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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning

, and ending

Name of foundation HANSEN-FURNAS FOUNDATION, INC.		A Employer identification number 36-6049894
Number and street (or P.O. box number if mail is not delivered to street address) 28 SOUTH WATER STREET, SUITE 310	Room/suite	B Telephone number (630) 761-1390
City or town, state or province, country, and ZIP or foreign postal code BATAVIA, IL 60510		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 921,923.	J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	495,000.			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	115.	115.		STATEMENT 1
	4 Dividends and interest from securities	15,124.	15,124.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	14,031.			
	b Gross sales price for all assets on line 6a	797,406.			
	7 Capital gain net income (from Part IV, line 2)		14,031.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	524,270.	29,270.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	5,000.	0.	0.	5,000.
	14 Other employee salaries and wages	25,460.	0.	0.	25,460.
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	STMT 3 10,300.	0.	0.	10,300.
	c Other professional fees	STMT 4 2,188.	2,188.	0.	0.
	17 Interest				
	18 Taxes	STMT 5 3,177.	0.	0.	1,909.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 6 15,285.	0.	0.	15,285.
	24 Total operating and administrative expenses. Add lines 13 through 23	61,410.	2,188.	0.	57,954.
	25 Contributions, gifts, grants paid	446,593.			446,593.
26 Total expenses and disbursements. Add lines 24 and 25	508,003.	2,188.	0.	504,547.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	16,267.				
b Net investment income (if negative, enter -0-)		27,082.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing	6,962.	72,452.	72,452.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 8	841,101.	849,471.	849,471.
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	848,063.	921,923.	921,923.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here ▶ ☒ X			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	848,063.	921,923.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	848,063.	921,923.	
	31 Total liabilities and net assets/fund balances	848,063.	921,923.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	848,063.
2 Enter amount from Part I, line 27a	2	16,267.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	3	57,593.
4 Add lines 1, 2, and 3	4	921,923.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	921,923.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENT				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e 797,406.		783,375.	14,031.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e			14,031.	
2 Capital gain net income or (net capital loss)		2		14,031.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3		N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012	489,053.	1,045,384.	.467821
2011	513,766.	1,118,003.	.459539
2010	499,152.	1,056,009.	.472678
2009	525,413.	973,861.	.539515
2008	568,172.	1,150,186.	.493983
2 Total of line 1, column (d)			2.433536
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			.486707
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			1,022,781.
5 Multiply line 4 by line 3			497,795.
6 Enter 1% of net investment income (1% of Part I, line 27b)			271.
7 Add lines 5 and 6			498,066.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			504,547.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		1	271.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	271.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	271.
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	1,000.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	1,000.	
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	729.	
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax ☒ 729. Refunded ☒ 0.	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ☒ \$ 0. (2) On foundation managers. ☒ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ☒ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☒ IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► JOANNE B. HANSEN Telephone no. ► (630) 761-1390 Located at ► 28 SOUTH WATER ST., SUITE 310, BATAVIA, IL ZIP+4 ► 60510			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► ☐	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ Yes ☒ No If "Yes," list the years ►		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☒

5b

X

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		5,000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A**Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B**Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	814,690.
b	Average of monthly cash balances	1b	223,666.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,038,356.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,038,356.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,575.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,022,781.
6	Minimum investment return. Enter 5% of line 5	6	51,139.

Part XI**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	51,139.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	271.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	271.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50,868.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	50,868.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	50,868.

Part XII**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	504,547.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	504,547.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	271.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	504,276.

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				50,868.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part XII, line 4: $\blacktriangleright$ \$ 504,547.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount				50,868.
e Remaining amount distributed out of corpus	453,679.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	453,679.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	453,679.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- 3 Complete 3a, b, or c for the alternative test relied upon:
 - a "Assets" alternative test - enter:
 - (1) Value of all assets
 - (2) Value of assets qualifying under section 4942(j)(3)(B)(i)
 - b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed
 - c "Support" alternative test - enter:
 - (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)
 - (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)
 - (3) Largest amount of support from an exempt organization
 - (4) Gross investment income

2013.04030 HANSEN-FURNAS FOUNDATION, I 01297261

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
VARIOUS SEE SCHEDULE ATTACHED	NONE		SCHOLARSHIPS	286,193.
VARIOUS SEE SCHEDULE ATTACHED	NONE		GENERAL	118,400.
VARIOUS SEE SCHEDULE ATTACHED	NONE		PREFERRED CHARITIES	42,000.
Total			3a	446,593.
b Approved for future payment				
NONE				
Total			3b	0.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

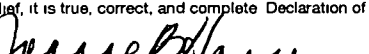
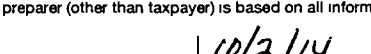
[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No	
	 Signature of officer or trustee		10/2/14 Date		PRESIDENT Title	
Paid Preparer Use Only	Print/Type preparer's name ANDREW T. TWARDOWSKI, CPA		Preparer's signature 		Date 9/30/14	
					Check ☐ if self-employed	
					PTIN P00377357	
	Firm's name ▶ SIKICH LLP				Firm's EIN ▶ 36-3168081	
	Firm's address ▶ 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349				Phone no. 630-566-8400	

Form **990-PF** (2013)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization

Employer identification number

HANSEN-FURNAS FOUNDATION, INC.**36-6049894**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐4947(a)(1) nonexempt charitable trust **not** 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**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

HANSEN-FURNAS FOUNDATION, INC.**36-6049894****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 contributions	(d) Type of contribution
1	LETO M. FURNAS TRUST P.O. BOX 159 BATAVIA, IL 60510	\$ 495,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
HANSEN-FURNAS FOUNDATION, INC.	36-6049894

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
HANSEN-FURNAS FOUNDATION, INC.	36-6049894

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME CASH	115.	115.	115.
TOTAL TO PART I, LINE 3	115.	115.	115.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME INVESTMENTS	15,124.	0.	15,124.	15,124.	15,124.
TO PART I, LINE 4	15,124.	0.	15,124.	15,124.	15,124.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT AND ACCOUNTING FEES	10,300.	0.	0.	10,300.
TO FORM 990-PF, PG 1, LN 16B	10,300.	0.	0.	10,300.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	2,188.	2,188.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	2,188.	2,188.	0.	0.

