

Form **990-EZ**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning and ending		C Name of organization		D Employer identification number	
B <input checked="" type="checkbox"/> Check if applicable: Name of organization 21357 REDMOND AVENUE City or town, state or province, country, and ZIP or foreign postal code EASTPOINTE MI 48021		GIANNA HOUSE FOUNDATION		30-0703625	
E Telephone number 734-838-0207		F Group Exemption Number			

G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: WWW.GIANNAHOUSE.ORG	
J Tax-exempt status (check only one): <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	86,346
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	561
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$3,580 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	21,855
6c	Less direct expenses from gaming and fundraising events	10,656
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	11,199
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	98,106
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	6,150
14	Occupancy, rent, utilities, and maintenance	9,325
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O)	23,025
17	Total expenses. Add lines 10 through 16	38,500
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	59,606
19	Net assets or fund balances at beginning of year (from line 27, column (b) of last year's return. Do not include end-of-year figure reported on prior year's return)	323,731
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	383,337

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	314,956	22	347,698
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	8,775	24	42,223
25 Total assets	323,731	25	389,921
26 Total liabilities (describe in Schedule O)	0	26	6,584
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	323,731	27	383,337

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

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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

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

28 GIANNA HOUSE IS PRESENTLY IN A START-UP MODE. THE EXPENSES SHOWN HERE RELATE TO DEVELOPING OUR PROGRAM AND MAKING OTHERS AWARE OF THE PROGRAM.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		17,970
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		17,970
32 Total program service expenses (add lines 28a through 31a)	32		17,970

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reported compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
ROBERT WELCH, MD PRESIDENT	1.70	0	0	0
CHARLES SMITH VICE-PRESIDENT	5.00	0	0	0
KERRY SCHARFFNER TREASURER	15.00	0	0	0
MARY BISSA BOARD MEMBER	20.00	0	0	0
ROBERT CLEARY BOARD MEMBER	1.00	0	0	0
NANCY HAUFF, RN BOARD MEMBER	5.00	0	0	0
MELAD JOSEPH BOARD MEMBER	1.00	0	0	0
DAVID MASSON BOARD MEMBER	5.70	0	0	0
KEVIN MURPHY BOARD MEMBER	1.00	0	0	0
DANIEL O'BRIEN BOARD MEMBER	1.00	0	0	0
PIETRO SARCINA BOARD MEMBER	1.00	0	0	0
DIANE TROMBLEY RN BOARD MEMBER	0.67	0	0	0

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program. Use the following questions to help you describe the services provided:

28 (Grants \$ _____) If this amount includes foreign grants, check here 28a

29 (Grants \$ _____) If this amount includes foreign grants, check here 29a

30 (Grants \$ _____) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O) _____
 (Grants \$ _____) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) _____ 32

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributory to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
REV KENNETH KAUCHECK FOUNDING MEMBER	12.50	0	0	0
SR DIANE MASSON FOUNDING MEMBER	15.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting and proxy tax requirements during the year? If "Yes," complete Schedule C Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations: Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations: Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3), 501(c)(4) and 501(c)(29) organizations: Enter amount of tax on fine or CC reimbursed by the organization		
40e	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	MARY BISSA	
	760 TROWBLEY		
	Located at	GROSSE POINTE PARK	
	MI	ZIP + 4	48230
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	X
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	X
43	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-48b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

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

48		X
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48a Did the organization make any transfers to an exempt non-charitable related organization?

48a		X
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b If "Yes," was the related organization a section 527 organization?

48b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation in (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

	Yes	No
52	X	

Under penalty 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 an officer) is based on all information of which preparer has any knowledge.

Sign Here	Print name of officer	Date			
	ROBERT WELCH	PRESIDENT			
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEROME E. ASSENMACHER	<i>Jerome E. Assenmacher</i>	09/30/15		200008016
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	ASSENMACHER & ASSOCIATES, PC	46-2938948	313-277-5800		
Print address			Phone no.		
2350 MONROE ST STE B			313-277-5800		
DEARBORN, MI 48124-3059					

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

	Yes	No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust
 Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GIANNA HOUSE FOUNDATION

Employer identification number
30-0703625

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11 check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1976. See section 609(a)(2). (Complete Part I.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (check box) (lines 1-9 above) (see instructions)	(iv) Is the organization and its supporting document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "usual grants.")				535,833	86,346	622,179
2 Tax revenues levied for the organization'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				535,833	86,346	622,179
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 Public support. Subtract line 5 from line 4						622,179

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4				535,833	86,346	622,179
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				216		216
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						622,395
12 Gross receipts from related activities, etc. (see instructions)					12	22,416
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.97%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

CMB No. 1545 00-17

2014

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

GIANNA HOUSE FOUNDATION

Employer identification number

30-0703625

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a 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? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name or address of "individual" or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of funds?		(iv) Gross receipts from activity	(v) Amount paid to (or received by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF OUTING</u> (event type)		<u>NONE</u> (list other per)	(e) col (a) through (c)
Revenue	1	Gross receipts	20,935		20,935
	2	Less: Contributions	3,580		3,580
	3	Gross income (line 1 minus line 2)	17,355		17,355
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	460		460
	6	Rent/facility costs	7,635		7,635
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary: Add lines 4 through 9 in column (d)			8,095
11	Net income summary: Subtract line 10 from line 3, column (d)			9,260	

Part III Gaming Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/raffle bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	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)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain:

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service
Part 9 (Form 990) 2014

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

GIANNA HOUSE FOUNDATION

30-0703625

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

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING	\$ 440
AUTOMOBILE EXPENSE	\$ 351
TRAVEL & MEETINGS	\$ 1,676
INSURANCE	\$ 1,125
INFANT PROGRAM	\$ 14,029
HOUSEHOLD ITEMS	\$ 250
REFERENCE MATERIALS	\$ 288
DUES, FEES & LICENSES	\$ 990
OFFICE EXPENSES	\$ 3,804
MOVING EXPENSE	\$ 72
TOTAL	\$ 23,025

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	\$ 3,935	\$ 7,455
INVENTORIES FOR SALE OR USE	\$ 0	\$ 1,275
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 515	\$ 350
DONATED VEHICLE	\$ 4,325	\$ 4,325
DONATED FURNITURE	\$ 0	\$ 12,995
CONSTRUCTION IN PROGRESS	\$ 0	\$ 15,823
TOTAL	\$ 8,775	\$ 42,223

GIANNA HOUSE FOUNDATION Employee identification number 30-0703625

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0	\$ 6,584

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

GIANNA HOUSE TEEN PREGNANCY AND PARENTING RESIDENCE IS A SACRED SANCTUARY FOR ITS RESIDENTS, EACH OF WHOM DESERVES TO CONTINUE THE LIFE OF HER UNBORN CHILD IN AN ENVIROMENT IMBED WITH SPIRITUAL GRACE, EMOTIONAL AND SOCIAL SUPPORT AND KNOWLEDGE.