FOR THOSE IN		
RECOVERY FROM ALCOHOL AND DRUG ABUSE. SINCE 2011, THE ORGANIZATION HAS		
SUCCESSFULLY FOCUSED ON EXPANDING SOLICITATION FROM OTHER INDIVIDUALS,		
PRIVATE CORPORATIONS, MEMBERS OF THE BOARD OF DIRECTORS AND FOUNDATIONS IN		
ORDER TO ENSURE CONTINUOUS PUBLIC SUPPORT.		
IN ADDITION TO THE EXPANDED PUBLIC SUPPORT, THE ORGANIZATION CONTINUES A		
ROBUST EFFORT OF EDUCATIONAL ACTIVITIES DIRECTED TOWARDS BUILDING,		
GROWING, AND MAINTAINING PUBLIC SUPPORT FOR THE MISSION INCLUDING HOSTING		
EVENTS THAT RAISES THE PROFILE OF THE HANSEN FOUNDATION, PROVIDING REGULAR UPDATES AND INVITATIONS TO EVENTS TO CURRENT AND FORMER DONORS.		
FACTOR II: THE EXTENT TO WHICH THE ORGANIZATION'S PUBLIC SUPPORT EXCEEDS		
THE 10% REQUIREMENT		
THE HANSEN FOUNDATION'S PUBLIC SUPPORT IS CONSISTENTLY ABOVE THE 10%		
REQUIREMENT. IN THE COMING YEAR, THE ORGANIZATION WILL INCREASE ITS		
SOLICITATION EFFORTS ON PRIVATE SECTOR CONTRIBUTIONS.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) FACTOR III: WHETHER THE ORGANIZATION'S SUPPORT COMES FROM A WIDE RANGE OF PROVATE OR GOVERNMENT DONORS THE HANSEN FOUNDATION IS PROVIDED SUPPORT FROM A BROAD SPECTRUM OF INDIVIDUALS, ORGANIZATIONS, FOUNDATONS AND PRIVATE FOUNDATIONS. FACTOR IV: THE EXTENT TO WHICH MEANINGFUL SERVICES ARE PROVIDED TO THE PUBLIC. THE HANSEN FOUNDATION SEEKS TO PROVIDE HOUSING AND NECESSARY RECOVERY SUPPORT TO THOSE NEW TO RECOVERY. THE ORGANIZATION STARTED IN 1999 WITH ONE HOME AND SINCE THEN HAS PURCHASED 11 HOUSES AND LEASES 4 ADDITIONAL HOUSES ALL USED TO PROVIDE THIS HOUSING. IN 2018, THE ORGANIZATION OPENED A CAFE TO FURTHER ASSIST THOSE IN RECOVERY WITH JOB TRAINING SKILLS TO HELP THEM SUCCEED IN THEIR RECOVERY AND LIFE. Schedule A (Form 990) 2023 332028 12-21-23

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\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

	HANSEN FOUNDATION, INC.	31-1667973
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	B (Form 990) (2023)		Page
Name of o	rganization		Employer identification number
HANSEN F	OUNDATION, INC.		31-1667973
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$410	,900. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$220	,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributio	(d) ns Type of contribution
3	Name, address, and ZIP + 4		, 300. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$74	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$42	,800. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$20	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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	B (Form 990) (2023)	1	Page 2
Name of or	rganization	Em	ployer identification number
HANSEN F	COUNDATION, INC.		31-1667973
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$12,240	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Page 2

Schedule B (Form 990) (2023)

	3 (Form 990) (2023)		Page
Name of or	rganization		Employer identification number
HANSEN F	OUNDATION, INC.		31-1667973
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
13		\$7	,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Ons Type of contribution
14		\$7	,000. Person X Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
15			, 200. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
16_		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
17_		\$ 5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Dns Type of contribution
18	-23	\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023

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Schedule B (Form 990) (2023)

20411114 701245 CUS000046786

Page **2** 

	B (Form 990) (2023)		Page <b>2</b>
Name of or	rganization		Employer identification number
HANSEN F	OUNDATION, INC.		31-1667973
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
19		- \$\$,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		\$	,658. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		_ \$	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		- _ \$	Person Payroll Occupient Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		_ \$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