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	1,909.	0.	0.	1,909.	
FEDERAL EXCISE TAX	1,268.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	3,177.	0.	0.	1,909.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSE	12,785.	0.	0.	12,785.	
SCHOLARSHIP COMMITTEE FEES	2,500.	0.	0.	2,500.	
TO FORM 990-PF, PG 1, LN 23	15,285.	0.	0.	15,285.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES			STATEMENT	7
DESCRIPTION	AMOUNT				
UNREALIZED GAIN ON INVESTMENTS PURSUANT TO SFAS 124	57,593.				
TOTAL TO FORM 990-PF, PART III, LINE 3	57,593.				

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
CALAMOS CONVERTIBLE FUND - CLASS A	FMV	0.	0.	
CALAMOS HIGH YIELD FUND - CLASS A	FMV	0.	0.	
CALAMOS GROWTH & INCOME FUND - CLASS A	FMV	0.	0.	
CALAMOS GROWTH FUND - CLASS A	FMV	0.	0.	
CALAMOS INTERNATIONAL GROWTH FUND - CLASS A	FMV	0.	0.	
CALAMOS TOTAL RETURN BOND FUND - CLASS A	FMV	0.	0.	

CASH	FMV	0.	0.
NT LARGE CAP EQUITY SECURITIES	FMV	106,761.	106,761.
NT MID CAP EQUITY SECURITIES	FMV	198,647.	198,647.
NT INTERNATIONAL DEVELOPED EQUITY SECURITIES	FMV	153,196.	153,196.
NT INTERNATIONAL EMERGING EQUITY SECURITIES	FMV	78,810.	78,810.
NT CORPORATE/GOVERNMENT FIXED INCOME	FMV	261,068.	261,068.
NT REAL ESTATE FUNDS	FMV	33,486.	33,486.
NT COMMODITIES	FMV	17,503.	17,503.
TOTAL TO FORM 990-PF, PART II, LINE 13		849,471.	849,471.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9
TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOANNE B. HANSEN 2S502 HEATON DRIVE BATAVIA, IL 60510	PRESIDENT 2.00	0.	0.	0.
THOMAS F. CAUGHLIN 729 GREENBRIER TERRACE CRYSTAL LAKE, IL 60014	VICE PRESIDENT 2.00	1,000.	0.	0.
JAMES HANSEN 822 BRYANT AVENUE WINNETKA, IL 60093	DIRECTOR 2.00	0.	0.	0.
RICHARD W. HANSEN 2S502 HEATON DRIVE BATAVIA, IL 60510	DIRECTOR 2.00	0.	0.	0.
KIRSTEN HANSEN BARKLEY 2938 NORTH LAKEWOOD CHICAGO, IL 60657	DIRECTOR 2.00	1,000.	0.	0.
ROBERT F. PETERSON 562 CARRIAGE DRIVE BATAVIA, IL 60510	SECRETARY/TREASURER 2.00	1,000.	0.	0.
LISA HANSEN 720 LARRABEE, UNIT G 04 CHICAGO, IL 60610	DIRECTOR 2.00	1,000.	0.	0.

HANSEN-FURNAS FOUNDATION, INC.

36-6049894

SCOTT HANSEN
928 NORTH EUCLID AVENUE
OAK PARK, IL 60302

ASST. SECRETARY/TREASURER
2.00 1,000.

0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

5,000.

0.

0.

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT 10
	PART XV, LINES 2A THROUGH 2D	

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SCHOLARSHIP COMMITTEE, HANSEN-FURNAS FOUNDATION, INC.
28 S. WATER STREET, SUITE 310
BATAVIA, IL 60510

TELEPHONE NUMBER

(630)761-1390

FORM AND CONTENT OF APPLICATIONS

FORMS ATTACHED TO 2013 FORM 990, AVAILABLE UPON REQUEST

ANY SUBMISSION DEADLINES

APPLICATION FORM AND TRANSCRIPT DUE INTO FOUNDATION OFFICE BY 5:00 P.M.
MARCH 15

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS WILL BE GIVEN ONLY FOR FULL TIME UNDERGRADUATE STUDIES AT AN ACCREDITED COLLEGE OR UNIVERSITY. ONE POST GRADUATE SCHOLARSHIP IS AVAILABLE. PERMANENT OR HOME ADDRESS MUST BE WITHIN TWELVE MILES OF THE BATAVIA GOVERNMENT CENTER, BATAVIA, IL OR IN CLARKE COUNTY IOWA.

Hansen-Furnas Foundation, Inc.
28 South Water Street, Suite 310
Batavia, Illinois 60510

Telephone (630) 761-1390

**RE: APPLICATION FOR HANSEN-FURNAS FOUNDATION SCHOLARSHIP OR
WILLIAM CARLYLE FURNAS SCHOLARSHIP (PURDUE UNIVERSITY)**

Dear Scholarship Applicant:

Please review the enclosed Hansen-Furnas Foundation Scholarship booklet before completing the application forms to assure that you meet the Eligibility Requirements as set forth in the booklet.

