**Public Disclosure Copy**

Use this copy, to photocopy and give to others.

**THE EMMA, ALYSON & KATE HANCE FAMILY FOUNDATION, INC.**

Doing business as: 76 VANDERBILT AVENUE  
FLORAL PARK, NY 11011

**Employer identification number** 27-0752188

**Telephone number** 516 688-0055

**Gross receipts** 505,703

**Tax-exempt status**: X 501(c)(3) (insert no.) 4947(a)(1) or 527

**Website**: HANCETHREEFAMILYFOUNDATION.ORG

**Form of organization**: Corporation

**Year of formation**: 2009  
**State of legal domicile**: NY

**Part I: Summary**

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>193,065</td>
<td>207,710</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>5,540</td>
<td>0</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, 11e)</td>
<td>126,445</td>
<td>178,733</td>
</tr>
<tr>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>325,050</td>
<td>386,443</td>
</tr>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>11,750</td>
<td>15,800</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>90,736</td>
<td>120,181</td>
</tr>
<tr>
<td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>23,459</td>
<td>23,459</td>
</tr>
<tr>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>195,709</td>
<td>211,475</td>
</tr>
<tr>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>298,195</td>
<td>347,456</td>
</tr>
<tr>
<td>Beginning of Current Year</td>
<td>362,594</td>
<td>404,600</td>
</tr>
<tr>
<td>End of Year</td>
<td>3,350</td>
<td>6,369</td>
</tr>
<tr>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>359,244</td>
<td>398,231</td>
</tr>
</tbody>
</table>

**Part II: Signature Block**

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.

**Signature of officer**

WARREN J. HANCE, PRESIDENT

**Preparer’s signature**

WILLIAM SKODY  
11/05/18

**Preparer’s EIN**

13-3597814

**Phone number**

212 967-1100

**Paid Preparer Use Only**

Print/Type preparer’s name

WILLIAM SKODY

Preparer’s EIN

P00631754

Date

11/05/18

Check if self-employed

X

PTIN

00631754

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes  

No

722001 11-28-17  LHA  For Paperwork Reduction Act Notice, see the separate instructions.