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EXTENDED TO NOVEMBER 15, 2016

Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ 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.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 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) Room/suite

28 SOUTH WATER STREET, SUITE 310

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) ▶$ 862,240.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

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	522,000.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	4,063.	4,063.		STATEMENT 1
	4 Dividends and interest from securities	23,810.	23,810.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<22,523.>			
	b Gross sales price for all assets on line 6a 301,826.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	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	4,000.	4,000.	0.	STATEMENT 3
	12 Total. Add lines 1 through 11	531,350.	31,873.	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 4	13,080.	0.	0.	13,080.
	c Other professional fees STMT 5	4,780.	4,780.	0.	0.
	17 Interest				
	18 Taxes STMT 6	2,184.	0.	0.	1,909.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 7	15,247.	0.	0.	15,247.
	24 Total operating and administrative expenses. Add lines 13 through 23	65,751.	4,780.	0.	60,696.
	25 Contributions, gifts, grants paid	525,213.			525,213.
	26 Total expenses and disbursements. Add lines 24 and 25	590,964.	4,780.	0.	585,909.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<59,614.>			
	b Net investment income (if negative, enter -0-)		27,093.		
	c Adjusted net income (if negative, enter -0-)			0.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	88,888.	70,100.	70,100.
	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			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	865,167.	792,140.	792,140.
	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 I)	954,055.	862,240.	862,240.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	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.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	954,055.	862,240.	
	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**	954,055.	862,240.	
	31 **Total liabilities and net assets/fund balances**	954,055.	862,240.	

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	954,055.
2	Enter amount from Part I, line 27a	2	<59,614.>
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	894,441.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	32,201.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	862,240.

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 STATEMENTS			
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	301,826.		324,349.	<22,523.>

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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				<22,523.>

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	<22,523.>
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))
2014	501,938.	1,098,835.	.456791
2013	504,276.	1,022,781.	.493044
2012	489,053.	1,045,384.	.467821
2011	513,766.	1,118,003.	.459539
2010	499,152.	1,056,009.	.472678

2	**Total** of line 1, column (d)	2	2.349873
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	3	.469975
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	1,022,823.
5	Multiply line 4 by line 3	5	480,701.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	271.
7	Add lines 5 and 6	7	480,972.
8	Enter qualifying distributions from Part XII, line 4	8	585,909.

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.

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	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 520.		
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	520.
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	249.
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ▶ 249. **Refunded** ▶	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?	1a		X
b	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.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		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*	2		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*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		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?	6	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*	7	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*	8b	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-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		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?	13	X	

Website address ▶ N/A

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

		Yes	No
16 At any time during calendar year 2015, 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 FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		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)?	1b		X
Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 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 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.)* 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 2015?	4b		X

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 4945(d)(4)(A)? (see instructions)	☐ 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)?		5b	X
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐		
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?		6b	X
	If "Yes" to 6b, file Form 8870.			
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 10		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

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.

Form **990-PF** (2015)

523561
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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	885,849.
b	Average of monthly cash balances	1b	152,550.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	1,038,399.
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	1,038,399.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,576.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,022,823.
6	**Minimum investment return.** Enter 5% of line 5	6	51,141.

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	51,141.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	271.		
b	Income tax for 2015. (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	50,870.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	50,870.
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	50,870.

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	585,909.
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	585,909.
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	585,638.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				50,870.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ $ 585,909.				
a Applied to 2014, 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 2015 distributable amount				50,870.
e Remaining amount distributed out of corpus	535,039.			
5 Excess distributions carryover applied to 2015 (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	535,039.			
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				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)	535,039.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum 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 for active conduct of exempt activities					
e 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: 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					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 11

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

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	285,713.
VARIOUS SEE SCHEDULE ATTACHED	NONE		GENERAL	205,500.
VARIOUS SEE SCHEDULE ATTACHED	NONE		PREFERRED CHARITIES	34,000.
Total			▶ 3a	525,213.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	4,063.	
4 Dividends and interest from securities			14	23,810.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	4,000.	
8 Gain or (loss) from sales of assets other than inventory			18	<22,523.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		9,350.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	9,350.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

▶ Signature of officer or trustee — Date: 8/27/16 — ▶ Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
ANDREW T. TWARDOWSKI, CPA	ANDREW T. TWARDOW	08/25/16		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** (2015)

523622
11-24-15

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

2015

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, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

Caution. An organization that 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).

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	$ 522,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	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 [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	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 [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: HANSEN-FURNAS FOUNDATION, INC.

