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Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

For	calen	dar year 2015 or tax year beginning	, 201	5, and	ending		, 20
Na	me of for	undation			A Employe	r identification numbe	er
T	HE HO	ENES FOUNDATION, Inc.				20-0878440	
		d street (or P O box number if mail is not delivered to street address)	Room	n/suite	B Telephor	ne number (see instructi	ons)
1	67 Lake	e Somerset Dr. NW				770-422-0081	
		n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pendi	na. check here ▶ 🗀
ı	Marietta	a, GA 30064-1719			,		
			n of a former public	charity	D 1. Foreia	n organizations, check l	nere ▶ 🗀
		☐ Final return ☐ Amended		,		•	
		Address change Name cha	nge			n organizations meeting here and attach compu	
Н	Check	type of organization Section 501(c)(3) exempt p	private foundation			foundation status was	terminated under
	Sectio	n 4947(a)(1) nonexempt charitable trust Other tax		dation	section 5	07(b)(1)(A), check here	. ▶⊔
ī	Fair m	narket value of all assets at J Accounting method	l: 🗸 Cash 🔲 A	ccrual	E If the fou	ndation is in a 60-montl	a termination
	end of	f year (from Part II, col. (c),			under se	ction 507(b)(1)(B), check	here
	line 16	67,843. (Part I, column (d) must be	e on cash basis)				
P	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
	_	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	61,000.				25.38 4.
	2	Check ► ☐ If the foundation is not required to attach Sch. B	1.244.44	100	\$ * T . 9 *	9. A - (\$65,60 to to to	3 / X *
	3	Interest on savings and temporary cash investments	0				* 1 *
	4	Dividends and interest from securities					· · /x/4.
	5a	Gross rents					1.3 4 30
	Ь	Net rental income or (loss)	7 "3Y XX 1."	3 . 3			. 33.34
9 0	6a	Net gain or (loss) from sale of assets not on line 10			\$6.40 · 4 \$\$		11. 18. 3 5
Revenue	b	Gross sales price for all assets on line 6a	ている (別様 アフ	(*	978. A		
3 8 8	7	Capital gain net income (from Part IV, line 2)	Se (2000) 48				
Ĕ	8	Net short-term capital gain	Si MANINT	12 to 18	ng Kost		
	9	Income modifications	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	10a	Gross sales less returns and allowances	.0 to 75588.24		18 (A) W	\$ A	* * * * * * * * * * * * * * * * * * * *
	b	Less Cost of goods sold	** > > 4 42 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	海。海	Kasa fire		
	С	Gross profit or (loss) (attach schedule)		FF A			
	11	Other income (attach schedule)					\$148 ME 1
	12	Total. Add lines 1 through 11	61,000.		0,	n/a	
S	13	Compensation of officers, directors, trustees, etc.					
Se	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)					·
	b	Accounting fees (attach schedule U		L			
tive	С	Other professional fees (attach schedule)	30.	ļ			30.
tra	17	Interest MAR 9 2016 Taxes (attach schedule) (see instructions)		ļ			
Ę.	18			ļ			
Ē	19	Depreciation (attach-schedule) and depletion		 			
ğ	20	Occupancy OGDEN, UT		ļ		, 	
9	21	Travel, conferences, and meetings		ļ			
a	22	Printing and publications		 			
Operating and Administrati	23	Other expenses (attach schedule)	8.	-		-	8.
ati	24	Total operating and administrative expenses.					
ě		Add lines 13 through 23	38.			25×食業です。	38.
o G	25	Contributions, gifts, grants paid	500.	1	3.98.49 Ja - S.		500.
_	26	Total expenses and disbursements. Add lines 24 and 25	538.	1 51 B XX	The second se	\$22 *52 \$*******************************	538.
	27	Subtract line 26 from line 12:	NO PROGRESSION				
	a	Excess of revenue over expenses and disbursements	60,462	\$. ** * ·		77 (8+3×3 3+3 1	The second of th
	Ь	` • • • • • • • • • • • • • • • • • • •			0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	" !
	ı c	Adjusted net income (if negative, enter -0-)	I WALLY WE	10 . 5	Jan San San San	n/a	1