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Schedule I	B (Form 990) (2023)			Page <b>3</b>
Name of o	rganization		Employer identification n	umber
HANSEN F	OUNDATION, INC.		31-1667973	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ed
	STOCK DONATIONS	-		
9		- \$\$12	,240. 06/30/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ed
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ed
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ed
		- - - - \$		
323453 12-26	5-23		Schedule B (Form 99	90) (2023)

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2023.05000 HANSEN FOUNDATION, INC. CUS00001

Schedule I	B (Form 990) (2023)		Page <b>4</b>		
Name of o	rganization		Employer identification number		
HANSEN F	FOUNDATION, INC.		31-1667973		
		through (e) and the following line entry haritable, etc., contributions of \$1,000 or least the section of the s	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations ss for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·		(e) Transfer of gift			
	Transferee's name, address, ar 	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(b) Pulpose of gift				
		(e) Transfer of gift			
	Transferee's name, address, ar		Relationship of transferor to transferee		
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(2) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transfer of gift	t Relationship of transferor to transferee		

Schedule B (Form 990) (2023)

20411114 701245 CUS000046786

<sup>29</sup> 2023.05000 HANSEN FOUNDATION, INC. CUS00001

SC	HEDULE D	Supplementa				OMB No. 1545-00	47
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Ye			2023	)
	ment of the Treasury	Α	ttach to Form 990.			Open to Publ Inspection	lic
	I Revenue Service e of the organization	Go to www.irs.gov/Form99	0 for instructions and t	the latest information.	Emr	bloyer identification num	nhor
Nam	-	HANSEN FOUNDATION, INC.			.	31-1667973	IDEI
Pa		ions Maintaining Donor Advise		Similar Funds or Ad	coun	Its. Complete if the	
	organization	answered "Yes" on Form 990, Part IV, lin			<u> </u>		
			(a) Donor advise	ed funds	(b) Fun	ds and other accounts	
1		l of year					
2		contributions to (during year)					
3		grants from (during year)					
4 5		end of year n inform all donors and donor advisors in v	writing that the aposto b	ald in deper advised fun	do		
5	-	's property, subject to the organization's	-			Yes	No
6		inform all grantees, donors, and donor a					
Ŭ	0	ses and not for the benefit of the donor o	0 0		,		
	impermissible privat		,	, , ,	0	Yes	No
Pa		tion Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Part IV	, line 7.		
1		rvation easements held by the organization					
	Preservation of	of land for public use (for example, recrea	tion or education)	Preservation of a hist	orically	important land area	
	Protection of	natural habitat		Preservation of a cert	ified his	storic structure	
	Preservation of	of open space					
2	Complete lines 2a th	nrough 2d if the organization held a qualif	ied conservation contrib	oution in the form of a co	nserva	tion easement on the last	t
	day of the tax year.					Held at the End of the Tax	Year
а	Total number of con	servation easements			2a		
b	Total acreage restric	cted by conservation easements			2b		
С		ation easements on a certified historic stru			2c		
d		ation easements included on line 2c acqu	•				
-		re listed in the National Register			2d		
3		ation easements modified, transferred, rel	eased, extinguished, or	terminated by the organ	ization	during the tax	
4	year	 here property subject to conservation eas	comont is located				
- <del>-</del> 5		on have a written policy regarding the per		tion handling of			
Ŭ		rcement of the conservation easements it				Yes	No
6		hours devoted to monitoring, inspecting,					] 110
•							
7	Amount of expenses	— s incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservation ea	sement	ts during the year	
8	Does each conserva	ation easement reported on line 2d above	satisfy the requirements	s of section 170(h)(4)(B)(i	)		
	and section 170(h)(4	4)(B)(ii)?				Yes	No
9	In Part XIII, describe	how the organization reports conservation	on easements in its reve	nue and expense statem	nent an	d	
	balance sheet, and i	include, if applicable, the text of the footn	ote to the organization's	s financial statements th	at desc	ribes the	
De		unting for conservation easements.	Aut Historical Tus	on the set of the set of			
Pa		tions Maintaining Collections of	•	easures, or Other S	oimiia	r Assets.	
		he organization answered "Yes" on Form					
та	•	lected, as permitted under FASB ASC 95	•				
		sures, or other similar assets held for pub			ice of p	JUDIIC	
b		Part XIII the text of the footnote to its finar lected, as permitted under FASB ASC 95			s sheat	works of	
5	-	res, or other similar assets held for public					
		g amounts relating to these items.			pur	00, 100,	
		ed on Form 990, Part VIII, line 1				\$	
						\$	
2	.,	eceived or held works of art, historical trea				)	
	-	nts required to be reported under FASB A		- ·			
а	Revenue included o	n Form 990, Part VIII, line 1				\$	

Assets included in Form 990, Part X b A at Mati

<u> </u>	Assets included in Form 990, Fait A
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

CUS00001

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30 2023.05000 HANSEN FOUNDATION, INC.