All materials MUST be received IN THE FOUNDATION OFFICE BY 5:00 PM on or before March 1, there are NO exceptions. **Complete and timely** applications are the responsibility of the applicant. **THE SCHOLARSHIP COMMITTEE WILL NOT CONSIDER late or incomplete applications (unsigned, missing financial data, etc.). PLEASE REVIEW YOUR APPLICATION CAREFULLY BEFORE SUBMITTING. NO FAXES ARE ACCEPTED. APPLICATION DOCUMENTS MAY BE SENT IN AS YOU COMPLETE THEM, PLEASE DO NOT WAIT UNTIL THE LAST DAY. PLEASE NOTE: IF YOU ARE SENDING YOUR APPLICATION MATERIALS BY CERTIFIED MAIL, DO NOT REQUEST A SIGNATURE RECEIPT, THIS DELAYS THE PROCESS AS SOMEONE IS NOT ALWAYS HERE TO SIGN FOR THEM.**

The following must be submitted in order for your application to be considered:

Form 1372: Hansen-Furnas Foundation Scholarship Application

-or-

Form 1372P: William Carlyle Furnas Scholarship Application (Purdue University)

Form 1373: Scholastic Record and Official Transcript through the first semester of senior year or through the preceding semester of college. Both are required if applicant is college freshman. If grades for most recent term are not included on transcript, provide a clear photocopy of grades in addition to an official transcript.

Form 1374: Character Recommendation (3 required)

Form 1376: Family Confidential Statement **FILL THIS DOCUMENT OUT COMPLETELY**

Tuition & Fee Information: Please include published information from the school showing tuition and fees for the period for which you are applying and the address of the college financial aid office. If not available, attach for current year and forward new information when available.

Personal Letter: State your educational goal, reasons for needing financial aid to further your education, and why you think your application should be considered. **This letter is important and should be the work of the applicant.**

Map: Applies to all applicants except those residing in Clarke County, Iowa

FORMS MUST BE RECEIVED IN THE FOUNDATION OFFICE BY 5:00 PM March 1st.
RECIPIENTS WILL BE NOTIFIED ON OR BEFORE MAY 15TH.
All submitted materials-- including signatures-- must be clear and legible.

The Scholarship Committee

Enclosures:

Booklet

Forms 1372, 1372P, 1373, 1374 (3), 1376, Map

Hansen-Furnas Foundation, Inc.

Application

Form 1372

Page 1

Hansen-Furnas Foundation Scholarship

1. Full Name _____ Age _____
First Middle Last
2. Home Address _____
Street City State Zip Code
3. Home Phone () _____ Social Security #: _____
4. From what high school did you, or will you, graduate? _____
Name of High School City State
5. Rank in Class _____ Class size _____ Date of Graduation _____
6. In what extra-curricular activities did you participate?
School _____
Community _____
7. Other high schools attended _____
8. If you have completed any part of your college education, please name the school and number of course hours completed _____
9. Level at beginning of next school year (circle one) freshman sophomore junior senior
10. Date on which you requested the following transcripts to be sent to Hansen-Furnas Foundation, Inc.
High School _____ College _____
11. List the colleges to which you have made application for admission in order of your preference.
(1) _____
(2) _____
(3) _____
12. Which of the colleges in #11 have indicated their acceptance? (1) _____ (2) _____ (3) _____
13. Which college will you attend? _____
Name (MUST BE ADDRESS OF COLLEGE FINANCIAL AID OFFICE)
REQUIRED: _____
Street City State Zip Code
14. Date of entrance _____
15. School residence address (if known) _____
16. Your proposed profession or occupation _____
17. What course of study will you pursue? _____

18. What is the normal number of years required for this course of study _____

19. Have you ever been employed? Yes _____ No _____

Employers

Dates of Employment

20. Are you working this year to help meet expenses? Yes _____ No _____

Explain - be specific _____

21. Will you be working next year to help meet expenses? Yes _____ No _____

Explain - be specific _____

22. What other monetary support (besides Hansen-Furnas Foundation Scholarship) have you applied for and/or been awarded for the next academic year? For example: Other scholarships, financial aid packages, work study program, etc.

Please specify _____

23. Estimate your income for college and expenses for one year at college.

Income and expenses must be college related only. **TOTALS MUST BALANCE.**

INCOME:

From parents	\$ _____
From summer job	\$ _____
From school job	\$ _____
From savings	\$ _____
From loans	\$ _____
From other sources:	\$ _____
Please specify:	_____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

EXPENSES:

Tuition and fees	\$ _____
Books and supplies	\$ _____
Board and room	\$ _____
Transportation	\$ _____
Clothes and incidentals	\$ _____
Other	\$ _____
Please specify:	_____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

THIS TOTAL MUST EQUAL THIS TOTAL

24. If no income from parents is listed in #23, explain: _____

25. All applicants must complete this item. However, if applicant is married, complete this item for yourself and your spouse rather than for parents.

Father's name _____

Mother's Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Employer's Address _____

Employer's Address _____

Legal guardian's name _____

Form 1372

Page 3

Hansen-Furnas Foundation Scholarship

26. Parents marital status? Married_____ Separated_____ Divorced_____
27. Your martial status? Single_____ Married_____ Divorced_____
28. Are other persons dependent upon you for support while you are in college? If so, give particulars: _____
29. List names, addresses, and relationships to applicant of three persons completing Form 1374-Character Recommendation.

30. If you believe there is additional information which should be considered by the Scholarship Committee, use a separate sheet, attach to this form, and mark this box. Attachment ☐
31. My permanent residence meets the "Eligibility Requirements: (refer to Scholarship Program booklet) for the award of a Hansen-Furnas Foundation Scholarship. Show residence location on map included in this packet.
Yes_____ No_____

By signing this application for the Hansen-Furnas Foundation Scholarship and applying for the scholarship, the applicant acknowledges the following:

I have received a copy of the Hansen-Furnas Foundation Scholarship Handbook and have read and understood the terms and provisions contained therein.