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	- T	Attached schedules and amounts in the description column	Beginning of year		of year	
řē	rt II	Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	13.	5.	5.	
	2	Savings and temporary cash investments	7,368.	67,838.		
	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 (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶	<u> </u>			
		Less: allowance for doubtful accounts ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
- 1	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶			,	
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)			* - 1	
	14	Land, buildings, and equipment basis ▶	i vinalia de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania del compania		2 ** * * * * * * * * * * * * * * * * *	
		Less: accumulated depreciation (attach schedule) ▶	- Committee of the comm			
ļ	15	Other assets (describe ▶				
	16	Total assets (to be completed by all filers-see the				
		ınstructions. Also, see page 1, item l)	7,381.	67,843.	67,843.	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
Liabilities	19	Deferred revenue			444	
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			1 - A - A - A - A - A - A - A - A - A -	
ap	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe >)				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
_		Foundations that follow SFAS 117, check here ▶ □				
nd Balances		and complete lines 24 through 26 and lines 30 and 31.				
Ĕ	24	Unrestricted	7,381.	67,843.		
a	25	Temporarily restricted				
8	26	Permanently restricted			The second of th	
		Foundations that do not follow SFAS 117, check here ▶ □				
Net Assets or Fu		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds				
ĕ	30	Total net assets or fund balances (see instructions)	7,381.	67,843.		
et	31	Total liabilities and net assets/fund balances (see				
~		instructions)	7,381.	67,843.	March Section	
	art III					
-		al net assets or fund balances at beginning of year-Part II, colu	umn (a), line 30 (mu			
	end	-of-year figure reported on prior year's return)		· · · · <u>1</u>	7,381	
2	2 Ente	er amount from Part I, line 27a		2	60,462	
					0	
		I lines 1, 2, and 3		4	67,843	
				5	0	
	5 Tota	creases not included in line 2 (itemize) > al net assets or fund balances at end of year (line 4 minus line 5)—	-Part II, column (b), I	ine 30 6	67,843	
_					Form 990-PF (2015	

Part	(a) List and describe the	ne kınd(s) of property sold (e g , real estatuse, or common stock, 200 shs MLC Co.	e,	(b) How acquire P—Purchase D—Donation	(6)	o , day, yr)	(d) Date sold (mo , day, yr.)
1a					i		
b	NONE						
С							···-
d			·				
e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale			n or (loss) f) minus (g)
а							
b					}		
С			_ ::				
d							
е	_			<u> </u>			
	Complete only for assets sho	owing gain in column (h) and owned	by the foundati	on on 12/31/69		(A) Gains (Col	(h) gain minus
((i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any		col (k), but not	less than -0-) or rom col. (h))
а							
b	-			·			
C							
d							
_ _					1		
	Capital gain net income c		also enter in l		} 2		
•	N - 4 - b 4 4 4 - 1	• • • •	•		′ -		
	If gain, also enter in Part	In or (loss) as defined in sections I, line 8, column (c) (see instru	ctions). If (los	ss), enter -0- ın	} 3		
Part \		ler Section 4940(e) for Redu				me	
Was th		re this part blank. section 4942 tax on the distribut qualify under section 4940(e). C			ne base p	period?	☐ Yes ☐ No
1	Enter the appropriate am	ount in each column for each ye	ar; see the ins	tructions before	makıng	any entries.	
Calen	(a) Base period years dar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net valu	(c) e of noncharitable-us	se assets	Dist (col. (b) o	(d) ribution ratio divided by col (c))
	2014		537.		6,296.		0.09
	2013		536.		6,382.		0.08
	2012		415.		5,917.		0.07
	2011		455.		5,254.		0.09
	2010		440.		4,781.		0.09
	Total of line 1, column (d))				2	0.42
		dation has been in existence if le				3	0.084
4	Enter the net value of nor	ncharitable-use assets for 2015 f	rom Part X, Iır	те 5		4	9,781
5	5 Multiply line 4 by line 3				5	822	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			6	0
7	Add lines 5 and 6					7	822
8	Enter qualifying distribution	ons from Part XII, line 4		. <i></i>		8	538
		ater than line 7, check the box ii			te that p		