Sche		NDATION, INC.					31-166		Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Freasures, or	Other	<sup>-</sup> Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of t	he following that	make si	gnificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	c	Loan or	exchange progra	m					
b	Scholarly research	e	• Other _							
с	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-			se in Part	XIII.		
5	During the year, did the organization solicit o		,	,	r similar	assets	_	-		-
Dec	to be sold to raise funds rather than to be ma					<u></u>		Yes		No
Par	<b>t IV</b> Escrow and Custodial Arrang		ete if the organiza	tion answered "Y	es" on l	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par									
<b>1</b> a	Is the organization an agent, trustee, custodi		•					7		٦
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					Amoun	+	
	De sienie a balance							Amoun	L	
ر ام	Beginning balance									
a	Additions during the year									
e f	Distributions during the year					1e 1f				
י 29	Ending balance Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.									]
Par						D.				<u></u>
		(a) Current year	(b) Prior year			(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance					., .				
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are hel	d and administere	ed for th	е				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	<b>t VI</b> Land, Buildings, and Equipm			- Cas Farma 000	Devt V	line 10				
	Complete if the organization answere							( )) =		
	Description of property	(a) Cost or o basis (investr		Sost or other	• •	ccumulate	a	( <b>d)</b> Boo	k valu	Э
	Level		Da Da	sis (other)	ue	oreciation			130	000
-	Land			430,000. 3,888,537.		740	229	2	430, 148,	
b	Buildings			5,000,007.		740,		3	, 140,	500.
	Leasehold improvements			143,116.		91,	730		51	386.
d	Equipment			104,093.		,	463.		,	630.
	Other		X /inc 10:	,				2	<u>,</u> 647,	
Total	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	guai Form 990, Part	<u>x, line 10c, colu</u>	mn (B))			 Cala aluda			

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D (Form 990) 2023 HANSEN FOU	NDATION, INC.		31-1667973	Page 3
Part VII Investments - Other Securit	ies			
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of	security) (b) Book value	(c) Method of valuation: Cost or	r end-of-year market	t value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, co	I. (B))			
Part VIII Investments - Program Rela				
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market	t value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, co	I. (B))			
Part IX Other Assets				
Complete if the organization answere		11d. See Form 990, Part X, line 15.		
	(a) Description		(b) Book	
(1) DEPOSITS				27,995.
(2) PROJECT COSTS				51,833.
(3) ERC RECEIVABLE				190,658.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, lir	20.15.001 (P))			270,486.
Part X Other Liabilities	le 15, сог. (В))			_, _,,
	ad "Ves" on Form 990 Part IV line	11e or 11f. See Form 990, Part X, line	a 25	
(a) Description of lightl				valuo
	ty		(b) Book	value
(1) Federal income taxes				
(2) SECURITY DEPOSITS				8,334.
(3) SVB INTERCOMPANY PAYABLES				53,120.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	22 25 221 (P))			61,454.
Total. (Column (b) must equal Form 990, Part X, lir	ie ∠э, соі. (В))			-, -,

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

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023 HANSEN FOUNDATION, INC.			31-1667973	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
			1	2,379,144.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		11,400.		
<b>b</b> Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	50,101.		<b>64 5 0 4</b>
e Add lines 2a through 2d			2e	61,501.
3 Subtract line 2e from line 1			3	2,317,643.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,317,643.
Part XII Reconciliation of Expenses per Audited Financial Stat		xpenses per H	leturn	
Complete if the organization answered "Yes" on Form 990, Part IV, line				
1 Total expenses and losses per audited financial statements			1	2,375,378.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		50.404		
d Other (Describe in Part XIII.)	2d	50,101.		
e Add lines 2a through 2d			2e	50,101.
3 Subtract line 2e from line 1			3	2,325,277.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			0
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	)		5	2,325,277.
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, line 2; F	Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informat	tion.		
PART X, LINE 2:				
THE INTERNAL REVENUE SERVICE HAS DETERMINED THE FOUNDATION MEE	TS THE			
APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE (IRC) AND	IS EXEMPT			
FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC AS	A PUBLIC			
CHARITY DESCRIBED IN SECTION 509(A)(1) AND 170(B)(1)(A)(VI) OF	THE IRC.			
THE FOUNDATION FOLLOWS THE REQUIREMENTS FOR ACCOUNTING FOR UNC	ERTAIN TAX			
POSITIONS.				