I understand that the terms of a scholarship, once awarded are non-negotiable except under extreme circumstances and solely at the discretion of the Scholarship Committee.

I further understand that the following grounds shall be deemed just cause by the Scholarship Committee for disqualifying the applicant or terminating financial assistance at a later date:

- Falsifying information contained in this application and/or presented to the Hansen-Furnas Foundation, Inc.
- Violating or not meeting Scholarship guidelines.
- Failing to comply with reasonable requests of the Scholarship Committee to provide evidence of matriculation or intended matriculation in the specified award year.
- Failing to notify the Scholarship office of major changes in or problems meeting the terms of the award.

Date_____

Signature_____

Acceptance of a scholarship places you under no legal obligation to Hansen-Furnas Foundation. The Directors believe, however, that on attainment of financial independence, you will want to contribute to the scholarship fund so that more worthy applicants may benefit from Foundation Scholarship awards. Contributions to the Scholarship Fund may be made in any amount at any time.

Completed application form must be received in the Foundation office by 5:00 p.m. March 1.

Hansen-Furnas Foundation Inc., 28 S. Water Street, Suite 310, Batavia, Illinois 60510

Hansen-Furnas Foundation, Inc.

Application

Form 1372-P

Page 1

William Carlyle Furnas Scholarship
(Purdue University)

1. Full Name _____ Age _____
First Middle Last
2. Home Address _____
Street City State Zip Code
3. Home Phone () _____ Social Security #: _____
4. From what high school did you, or will you, graduate? _____
Name of High School City State
5. Rank in Class _____ Class size _____ Date of Graduation _____
6. In what extra-curricular activities did you participate?
School _____
Community _____
7. Other high schools attended _____
8. If you have completed any part of your college education, please name the school and number of course hours completed _____
9. Level at beginning of next school year (circle one) freshman sophomore junior senior
10. Date on which you requested the following transcripts to be sent to Hansen-Furnas Foundation, Inc.
High School _____ College _____
11. List the colleges to which you have made application for admission in order of your preference.
(1) _____
(2) _____
(3) _____
12. Which of the colleges in #11 have indicated their acceptance? (1) _____ (2) _____ (3) _____
13. Which college will you attend? _____
Name _____
Street City State Zip Code
14. Date of entrance _____
15. School residence address (if known) _____
16. Your proposed profession or occupation _____
17. What course of study will you pursue? _____

Hansen-Furnas Foundation, Inc.

Application

Form 1372-P

Page 2

William Carlyle Furnas Scholarship
(Purdue University)

18. What is the normal number of years required for this course of study _____
 19. Have you ever been employed? Yes _____ No _____

Employers

Dates of Employment

20. Are you working this year to help meet expenses? Yes _____ No _____

Explain - be specific _____

21. Will you be working next year to help meet expenses? Yes _____ No _____

Explain - be specific _____

22. What other monetary support (besides Hansen-Furnas Foundation Scholarship) have you applied for and/or been awarded for the next academic year? For example: Other scholarships, financial aid packages, work study program, etc.
 Please specify _____

23. Estimate your income for college and expenses for one year at college.
 Income and expenses must be college related only. **TOTALS MUST BALANCE.**

INCOME:

From parents \$ _____
 From summer job \$ _____
 From school job \$ _____
 From savings \$ _____
 From loans \$ _____
 From other sources: \$ _____
 Please specify: _____
 \$ _____
 \$ _____
TOTAL: \$ _____

EXPENSES:

Tuition and fees \$ _____
 Books and supplies \$ _____
 Board and room \$ _____
 Transportation \$ _____
 Clothes and incidentals \$ _____
 Other \$ _____
 Please specify: _____
 \$ _____
 \$ _____
TOTAL: \$ _____

24. If no income from parents is listed in #23, explain: _____
 25. All applicants must complete this item. However, if applicant is married, complete this item for yourself and your spouse rather than for parents.

Father's name _____
 Occupation _____
 Employer _____
 Employer's Address _____
 Legal guardian's name _____

Mother's Name _____
 Occupation _____
 Employer _____
 Employer's Address _____

Hansen-Furnas Foundation, Inc.

Application

Form 1372P

Page 3

William Carlyle Furnas Scholarship (Purdue University)

26. Parents marital status? Married_____ Separated_____ Divorced_____
27. Your martial status? Single_____ Married_____ Divorced_____
28. Are other persons dependent upon you for support while you are in college? If so, give particulars:_____
29. List names, addresses, and relationships to apphcant of three persons completing Form 1374-Character Recommendation.

30. If you believe there is additional information which should be considered by the Scholarship Committee, use a separate sheet, attach to this form, and mark this box. Attachment ☐
31. My permanent residence meets the "Eligibility Requirements" (refer to Scholarship Program booklet) for the award of a Hansen-Furnas Foundation Scholarship.
Yes_____ No_____

By signing this application for the William Carlyle Furnas/Hansen-Furnas Foundation Scholarship and applying for the scholarship, the applicant acknowledges the following:

I have received a copy of the William Carlyle Furnas/Hansen-Furnas Foundation Scholarship Handbook and have read and understood the terms and provisions contained therein.

I understand that the terms of a scholarship, once awarded are non-negotiable except under extreme circumstances and solely at the discretion of the Scholarship Committee.