Part \		nstru	ctior	າຣ)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	ALOR L		, . 1
	bate of foling of determination letter (attach copy of letter if necessary—see instructions)		' -	٠, }
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check 1	e krijija kro		
•	here ▶ ☐ and enter 1% of Part I, line 27b		4.1	(* • j
С	Part I, line 12, col. (b).			2.1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	00
3	Add lines 1 and 2		0	00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	Mariana :	0	00
6	Credits/Payments:	10-7-3	5,e^	
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 0 00			y Tan
b	Exempt foreign organizations—tax withheld at source 6b			3. I
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6d			
d	Backup withholding erroneously withheld	Œ Lui		
7	Enter any penalty for underpayment of estimated tax. Check here \square if Form 2220 is attached		0	00
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		- 0	00
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax > Refunded > 11			
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		✓
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	.:. ,	\$ ".	1
	published or distributed by the foundation in connection with the activities.	整型		
С	Did the foundation file Form 1120-POL for this year?	1c		✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			:
	(1) On the foundation. ▶ \$ n/a (2) On foundation managers. ▶ \$ n/a			** `~
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			the of
	on foundation managers. ► \$n/a		200	#8-201
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Δ/ 33 · .	
_	If "Yes," attach a detailed description of the activities.			2. (
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		12 · 140	ا شِندا
		3	-	✓
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b E	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
3	If "Yes," attach the statement required by General Instruction T.	3	 ;	
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 			10 m
	conflict with the state law remain in the governing instrument?	6	/	
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	7	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	., 2.	4.7	3. s.*
	GEORGIA	ļ, .*· .	554	100
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	8b	√	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	13/2		,
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	1	

Part	VÍI-A Statements Regarding Activities (continued)	•		
			Yes	No
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		1
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		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ▶ <none></none>			
14		0-422-	0081	
		0064-1		
15	0 1 10 17 (14)			N
	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		<u> </u>	Y 35 %
	the foreign country ▶	1	\$2.1 	1 ()
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	<u> </u>	17.35
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	122	Yes	No
1a	During the year did the foundation (either directly or indirectly):	* ,,	1,77	23.4
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	17.7		1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	8. 2		30.3
	disqualified person?	3 8		3 2 3
	(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?			
	(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)?			13
	(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	1000	* * * * *	100
	termination of government service, if terminating within 90 days.)			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	AL.	Tana.	
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	FT 22	7336883
	Organizations relying on a current notice regarding disaster assistance check here	35 40	Q*(\$ 1480x)	300 S.F.
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		27	1
·	were not corrected before the first day of the tax year beginning in 2015?	1c	2 23 3.	3276% ./
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	11.5° (c.	, ,	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	44	. And	200
9	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	No.		150
_	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		£ 6.6 25 m	
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	18	,	
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	36.2		
	all years listed, answer "No" and attach statement—see instructions.)	2b	. Luni	\$1,72
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	38.	2 3	J-7577
U	► 20 , 20 , 20 , 20		1926	San a
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	500 mg		
Ju	at any time during the year?	THE COLUMN		136
	, , ,			
b	If "Yes," did it have excess business holdings in 2015 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		Carrier Carrier	
	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 2015.)		22.48	2462
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	├—	
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	6545	122
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	3.4	
	The second secon	100	1	i *