Employer identification number: 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
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. 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 info 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

(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

(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

(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

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	MFC SPDR INDEX SHS FDS S&P GLOBAL NAT RES ETF	P	08/31/15	10/01/15
b	MFB NORTHN FDS MULTI-MANAGER GLOBAL REALEST ATE F	P	08/26/15	12/03/15
c	MFC VANGUARD FTSE EMERGING MKTS ETF EMERGING MKTS	P	08/26/15	12/03/15
d	MFC FLEXSHARES TR MORNINGSTAR EMERG MKTSFACT	P	12/03/15	12/18/15
e	MFB NORTHERN MUL TL MANAGER GLOBAL LISTEDINFRASTR	P	09/18/15	12/18/15
f	MFB NORTHERN FDS GLOBAL REAL ESTATE INDEX FD	P	12/03/15	12/18/15
g	MFB NORTHN HI YIELD FXD INC FD	P	12/26/15	12/23/15
h	MFC FLEXSHARES TR MORNINGSTAR EMERG MI<TSFACT	P	07/12/13	08/26/15
i	MFB NORTHERN FDS GLOBAL REAL ESTATE INDEX FD	P	07/12/13	08/26/15
j	MFC FLEXSHARES TR MORNINGSTAR GLOBAL UPSTREAM NAT	P	07/12/13	08/31/15
k	MFC FLEXSHARES TR MORNINGSTAR US MI<T FACTOR TILT	P	07/12/13	08/31/15
l	MFC FLEXSHARES TR MORNINGSTAR DEVELOPED MARKETS E	P	07/12/13	12/18/15
m	MFC FLEXSHARES TRUST QUALITY DIVID INDEXFD	P	12/17/14	12/18/15
n	MFC !SHARES TR IBOXX USD INVT GRADE CORPBD ETF	P	07/12/13	12/18/15
o	MFB NORTHN FDS SHORT BDFD	P	10/03/14	12/18/15

	(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	11,461.		12,543.	<1,082.>
b	34,415.		33,658.	757.
c	63,742.		62,402.	1,340.
d	2,355.		2,459.	<104.>
e	812.		854.	<42.>
f	1,347.		1,348.	<1.>
g	53.		53.	0.
h	61,613.		72,855.	<11,242.>
i	34,225.		35,000.	<775.>
j	12,602.		16,241.	<3,639.>
k	8,392.		7,208.	1,184.
l	5,425.		5,513.	<88.>
m	4,368.		4,447.	<79.>
n	3,664.		3,649.	15.
o	1,503.		1,525.	<22.>

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				<1,082.>
b				757.
c				1,340.
d				<104.>
e				<42.>
f				<1.>
g				0.
h				<11,242.>
i				<775.>
j				<3,639.>
k				1,184.
l				<88.>
m				<79.>
n				15.
o				<22.>

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

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

523591
04-01-15

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	MFB NORTHN FDS CORE BD FD	P	10/03/14	12/18/15
b	MFB NORTHN HI YIELD FXD INC FD	P	07/12/13	12/18/15
c	MFB NORTHN HI YIELD FXD INC FD	P	VARIOUS	12/23/15
d	CAPITAL GAINS DIVIDENDS			
e				
f				
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	2,252.		2,298.	<46.>
b	2,007.		2,344.	<337.>
c	51,575.		59,952.	<8,377.>
d	15.			15.
e				
f				
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			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
	(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				<46.>
b				<337.>
c				<8,377.>
d				15.
e				
f				
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	<22,523.>
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

523591
04-01-15

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	4,063.	4,063.	4,063.
TOTAL TO PART I, LINE 3	4,063.	4,063.	4,063.

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	23,825.	15.	23,810.	23,810.	23,810.
TO PART I, LINE 4	23,825.	15.	23,810.	23,810.	23,810.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
CANCELLED CHECKS	4,000.	4,000.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	4,000.	4,000.	0.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT AND ACCOUNTING FEES	13,080.	0.	0.	13,080.
TO FORM 990-PF, PG 1, LN 16B	13,080.	0.	0.	13,080.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	4,780.	4,780.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	4,780.	4,780.	0.	0.

FORM 990-PF TAXES STATEMENT 6

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	275.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	2,184.	0.	0.	1,909.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATIVE EXPENSE	12,747.	0.	0.	12,747.
SCHOLARSHIP COMMITTEE FEES	2,500.	0.	0.	2,500.
TO FORM 990-PF, PG 1, LN 23	15,247.	0.	0.	15,247.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS PURSUANT TO SFAS 124	32,201.
TOTAL TO FORM 990-PF, PART III, LINE 5	32,201.