THE FOUNDATION DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR

COSTS THAT SHOULD BE RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Part XIII Supplemental Info	HANSEN FOUNDATION, INC.			31-1667973	Page 5
Part XIII Supplemental Info	mation (continued)				
FUNDRAISING EXPENSE			50,101.		
			,		
PART XII, LINE 2D - OTHER AD	JUSTMENTS:				
,					
FUNDRAISING EXPENSE			50,101.		
				Schedule D (Form	990) 2023
332055 09-28-23		24			

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990)	Complete if the	2023							
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Open to Public								
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information		identification number		
	HANSEN FOUN	NDATION, INC.				31-166	7973		
Part I Fundrais									
	complete this part								
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>									
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)		
			Yes	No					
Total	<u></u>								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified i	it is exempt from	n registration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

35 2023.05000 HANSEN FOUNDATION, INC. CUS00001 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	MATT BEE	3	(add col. <b>(a)</b> through
đ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	190,878.	72,585.	40,285.	303,748.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	190,878.	72,585.	40,285.	303,748.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	42,440.	4,386.	3,275.	50,101.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			50,101.
	11	Net income summary. Subtract line 10 from I				253,647.
Pa	nrt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
ω		,,	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add

Revenue		<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct I	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming act If "No," explain:	tivities in each of these s	states?		
	Were any of the organization's gaming licenses rev If "Yes," explain:		• ,	/ear?	Yes No
3320	32 09-13-23			Sche	dule G (Form 990) 2023

11       Does the organization conduct gaming activities with nonmembers?       Yes       No         12       Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?       Yes       No         13       Indicate the percentage of gaming activity conducted in:       Yes       No         14       Enter the name and address of the person who prepares the organization's gaming/special events books and records:       Name         Address	Schedule G (Form 990) 2023	HANSEN FOUNDATION,	INC.	31-1667973	Page 3
12       Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?       Image: The organization's facility         13       Indicate the percentage of gaming activity conducted in:       Image: The organization's facility       Image: The organization's facility         14       Enter the name and address of the person who prepares the organization's gaming/special events books and records:       Name         Address		aming activities with nonme		Yes	No
13 Indicate the percentage of gaming activity conducted in:   a The organization's facility 13a   b An outside facility 13b   14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   Name	12 Is the organization a grantor, ben	eficiary or trustee of a trust,	, or a member of a partnership or other entity formed		
a The organization's facility 13a   b An outside facility 13b     14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:     Name   Address      15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   Ves      16 Gaming manager information:   Name   Carring manager compensation   S   Description of services provided   Description of distributions:   a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   Part M   Supplemental Information:   Part M   Supplemental Information:	to administer charitable gaming?			Yes	No No
b An outside facility       13b       13b         14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name	<b>13</b> Indicate the percentage of gaming	g activity conducted in:			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name         Address         15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Yes         b If "Yes," enter the amount of gaming revenue received by the organization       \$					%
Name					%
Address          Address         15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Yes         b If "Yes," enter the amount of gaming revenue received by the organization       \$	<b>14</b> Enter the name and address of th	e person who prepares the	organization's gaming/special events books and record	S:	
Address         15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?         b If "Yes," enter the amount of gaming revenue received by the organization         c If "Yes," enter name and address of the third party         Name         Address         16 Gaming manager information:         Name         Gaming manager information:         Name         Gaming manager compensation         §         Description of services provided					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Yes         No         b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party.         Name	Name				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Yes         No         b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party.         Name	A deluce e				
b If "Yes," enter the amount of gaming revenue received by the organization c If "Yes," enter the amount of gaming revenue retained by the third party:  Name Address  Gaming manager information: Name Gaming manager compensation S Description of services provided Director/officer Employee Independent contractor  Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's organization's S PartIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Address				
of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address  f Gaming manager information: Name Gaming manager compensation \$ Description of services provided Services provided Description of services provided	<b>15a</b> Does the organization have a con	tract with a third party from	whom the organization receives gaming revenue?	Yes	No No
of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address  f Gaming manager information: Name Gaming manager compensation \$ Description of services provided Services provided Description of services provided	<b>b</b> If "Vec " enter the emount of sem	ing revenue received by the	a argonization (the em	aunt	
c If "Yes," enter name and address of the third party: Name Address  Gaming manager information: Name Gaming manager compensation \$ Description of services provided				Juni	
Name   Address   16 Gaming manager information:   Name   Gaming manager compensation   \$	,				
Address         16 Gaming manager information:         Name         Gaming manager compensation         Gaming manager compensation         Gaming manager compensation         Description of services provided		or the time party.			
16 Gaming manager information:         Name         Gaming manager compensation         Gaming manager compensation         Description of services provided	Name				
16 Gaming manager information:         Name         Gaming manager compensation         Gaming manager compensation         Description of services provided					
Name         Garning manager compensation       \$         Description of services provided	Address				
Name         Garning manager compensation       \$         Description of services provided					
Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes Note b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	<b>16</b> Gaming manager information:				
Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes Note b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
Description of services provided Description of services provided Director/officer Employee Independent contractor  17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Description required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Name				
Description of services provided Description of services provided Director/officer Employee Independent contractor  17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Description required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Gaming manager compensation	\$			
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Gaming manager compensation	Ψ			
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>	Description of services provided				
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>	· · ·				
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>					
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>					
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>	Director/officer	Employee	Independent contractor		
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>					
retain the state gaming license? Yes Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	•	r atata law ta maka abaritak	le distributions from the coming proceeds to		
<ul> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>				Ves	No
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		•			
				and Part III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide a	ny additional information. See instructions.		
	332083 09-13-23			Schedule G (Forr	n 990) 2023
37			37		