Page	6
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Part	VII-B				4720 I	May Be R	equire	d (contii	nued)	
5a	During	the year did the foundation pay or incur ar	ny amo	unt to:						19. ME 0 21 5
	(1) Ca	rry on propaganda, or otherwise attempt to	ınflue	nce legislatic	n (sect	ion 4945(e))? .	TYes	✓ No	
		uence the outcome of any specific public		on (see secti	on 495	5); or to ca	ırry on,			
	directly or indirectly, any voter registration drive?									上"北"。
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
		ovide a grant to an organization other than			-			_		1 377 1 37
		ction 4945(d)(4)(A)? (see instructions)						☐ Yes	✓ No	
		ovide for any purpose other than religious,						_		
		rposes, or for the prevention of cruelty to c						Yes	✓ No	
b		answer is "Yes" to 5a(1)-(5), did any of the							ribed in	
	•	itions section 53.4945 or in a current notice r					uctions)	· · ·	• • •	5b
		zations relying on a current notice regardir							▶□	
C		answer is "Yes" to question 5a(4), does the								
		se it maintained expenditure responsibility						☐ Yes	∐ No	
		," attach the statement required by Regula								
6a		e foundation, during the year, receive any f					emiums	_	F21.44	
_		ersonal benefit contract?						∐ Yes	_ ☑ No	Secretary and the second
b		e foundation, during the year, pay premium	is, aire	ctly or indired	ctiy, on	a personai	benem	contract		6b / **:>
_		" to 6b, file Form 8870.			عام بدمة ال		tion?	□Yes	√ No	
7a	At any	time during the tax year, was the foundation a s," did the foundation receive any proceeds	party t	io a pronibilei	i lax sili	tributable 1	to the ti	_		7b
b	t VIII	Information About Officers, Direct								
rai	C VIII	and Contractors	.013, 1	143(003, 1	Juilau	cioni ividino	agero,	· ngy ·	u.u	inpioyeee,
	l ist a	l officers, directors, trustees, foundation	mana	gers and th	eir con	nensation	(see i	nstructio	ns).	
				e, and average	(c) Co	npensation	(d) (Contribution	s to	(e) Expense account,
		(a) Name and address		rs per week ed to position		iot paid, ter -0-)		yee benefit erred comp		other allowances
RC	BERT V	V. HOENES		RESIDENT			<u>, , , , , , , , , , , , , , , , , , , </u>			
		MERSET DR., MARIETTA GA 30064-1719	PRI	1		-0-			-0-	-0-
		HOENES	VICE	PRESIDENT					_	
167 L	AKE SO	MERSET DR., MARIETTA GA 30064-1719	VIOL	1		-0-			-0-	-0-
		B. HOENES	TRI	EASURER						
167 L	AKE SO	MERSET DR., MARIETTA GA 30064-1719		1		-0-			-0-	-0-
		V. HOENES	SEC	CRETARY						
167 L	AKE SO	MERSET DR., MARIETTA GA 30064-1719		1		-0-			-0-	-0-
2	Comp	pensation of five highest-paid employee	es (oth	er than tho	se incl	uded on li	ne 1—	see insti	ruction	s). If none, enter
	"NON	E."		·						
				(b) Title, and a				(d) Contrib		(e) Expense account,
	(a) Name	and address of each employee paid more than \$50,00	0	hours per v		(c) Comper	nsation	plans and	deferred	other allowances
								compen	- GAUGII	
		NONE	-	 				ļ		
		NONE								
										
				<u> </u>				-		
	-				 .			 		
Total	numbe	r of other employees paid over \$50,000 .				L		·	. ▶	
. 5.01				· · · ·	<u>-</u>					Form 990-PF (2015)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Enand Contractors (continued)	nployees,
3 Five h	ighest-paid independent contractors for professional services (see instructions). If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
Total numbe	r of others receiving over \$50,000 for professional services	ļ
		<u> </u>
Part IX-A	Summary of Direct Charitable Activities	
List the foun organizations	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2	NONE	<u> </u>
		1
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	<u> </u>
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
	NONE	
2		
All other pro	gram-related investments. See instructions.	
3		
Total. Add lis	nes 1 through 3	 -