I further understand that the following grounds shall be deemed just cause by the Scholarship Committee for disqualifying the applicant or terminating financial assistance at a later date:

- Falsifying information contained in this application and/or presented to the Hansen-Furnas Foundation, Inc.
- Violating or not meeting Scholarship guidelines.
- Failing to comply with reasonable requests of the Scholarship Committee to provide evidence of matriculation or intended matriculation in the specified award year.
- Failing to notify the Scholarship office of major changes in or problems meeting the terms of the award.

Date_____

Signature_____

IN THE EVENT THAT YOU ARE NOT AWARDED THE W.C. FURNAS SCHOLARSHIP, YOU WILL AUTOMATICALLY BE CONSIDERED FOR A HANSEN-FURNAS FOUNDATION SCHOLARSHIP.

Acceptance of a scholarship places you under no legal obligation to Hansen-Furnas Foundation. The Directors believe, however, that on attainment of financial independence, you will want to contribute to the scholarship fund so that more worthy applicants may benefit from Foundation Scholarship awards. Contributions to the Scholarship Fund may be made in any amount at any time.

Completed application form must be received in the Foundation office by March 1.

1. Name _____ Last four digits SS# _____
2. Permanent Mailing Address _____ Phone # _____
(City) _____ (State) _____ (Zip Code) _____
3. Age _____ Date of Birth _____
4. High School Attended _____ From _____ To _____
College Attended _____ From _____ To _____
5. University at which you plan to enroll _____
- | | | |
|---|-------------------|-----------------|
| Estimated costs for entire academic year at that school: | Tuition & Fees | \$ _____ |
| (From college catalog or college Financial Aid office) | Room & Board | \$ _____ |
| | Books & Supplies | \$ _____ |
| | Miscellaneous | \$ _____ |
| | TOTAL COST | \$ _____ |
6. Student's Status will be (freshman, etc.) _____
- Student is: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
- If student is married: Name of Spouse _____ Occupation _____
7. Did you file the FAFSA? Yes _____ No _____ Date filed _____
- If you **have not filed this form**, explain why: _____

NAME: _____
Last First

PART II - STUDENT'S EMPLOYMENT

1. The following 2013 U.S. Income Tax Return figures are from (mark only one):
a. _____ 1040EZ b. _____ 1040 c. _____ estimated figures because tax return not filed yet
2. 2013 total number of exemptions _____
3. 2013 adjusted gross income \$ _____
4. 2013 U.S. income tax paid \$ _____
5. 2013 itemized deductions \$ _____
6. 2013 untaxed income and benefits \$ _____

PART III - STUDENT'S ASSETS (Married Students - Complete Sections VI)

- | | | | |
|----|-------------------------------------|----------|----------|
| 1. | Cash, savings and checking accounts | | \$ _____ |
| | | VALUE | DEBT |
| 2. | Real Estate | \$ _____ | \$ _____ |
| 3. | Business <u>farm</u> | \$ _____ | \$ _____ |

PART IV - FAMILY INFORMATION (If married, circle SELF for No. 1 and SPOUSE for No. 2)

- 1.(check one) FATHER__STEPFATHER__GUARDIAN__SELF__ 2.(check one) MOTHER__ STEPMOTHER__ GUARDIAN__SPOUSE
- Name_____Age_____ Name_____Age_____
- Address_____ Address_____
- City & State_____ City & State_____
- Employer_____ Employer_____
- Occupation_____ Occupation_____
3. Parents status: MARRIED_____ SEPARATED_____ DIVORCED_____ WIDOWED_____
4. Excluding parents, list all members of household including yourself for the next school year.
- | | age | school or occupation |
|-------|-------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
5. Total number of household members who will be FULL-TIME college students during next school year_____
6. Tuition paid for members of household at **private** schools, grades K-12, **current year** \$ _____

NAME: _____

Last

First

PART V - PARENT'S 2013 FINANCIAL INFORMATION (Married Students - Complete this section as it pertains to you and your spouse. This information is mandatory.)

1. The following 2013 U.S. Income Tax Return figures are from (mark only one):

a. _____ 1040EZ or 1040A b. _____ 1040 c. _____ estimated figures because tax return not yet filed

2. 2013 total number of exemptions _____

3. 2013 adjusted gross income \$ _____

4. 2013 U.S. income tax paid \$ _____

5. 2013 Income earned by father (self) \$ _____

6. 2013 Income earned by mother (spouse) \$ _____

7. 2013 Social Security benefits \$ _____

8. 2013 Aid to Families with Dependent Children \$ _____

9. Child support received for all children \$ _____

10. Other untaxed income and benefits \$ _____

11. List other income, (pensions, annuities, etc.) \$ _____

Explain _____

PART VI - PARENTS' ASSETS (Married Students - Complete this section as it pertains to you and your spouse.)**This information is mandatory.**

VALUE

1. Cash, savings and checking accounts

\$ _____

DEBT

2. Home (renters write "0")

\$ _____

\$ _____

3. Other real estate investments

\$ _____

\$ _____

Explain _____

4. Business

\$ _____

\$ _____

5. Farm

\$ _____

\$ _____

PART VII - EXPLANATIONS AND SPECIAL CIRCUMSTANCES

Use the end of the application for any explanations and/or special circumstances, unusual expenses, special education costs, etc. Please check here if such explanations are given. _____

SIGNATURES Applications without signatures will be disqualified

Student _____

Date _____

Student's Spouse (if applicable) _____

Date _____

Father _____

Date _____

Mother _____

Date _____

NAME: _____

Last

First

Use this space to explain any **SPECIAL CIRCUMSTANCES**
Show Item Number and Part to which the explanation refers.

Hansen-Furnas Foundation, Inc.