 
 Schedule G (Form 990)
 HANSEN
 FOUNDATI

 Part IV
 Supplemental Information (continued)
 (continued)
 HANSEN FOUNDATION, INC.

Schedule G	(Form 990)

SCHEDULE L
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Department of the Treasury

#### (Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-004	7
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2023
Open to Public
Inspection

Internal Revenue Service Name of the organization

Name of the organization			Employer identif	ication n	umber
HANSEN F	DUNDATION, INC.		31-1667973		
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organ	izations only)		
Complete if the organization	on answered "Yes" on Form 990, Part IV,	line 25a or 25b; or Form 990-EZ, Pa	rt V, line 40b.		
1 (a) Name of diamonities a summer	(b) Relationship between disqualified		a ati a a	(d) Corr	rected?
(a) Name of disqualified person	person and organization	(c) Description of trans	action	Yes	No
(1)					
(2)					
_(3)					
_(4)					
_(5)					
_(6)					
2 Enter the amount of tax incurred b	y the organization managers or disqualifie	ed persons during the year under			
section 4958			\$		
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organiza	tion	\$		

#### Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo	an to or 1 the	<b>(e)</b> Original principal amount	(f) Balance due	(g) In default? (h) Approved by board or committee?		(i) Written agreement?			
			То	From			Yes	No	Yes	No	Yes	No
(1)OLE HANSEN &	SUBSTANT	ASSIST W	X		1,878,615.	1,418,079.		Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					\$	1,418,079.						

#### Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

#### SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

#### Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of ation's ues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information	1				

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: OLE HANSEN & SONS, INC.

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR AND 35%

#### CONTROLLED ENTITY

(C) PURPOSE OF LOAN: ASSIST WITH PURCHASE OF ADDITIONAL HOUSES FOR

ADDICTION RECOVERY PROGRAM

PART II LOAN TO/FROM INTERESTED PARTIES

NOTE PAYABLE CONDUCTED ON AN ARM'S LENGTH BASIS.

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 31–1667973

HANSEN FOUNDATION, INC.

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

ABUSE.

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

HOLISTIC WELLNESS AND SUSTAINABILITY PRACTICES.