FORM 990-PF OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NT LARGE CAP EQUITY SECURITIES	FMV	325,987.	325,987.
NT MID CAP EQUITY SECURITIES	FMV	0.	0.
NT INTERNATIONAL DEVELOPED EQUITY SECURITIES	FMV	127,024.	127,024.
NT INTERNATIONAL EMERGING EQUITY SECURITIES	FMV	55,654.	55,654.
NT CORPORATE/GOVERNMENT FIXED INCOME	FMV	244,318.	244,318.
NT REAL ESTATE FUNDS	FMV	33,817.	33,817.
NT COMMODITIES	FMV	5,340.	5,340.
TOTAL TO FORM 990-PF, PART II, LINE 13		792,140.	792,140.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 10

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.
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 11
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 2015 FORM 990, AVAILABLE UPON REQUEST

ANY SUBMISSION DEADLINES

APPLICATION FORM AND TRANSCRIPT DUE INTO FOUNDATION OFFICE BY 5:00 P.M. MARCH 1

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. STATEMENT 11
36-6049894
ATTACHMENT TO PART XIII
DECEMBER 31, 2015

CORPUS DISTRIBUTION

CONTRIBUTION FROM LETO M. FURNAS TRUST RECEIVED DURING 2015		$ 522,000
DISTRIBUTION OF CORPUS IN 2015 (PART XIII, LINE 7)	535,039	
APPLIED TO REQUIRED DISTRIBUTION FOR 2014	(126,791)	
APPLIED TO 2015 LETO FURNAS CONTRIBUTION		408,248
BALANCE OF 2015 LETO FURNAS CONTRIBUTION REQUIRED TO BE DISTRIBUTED BY DECEMBER 31, 2015		$ 113,752

HANSEN-FURNAS FOUNDATION, INC.

SUPPLEMENTAL SCHEDULES OF SCHOLARSHIPS

For the Years Ended December 31, 2015 and 2014

	2015		2014	
	Number of Students Served	Total Award	Number of Students Served	Total Award
Allen College	1	$ 2,500	-	-
Arizona State University	1	2,500	2	$ 4,800
Aurora University	1	8,800	4	13,300
Aurora University (Buckner)	1	2,500	1	2,500
Benedictine	1	3,000	2	6,500
Benedictine Kansas	-	-	1	2,400
Bethel	-	-	1	3,500
Byrn Maur	1	2,300	-	-
Butler	2	14,300	4	10,200
Carroll College	1	2,500	1	2,400
Carthage	-	-	1	2,500
Central	1	3,500	2	7,000
Clark Atlanta	-	-	2	3,650
Clarke	2	5,000	-	-
Colorado State	2	4,400	1	2,400
Columbia College	1	2,500	-	-
Concordia	1	3,000	1	2,500
Concordia - River Forest	-	-	1	1,250
Creighton	1	2,300	-	-
DePaul University	1	3,000	1	3,000
Des Moines Area Community College	-	-	2	2,950
Eastern Illinois University	-	-	1	2,500
Elmhurst College	1	2,300	-	-
Eureka	-	-	1	1,250
Florida Institute of Technology	1	2,300	-	-
Florida International University	1	2,500	1	2,400
Goucher	1	3,300	-	-
Grand Valley State	-	-	1	2,400
Grandview	-	-	1	2,400
Hampton	1	3,300	-	-
Harrington College of Design	1	1,250	1	2,500
Illinois State University	2	7,300	1	2,400
Illinois Wesleyan	1	3,500	1	3,500
Indian Hills CC	-	-	1	3,500
Iowa State University	6	16,100	4	11,900
Liberty University	1	2,500	1	2,400
Loras	2	5,800	2	4,400
Loyola University	1	4,150	1	2,500

HANSEN-FURNAS FOUNDATION, INC.

SUPPLEMENTAL SCHEDULES OF SCHOLARSHIPS (Continued)