Form 1374

Page 1

Character Recommendation For Scholarship Award

To The Applicant: In the space below, fill in your name, address and name of high school from which you will graduate or name of college last attended. Then give this certificate to the reference named in your application.

(Name)

(Address)

(City)

(State)

High School Attended

To The Reference: Hansen-Furnas Foundation Scholarships are awarded on basis of need, scholastic ability, and leadership qualities. To assure that these scholarships go to the most worthy applicants, would you please provide the Foundation with as much information about the applicant as possible. Your recommendation should be made without consulting the applicant. All information received will be treated as confidential.

1. The applicant's serious purpose in life which would be advanced by an additional education can be best described as:

OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

2. To the best of your knowledge, is applicant accepting some responsibility to contribute financially to his/her own education through summer and/or school term employment?

☐ Yes

☐ No

3. To the best of your knowledge, is the applicant of high moral character and personal habits beyond reproach?

☐ Yes

☐ No

4. In your opinion, the leadership characteristics of the applicant should be rated as:

OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

5. In your opinion, the creativity of the applicant in school work, a hobby or in community service, should be rated as:

OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

(over)

Hansen-Furnas Foundation, Inc.

Form 1373

Page 1

Scholastic Record

To The Applicant: Fill in your name, address and graduate/school program to be pursued and submit this questionnaire to the high school principal, registrar or counselor of the last school attended. This form is not to accompany your application but to be mailed by the school official to the Hansen-Furnas Foundation, Inc.

(Name)

(Street Address)

(City, State and ZIP Code Number)

(Undergraduate course of study selected)

**To the Principal
Registrar or
Counselor:**

The student name at the top of this page is an applicant for a Hansen-Furnas Foundation Scholarship.

Frank and thoughtful answers to the questions which follow will be of great assistance to the Scholarship Committee in selecting the most worthy students for this scholarship award. All information furnished by you will be held in strictest confidence. A student's counselor or a teaching member of your staff may complete this report if you feel that person is better acquainted with the applicant's record.

AN OFFICIAL TRANSCRIPT THROUGH THE FIRST SEMESTER OF SENIOR YEAR MUST ACCOMPANY THIS FORM. IF APPLICANT IS A FIRST YEAR COLLEGE STUDENT, A HIGH SCHOOL TRANSCRIPT MUST ALSO ACCOMPANY THIS FORM.

1. The latest available scholarship numerical rank for this applicant was _____ in a class of _____ students for the school year _____.
Average grade to date: _____
Grading system used: _____
2. Did applicant take preparatory high school courses suitable for the field of study indicated above? _____
If not, please explain: _____
3. Results of tests: _____
School and college ability tests: _____
Other tests: _____
4. How has the applicant exhibited noteworthy abilities in his/her school work and/or in extracurricular activities? _____
5. In the opinion of the person making this report, the applicant's ambition, perseverance, and personality should be rated as:
OUTSTANDING EXCELLENT GOOD FAIR POOR
Your comment on rating given: _____

Hansen-Furnas Foundation, Inc.

Form 1374

Page 1

Character Recommendation For Scholarship Award

To The Applicant: In the space below, fill in your name, address and name of high school from which you will graduate or name of college last attended. Then give this certificate to the reference named in your application.

(Name)

(Address)

(City)

(State)

High School Attended

To The Reference: Hansen-Furnas Foundation Scholarships are awarded on basis of need, scholastic ability, and leadership qualities. To assure that these scholarships go to the most worthy applicants, would you please provide the Foundation with as much information about the applicant as possible. Your recommendation should be made without consulting the applicant. All information received will be treated as confidential.

1. The applicant's serious purpose in life which would be advanced by an additional education can be best described as:

OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

2. To the best of your knowledge, is applicant accepting some responsibility to contribute financially to his/her own education through summer and/or school term employment?

☐ Yes

☐ No

3. To the best of your knowledge, is the applicant of high moral character and personal habits beyond reproach?

☐ Yes

☐ No

4. In your opinion, the leadership characteristics of the applicant should be rated as:

OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

5. In your opinion, the creativity of the applicant in school work, a hobby or in community service, should be rated as:

OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

(over)

Hansen-Furnas Foundation, Inc.

Form 1374

Page 1

Character Recommendation For Scholarship Award

To The Applicant: In the space below, fill in your name, address and name of high school from which you will graduate or name of college last attended. Then give this certificate to the reference named in your application.

(Name)

(Address)

(City)

(State)

High School Attended

To The Reference: Hansen-Furnas Foundation Scholarships are awarded on basis of need, scholastic ability, and leadership qualities. To assure that these scholarships go to the most worthy applicants, would you please provide the Foundation with as much information about the applicant as possible. Your recommendation should be made without consulting the applicant. All information received will be treated as confidential.

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OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

2. To the best of your knowledge, is applicant accepting some responsibility to contribute financially to his/her own education through summer and/or school term employment?