FORM 990, PART VI, SECTION A, LINE 2:

ROGER & EDWINA HANSEN ARE MARRIED, JENNIFER HANSEN & ERIKA HANSEN WEICH ARE

THEIR DAUGHTERS AND MIA BERGMANN IS THE DAUGHTER OF JENNIFER HANSEN AND

GRANDDAUGHTER OF ROGER & EDWINA HANSEN.

FORM 990, PART VI, SECTION A, LINE 8A:

ALTHOUGH THE BOARD DID MEET THROUGHOUT THE YEAR AND APPROVED ALL MAJOR

ACTIVITIES OF THE ORGANIZATION THESE MEETINGS WERE NOT FORMALLY DOCUMENTED

IN WRITING.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD OVERSEES THE OPERATIONS AND THERE ARE NO SEPARATE COMMITTEES THAT

CAN ACT WITH AUTHORITY ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY A THIRD PARTY ACCOUNTING FIRM IN CONJUNCTION

WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990

WAS CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT.

EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE

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

INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL

Schedule O (Form 990) 2023

LHA 332211 11-14-23

41

Name of the organization

HANSEN FOUNDATION, INC.

31-1667973

REVENUE SERVICE.

FORM 990, PART VI, SECTION C, LINE 19:

THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY

AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE

INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS AND

GOVERNING DOCUMENTS ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT,

IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

Schedule O (Form 990) 2023

332212 11-14-23

SCH	<b>IEDULE</b> R
<b>/</b>	

(Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

HANSEN FOUNDATION, INC.

31-1667973

Employer identification number

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
HANSEN HOUSE, LLC - 81-1024463	PROVIDE SOBER LIVING				
572 S. ODESSA AVE	HOUSING FOR INDIVIDUALS				
EGG HARBOR, NJ 08215	RECOVERING FROM DRUG	NEW JERSEY	863,944.	4,960,028.	HANSEN FOUNDATION, INC.
HOPE ONE ATLANTIC, LLC - 84-4031274					
572 S. ODESSA AVE	OWNS THE HOPE ONE MOBILE				
EGG HARBOR, NJ 08215	OUTREACH VEHICLE	NEW JERSEY	0.	35,370.	HANSEN FOUNDATION, INC.
	-				

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>(g)</b> 1512(b)(13) htrolled ntity?	
				501(c)(3))		Yes	No	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		i) b)(13) rolled ity?
								Tes	No

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

\_

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

	Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.						
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a					
b	Gift, grant, or capital contribution to related organization(s)	1b					
с	Gift, grant, or capital contribution from related organization(s)	1c					
	Loans or loan guarantees to or for related organization(s)	1d					
	Loans or loan guarantees by related organization(s)	1e					
f	Dividends from related organization(s)	1f					
g	Sale of assets to related organization(s)	1g					
h	Purchase of assets from related organization(s)	1h					
i	Exchange of assets with related organization(s)	1i					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k					
	Performance of services or membership or fundraising solicitations for related organization(s)	11					
	Performance of services or membership or fundraising solicitations by related organization(s)	1m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n					
	Sharing of paid employees with related organization(s)	10					
р	Reimbursement paid to related organization(s) for expenses	1p					
	Reimbursement paid by related organization(s) for expenses	1q					
r	Other transfer of cash or property to related organization(s)	1r					
s	Other transfer of cash or property from related organization(s)	1s					
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				

## Schedule R (Form 990) 2023 HANSEN FOUNDATION, INC.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(2)	<u> </u>	<b>F</b>	(d)	10		(#)	(ന)		•	(3)	(3)	(k)
<b>(a)</b> Name, address, and EIN	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile	(d)	Are Are partners 501(c orgs	all	<b>(f)</b> Share of	<b>(g)</b> Share of		n)	(i) Code V URI	(j) General (	
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. :)(3)	total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
orentity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	4
				$\left  \right $								
				+								
	-											

Schedule R (Form 990) 2023

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

HANSEN HOUSE, LLC

PRIMARY ACTIVITY: PROVIDE SOBER LIVING HOUSING FOR INDIVIDUALS RECOVERING

FROM DRUG ADDICTION

SCHEDULE R, PART I, COLUMN (B) - PRIMARY ACTIVITY

PROVIDE SOBER LIVING HOUSING FOR INDIVIDUALS RECOVERING FROM DRUG AND

ALCOHOL ADDICTION.