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundat	tions,
•	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	9,930
С	Fair market value of all other assets (see instructions)	1c	
ď	Total (add lines 1a, b, and c)	1d	9,930.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	9,930.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		3,000.
-	instructions)	4	149.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9.781.
6	Minimum investment return. Enter 5% of line 5	6	489.
Part		1 - 1	
	and certain foreign organizations check here ► □ and do not complete this part.)		•
1	Minimum investment return from Part X, line 6	1	489.
2a			703.
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	489.
5	Add lines 3 and 4	5	489.
6	Deduction from distributable amount (see instructions)	6	405.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	400
			489.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	10	
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	520
	Program-related investments—total from Part IX-B	1b	538.
ь 2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
~	purposes	2	
•	Amounts set aside for specific charitable projects that satisfy the:		-
3			
а	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	538.
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 (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	538.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	ig whether th	he foundation

art	Undistributed Income (see instruction	oris)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1. 4. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		489.
2	Undistributed income, if any, as of the end of 2015.				
а	Enter amount for 2014 only			0.	
b	Total for prior years 20,20,20	- Male & Marie 1	0.		3 , , , , ,
3	Excess distributions carryover, if any, to 2015:				
а	From 2010				
b	From 2011				
C	From 2012				
d	From 2013				
e	From 2014	أعند تنشفه تعديدا			
Ť	Total of lines 3a through e	920.		3 4 3 3 4 5 °C	\$ &****
4	hand As by C			* *********	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
_	Applied to 2014, but not more than line 2a.			ئىدىنىڭ بەزمىنىشىكىنىڭ	
a b	Applied to 2014, but not more than line 2a. Applied to undistributed income of prior years	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- /	U.	
_	(Election required—see instructions)		0.		
С	Treated as distributions out of corpus (Election	(A (A) (A) (A) (A)			8.001 20. 30.41
•	required—see instructions)	0.			
d	Applied to 2015 distributable amount			2	489.
e	Remaining amount distributed out of corpus	49.			1
5	Excess distributions carryover applied to 2015	0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as		183 L. C.		
	indicated below:			Paragraphy (Caracity Caracity	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	969.			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
			0.		
С	Enter the amount of prior years' undistributed	1. 19 (1. 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed	Bridge sign			
d	Subtract line 6c from line 6b. Taxable	**************************************	0.		
•	amount—see instructions		n		
е	Undistributed income for 2014. Subtract line			7 V.	
	4a from line 2a. Taxable amount-see				Sink:
	instructions	* * * * * * * * * * * * * * * * * * * *		0.	
f	Undistributed income for 2015. Subtract lines	317 A 18 KASE 1			
	4d and 5 from line 1. This amount must be	liga kandar			
	distributed in 2016	[] (W) [[((())]] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [((()))] / [(((())))] / [(((())))] / [(((())))] / [((((())))] / [(((((()))))] / [((((((((((((((((((* * * * * * * * * * * * * * * * * * * *	0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)			******	
	Excess distributions carryover from 2010 not	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8	applied on line 5 or line 7 (see instructions).	201.			
9	Excess distributions carryover to 2016.	201.	7 - 5-5 S.	18 18 18 18 18 18 18 18 18 18 18 18 18 1	
•	Subtract lines 7 and 8 from line 6a	768.			
10	Analysis of line 9:			1	4.4 **
а	Excess from 2011 192.				
b	Excess from 2012		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
С	Excess from 2013 217.				
d	Excess from 2014 191.				27.7%
е	Excess from 2015 49.			, , , , , , , , , , , , , , , , , , ,	
					Form 990-PF (2015)