☐ Yes

☐ No

3. To the best of your knowledge, is the applicant of high moral character and personal habits beyond reproach?

☐ Yes

☐ No

4. In your opinion, the leadership characteristics of the applicant should be rated as:

OUTSTANDING

EXCELLENT

GOOD

FAIR

POOR

5. In your opinion, the creativity of the applicant in school work, a hobby or in community service, should be rated as:

OUTSTANDING

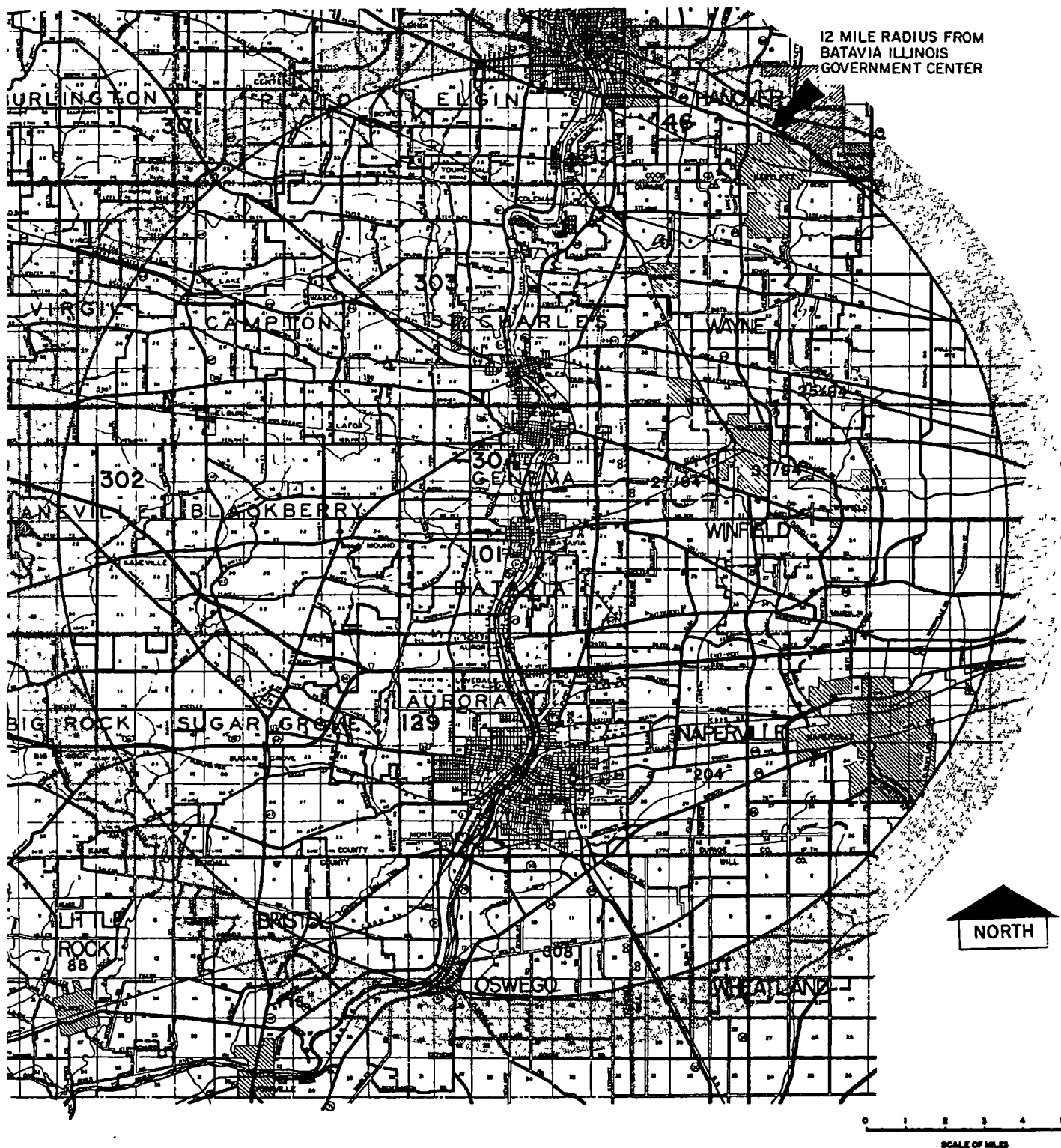
EXCELLENT

GOOD

FAIR

POOR

(over)



Indicate on this map your place of residence
and return with Scholarship Application.

Name _____

HANSEN-FURNAS FOUNDATION, INC.

SCHEDULES OF SCHOLARSHIPS

For the Years Ended December 31, 2013 and 2012

	2013	
	Number of Students Served	Total Award
Augustana College	1	3,000
Aurora University	1	10,700
Aurora University (Buckner)		2,500
Beloit College	1	-
Bob Jones University	1	2,000
Bradley University	1	2,000
Brigham Young University	2	1,750
Butler		3,500
Buena Vista	1	-
BYU Idaho		1,750
Carroll College		1,750
Carroll College (Leto M. Furnas)	1	6,750
Carthage		2,700
Central		3,500
Clark Atlanta		2,700
College of DuPage	-	-
Columbia College	-	-
Concordia	1	3,750
Concordia - River Forest		1,750
DePaul University	2	3,000
Dominican University	-	-
Drake		1,324
Eastern Illinois University	-	-
Elmhurst College	-	-
Eureka		2,700
Graceland		8,900
Harrington College of Design		3,500
Hillsborough Community College		1,750
Horas		1,350
Huissdough Community College		1,750
Illinois State University	1	5,000
Illinois Wesleyan	1	1,750

HANSEN-FURNAS FOUNDATION, INC.

SCHEDULES OF SCHOLARSHIPS (Continued)

For the Years Ended December 31, 2013 and 2012

	2013	
	Number of Students Served	Total Award
Iowa Central CC	1	\$ 5,000
Iowa State University	4	16,500
Iowa Western Community College	-	-
Judson		3,500
Lipscomb University		3,500
Loras		1,350
Loyola University	1	5,700
Macalester	-	-
Marquette University	-	-
Marquette University (Buckner)	-	5,000
Michigan State University	1	2,500
Millikin University	2	2,000
Moody Bible Institute	1	3,000
North Central College	3	8,200
Northern Illinois University	1	3,700
Northern Illinois University (Buckner)		2,500
Northern Michigan	-	2,000
Northland	-	3,500
Northwest Missouri State	4	5,000
Northwestern Midill School of Journalism	-	-
Northwestern University	1	2,700
Pensacola Christian	1	3,000
Purdue University	5	17,900
Purdue University (Carl Furnas Award)	1	28,794
Robert Morris College	-	-
Rose Hulman Institute of Tech	2	4,700
School of the Art Institute	-	-
Seton Hall	-	-
Simpson College	5	5,000
Southern Illinois University	1	3,500
Southwestern Community College	6	9,250
St. Ambrose	1	2,500

HANSEN-FURNAS FOUNDATION, INC.