	XIV Private Operating Foundat	tions (see Instri	uctions and Pan	t VII-A. guestion 9	1)	
	If the foundation has received a ruling				<u> </u>	,
	foundation, and the ruling is effective for				n/a	a
b	Check box to indicate whether the four	idation is a privat	e operating founda	ation described in se		
2a	Enter the lesser of the adjusted net	Tax year	Ti	Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed		-			
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					<u> </u>
	for active conduct of exempt activities .					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					· · · · · ·
	alternative test relied upon:				ļ	
а	"Assets" alternative test - enter					
	(1) Value of all assets				ĺ	
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)				İ	
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"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					
Part	XV Supplementary Information	n (Complete t	his part only if	the foundation h	ad \$5,000 or mo	ore in assets a
	any time during the year-	see instruction	ns.)			
1	Information Regarding Foundation	Managers:				·
а	List any managers of the foundation					by the foundatioi
	before the close of any tax year (but o	nly if they have o	contributed more	than \$5,000). (See s	section 507(d)(2).)	
	NONE					
b	List any managers of the foundation					ge portion of the
	ownership of a partnership or other ei	ntity) of which the	e foundation has a	a 10% or greater int	erest.	
	NONE					
2	Information Regarding Contribution	ı, Grant, Gift, Lo	an, Scholarship,	etc., Programs:		
	Check here ► ☐ If the foundation					
	unsolicited requests for funds. If the f		s gifts, grants, etc	. (see instructions)	to individuals or org	ganızatıons unde
	other conditions, complete items 2a,	o, c, and d.				
а	The name, address, and telephone nu	ımber or e-mail a	ddress of the per	son to whom applic	ations should be a	ddressed

c Any submission deadlines

LETTER

BY AUGUST 31st OF THE CALENDAR YEAR.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Part XV Supplementary Information (cont 3 Grants and Contributions Paid During		ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	or depoternial deriving to			
COUNTY FOR MUSEUM A CONTRACTOR OF				
SOUTHERN MUSEUM of CIVIL WAR & LOCOMOTIVE HISTORY	n/a	501(c)(3)	LIBRARY & ARCHIVES BLDG.	250.
2829 CHEROKEE STREET KENNESAW, GA 30144				
REINESAW, GA 30144				
	;			
THE GEORGIA CONSERVANCY	n/a	501(c)(3)	ACQUISITIONS & DEVELOPMENT	250.
817 WEST PEACHTREE STREET ATLANTA, GA 30308-1121				
Tabel				
b Approved for future payment	 	<u> </u>	▶ 3a	500.
NONE				
Total	<u></u>		▶ 3h	
I DIGI			■ 26	

	XVI-A Analysis of Income-Producing Ac			Te	540 540 544	
Enter	gross amounts unless otherwise indicated.	(a)	(b)	(c)	on 512, 513, or 514 (d)	(e) Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions.)
	Program service revenue: a	-				
	b			 	-	
	c					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
	Membership dues and assessments					
	Interest on savings and temporary cash investments			14	0.	
_	Dividends and interest from securities	V Name and a K. Judy 254 (1984)	art strange distributions	1 JEN 5487 S. 7 C. 7 C. 427 J	Contract Con	www.
5	Net rental income or (loss) from real estate:	13 14 18 18 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	A LANGTON	2018 S. 15 10 10 10	19.64 A. C. KALESTON	<u> </u>
	a Debt-financed propertyb Not debt-financed property		-			
6	b Not debt-financed property			 		
	Other investment income					
	Gain or (loss) from sales of assets other than inventory			-		
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	C					
	d					
	•	l l			<u> </u>	
	<u> </u>	/ 2000 ch acrosses An a 400 cm (40.0		2 Marsh 66 W. S W.	1	
12	Subtotal. Add columns (b), (d), and (e)			(C	• • • • • • • • • • • • • • • • • • • •	
13	Total. Add line 12, columns (b), (d), and (e)				. 13	
13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	 ns.)	· · · · · ·		• • • • • • • • • • • • • • • • • • • •	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	C
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
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13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
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13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
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13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
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13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	(
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	0
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	0
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	C
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ns.) Accomplishm	ent of Exemp	ot Purposes	. 13	0