SCHEDULES OF SCHOLARSHIPS (Continued)

For the Years Ended December 31, 2013 and 2012

	2013	
	Number of Students Served	Total Award
St. Louis University	-	\$ -
Syracuse University	-	-
Truman College	1	2,700
University of Alabama		3,500
University of Chicago	-	-
University of Illinois - Chicago	1	3,500
University of Illinois - Urbana	5	12,700
University of Iowa	6	4,000
University of Iowa (Buckner)	-	-
University of Kentucky	1	3,000
University of Missouri Columbia	1	2,500
University of Northern Iowa	1	3,500
University of Rochester	-	-
University of Wisconsin - Madison	-	-
University of Wisconsin - Whitewater	-	-
Upper Iowa	-	-
Waubensee Community College	2	6,500
Western Illinois	-	-
Wheaton College	1	3,000
William & Roseann Lisman Memorial	1	15,000
Xavier University	1	3,000
Subtotal		294,318
Less refunds		(8,125)
TOTAL SCHOLARSHIPS		<u>\$ 286,193</u>

HANSEN-FURNAS FOUNDATION, INC.

SCHEDULES OF CONTRIBUTIONS

For the Years Ended December 31, 2013 and 2012

	2013
Alzheimer's Disease Association	\$ 2,000
Art Institute of Chicago	-
Association for Individual Development	10,000
Aurora University	5,000
Aurora University - Welcome Center	12,500
Batavia Access TV	2,100
Batavia Cares	300
Batavia Depot Museum	300
Batavia Food Pantry	-
Batavia Foundation	1,950
Batavia RSVP Map Program	1,000
Batavia United Methodist Church	1,000
Beta Theta	500
Big Rock Historical	3,000
Camp Lakewood	250
CASA Kane County	10,000
DayOne Network	-
Delta Kappa Gamma	-
Fox Valley Hospice - Operations	5,000
Greg True Scholar Fund	2,000
Have Dreams	500
IMSA Fund for Advancement of Education	5,000
Lazarus House	15,000
Literacy Volunteers	2,500
Living Well Cancer Resource Center	19,500
Meals on Wheels	2,000
Mutual Ground	10,000
National Parks Conservatory Association	-
Nature Conservancy	1,000
Northern Illinois Food Bank	5,000
Northern Public Radio	1,000
Old Barn Museum	-
Opera House of Sandwich	1,000
Oswego Heritage Association	2,000

HANSEN-FURNAS FOUNDATION, INC.

SCHEDULES OF CONTRIBUTIONS (Continued)

For the Years Ended December 31, 2013 and 2012

	<u>2013</u>
PAWS Chicago	\$ 3,000
Rover Reserve	1,000
Suicide Prevention Services	-
The Conservation Foundation	-
The Fine Line	2,000
The Night Ministry	2,000
Tree House	1,000
Tri-City Family Services	10,000
Tri-City Health Partnership	10,000
VNA Fox Valley	5,000
Wounded Warrior Project	5,000
YMCA Lakewood	<u>-</u>
TOTAL CONTRIBUTIONS	<u>\$ 160,400</u>
Director's contributions - preferred charities	\$ 42,000
Contributions	<u>118,400</u>
TOTAL CONTRIBUTIONS	<u>\$ 160,400</u>

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a GROWTH & INC - CLASS A		P	VARIOUS	07/01/13
b GROWTH - CLASS A		P	VARIOUS	07/01/13
c TOTAL RETURN BOND FD		P	VARIOUS	07/01/13
d CONVERTIBLE FD - CLASS A		P	VARIOUS	07/01/13
e INTL GROWTH - CLASS A		P	VARIOUS	07/01/13
f HIGH INCOME - CLASS A		P	VARIOUS	07/01/13
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 238,389.		218,436.	19,953.
b 160,282.		157,745.	2,537.
c 75,862.		77,929.	<2,067.>
d 167,036.		179,660.	<12,624.>
e 76,884.		70,649.	6,235.
f 78,953.		78,956.	<3.>
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			19,953.
b			2,537.
c			<2,067.>
d			<12,624.>
e			6,235.
f			<3.>
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	14,031.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions	HANSEN-FURNAS FOUNDATION, INC.	Employer identification number (EIN) or 36-6049894
	Number, street, and room or suite no. If a P.O. box, see instructions. 28 SOUTH WATER STREET, SUITE 310	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BATAVIA, IL 60510	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOANNE B. HANSEN

- The books are in the care of ► **28 SOUTH WATER ST., SUITE 310 - BATAVIA, IL 60510**
Telephone No ► **(630) 761-1390** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2013** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	679.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	1,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HANSEN-FURNAS FOUNDATION, INC.	36-6049894
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	28 SOUTH WATER STREET, SUITE 310	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BATAVIA, IL 60510	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOANNE B. HANSEN

- The books are in the care of **28 SOUTH WATER ST., SUITE 310 - BATAVIA, IL 60510**

Telephone No **(630) 761-1390**

Fax No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**

5 For calendar year **2013**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

REQUEST FOR ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	293.
8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	1,000.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Joanne B. Hansen** Title **CPA**

Date **8/12/14**

Form 8868 (Rev 1-2014)