Part	ΧVII		n Regarding Tra ganizations	nsfers To and Tran	sactions and	Relationsh	ips With I	Nonchar	itable	
1	ın sec			r engage in any of the faction 501(c)(3) orga					Yes	No
а			-	to a noncharitable exe					. 3 7.7	E.
								- F	1a(1)	√
	• •							<u>.</u>	1a(2)	√ Maria A.
b		transactions:	a nanaharitahla ay	cempt organization .				r	遺産 1b(1)	
				table exempt organiza					1b(1)	1
				er assets					1b(3)	1
								F	1b(4)	1
			-						1b(5)	-
				ship or fundraising solid					1b(6)	1
С				lists, other assets, or p					1c	1
d		-		es," complete the follo				-		narket
				vices given by the repo						
				gement, show in colun						
(a) Line	no (i	Amount involved	(c) Name of non	charitable exempt organization	on (d) Desc	ription of transfe	ers, transaction	ns, and shari	ng arrangem	ents
			n/a							
										
								· · _ · - · · · · · · · · · · · · ·		
				# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>	4				
2a				iffiliated with, or relate (other than section 501					V 🗖	
			e following schedul		r(c)(3)) or in secti	011 327 ? .		· · ⊔	Yes ✓	NO
b	II TE	(a) Name of organ			anization	<u> </u>	(c) Descriptio	n of relations	:hin	
		(a) Name of organ	IZAGOTI	(b) Type of org	anization		(c) Descriptio	II OI relations	intp	
	n/	<u>a</u>								
							· · · ·			
				 						
	Unde	r penalties of perjury. I	declare that I have exami	ned this return, including accord	npanying schedules an	L d statements, and	to the best of	my knowledg	e and belief, i	t is true.
Sign				than taxpayer) is based on all in					discuss this	
Here		M/m	1/1/100	WW 103/19/16	President			with the pre	eparer shown	below
		ature of efficer or tru	stee	Date	Title		:	(see instruct	ions)? 🗌 Yes	∐No
D-:-	<u> </u>	Print/Type preparer	's name	Preparer's signature		Date	Check	k 🗌 ıf PT	IN	
Paid	OH6"							mployed		
Prep Use		Firm's name ▶					Firm's EIN ▶	 •		
USE	Firm's address Phone no									

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.

OMB No 1545-0047

2015

Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number** THE HOENES FOUNDATION, Inc. 20-0878440

Organiz	ation type (check or	ne):		
Filers o	!:	Section:		
Form 99	0 or 990-EZ	☐ 501(c)() (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	√ 501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
Note. O	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.			
Genera	General Rule			
V	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.		
Special	Rules			
	regulations under so 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
	contributor, during to contributions totale during the year for a General Rule application.	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such and more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the less to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year		
Caution	. An organization tha	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990.		

Name of organization Employer identification number
THE HOENES FOUNDATION, Inc. 20-0878440

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
	Robert & Joanne Hoenes 167 Lake Somerset Dr. NW Marietta, GA 30064-1719	\$ 1,000.00	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Robert Hoenes 167 Lake Somerset Dr. NW Marietta, GA 30064-1719	\$ 20,000,00	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Joanne Hoenes 167 Lake Somerset Dr. NW Marietta, GA 30064-1719	\$ 40,000.00	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

The HOENES FOUNDATION INC. EIN 20-0878440 SCHEDULE Of INFORMATION For FORM 990-PF Tax Year 2015

PART I, LINE 16c.	
Other Professional Fees:	
Annual State of Georgia Corporation filing fee.	\$30.
PART I, LINE 18.	
<u>Taxes:</u>	
Excise tax on investment income.	\$0.
PART I, LINE 23.	
Other Expenses:	
Postage and mailing direct costs.	\$8.
PART VII-A, LINE 10.	
Persons becoming substantial contributors During the Tax Year:	
Mr. and Mrs. Robert W. Hoenes 167 Lake Somerset Drive Marietta, GA 30064-1719	
Both substantial contributors are the founders and current officers of the foundation.	