For the Years Ended December 31, 2015 and 2014

	2015		2014	
	Number of Students Served	Total Award	Number of Students Served	Total Award
Marquette University	1	$ 3,800	-	$ -
Michigan State University	1	3,000	1	2,500
Millikin University	-	-	1	2,500
Moody Bible Institute	1	2,500	1	3,000
North Central College	-	-	2	6,000
Northern Illinois University	2	7,300	1	2,500
Northern Illinois University (Leto M Furnas)	1	2,500	-	-
Northland	-	-	1	3,500
Northwest Missouri State	1	3,800	-	-
Notre Dame	1	3,800	1	2,400
Purdue University	5	16,200	6	10,400
Purdue University (Carl Furnas Award)	1	28,804	1	28,804
Rose Hulman Institute of Tech	-	-	2	4,500
Simpson College	2	7,100	2	5,400
Southern Illinois University	-	-	1	3,500
Southwestern Community College	2	8,550	1	2,500
St. Ambrose	1	3,300	1	1,250
St. Louis University	1	3,800	-	-
Taylor University	1	2,300	-	-
Truman College	1	3,500	1	3,000
Tulane	1	3,800	-	-
University of Dayton	1	2,500	1	2,400
University of Illinois - Chicago	1	3,000	2	5,400
University of Illinois - Urbana	3	20,300	7	18,800
University of Iowa	2	4,550	4	10,300
University of Kentucky	2	6,800	1	3,500
University of Missouri Columbia (Leto M Furnas)	1	5,000	-	-
University of Missouri Columbia (Buckner)	-	-	1	5,000
University of Northern Iowa	1	3,500	1	2,500
University of Rochester	1	2,500	1	2,500
University of West Virginia	1	3,300	-	-
University of Wisconsin - LaCrosse	1	2,300	-	-
Vanderbilt	1	3,000	1	3,500
William & Roseann Lisman Memorial	1	15,000	1	15,000
Xavier University	-	-	1	3,500
Subtotal		292,204		269,054
Less refunds		(6,491)		(18,338)
TOTAL SCHOLARSHIPS		$ 285,713		$ 250,716

HANSEN-FURNAS FOUNDATION, INC.

SUPPLEMENTAL SCHEDULES OF CONTRIBUTIONS

For the Years Ended December 31, 2015 and 2014

	2015	2014
Aly Foundation	$ -	$ 2,000
Art Institute of Chicago	-	170
Association for Individual Development	25,000	22,000
Aurora University	5,000	5,000
Aurora University - Welcome Center	12,500	12,500
Batavia Cares	-	1,000
Batavia Fireworks Fund	1,000	-
Batavia Foundation	500	5,600
Batavia Historical Society	5,500	5,300
Batavia RSVP Map Program	1,000	-
Batavia United Methodist Church	1,250	1,500
Big Rock Historical	-	3,000
Big Rock Library	3,000	-
CASA Kane County	12,500	10,000
Charles & Inge Gerks Alzheimers Fund	2,000	-
DayOne Network	-	25,000
Delta Kappa Gamma	500	500
Dickson - Murst Farm	1,000	
Ecker Center	500	-
Fox Valley Hands of Hope	10,000	-
Fox Valley Hospice - Operations	-	10,000
Garfield Farms	20,000	10,000
Greg True Scholar Fund	2,000	2,000
IMSA Fund for Advancement of Education	5,000	5,000
Joshua Tree Community	12,000	-
Lazarus House	10,000	10,000
Living Well Cancer Resource Center	16,000	15,500
Morton Arboretum	-	170
Mutual Ground	15,000	15,000
Nature Conservancy	1,000	1,000
Northern Illinois Food Bank	25,000	5,000
Northern Public Radio	1,000	1,000
NTCA	-	60

HANSEN-FURNAS FOUNDATION, INC.

SUPPLEMENTAL SCHEDULES OF CONTRIBUTIONS (Continued)

For the Years Ended December 31, 2015 and 2014

	2015	2014
Oswego Heritage Association	$ 2,000	$ 2,000
Rebuilding Together Aurora	-	1,000
Rover Reserve	1,000	1,000
RSVP Drug Program	250	300
Special Olympics	20,000	-
Suicide Prevention Services	5,000	-
The Fine Line	500	500
Tri-City Family Services	10,000	10,000
Tri-City Health Partnership	10,000	10,000
United Way	-	500
Valley Sheltered Workshop	1,000	-
Wellness House	500	-
YMCA Lakewood	1,000	250
TOTAL CONTRIBUTIONS	$ 239,500	$ 193,850
Director's contributions - preferred charities	$ 34,000	$ 30,000
Contributions	205,500	163,850
TOTAL CONTRIBUTIONS	$ 239,500	$ 193,850

Hansen-Furnas Foundation, Inc. Telephone (630) 761-1390
28 South Water Street, Suite 310
Batavia, Illinois 60510

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. **NO FAXES OR EMAILS ARE ACCEPTED. 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.**

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 **(2 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.

Enclosures: Booklet
Forms 1372, 1372P, 1373, 1374 (2), 1376, Map

Hansen-Furnas Foundation, Inc.

Hansen-Furnas Foundation Inc., of Batavia, Illinois, was founded in 1960 by William Carlyle Furnas and his wife, Leto M. Furnas. The Hansen-Furnas Foundation was established to support, through contributions, various approved and worthwhile local and national charities, and also religious, scientific and educational programs.

In 1932 Mr. Furnas founded the Furnas Electric company of which he was President and Chairman of the Board until his death in 1962. While conducting the operations of the company, he became increasingly aware of the industry's great need for educated and trained personnel. Acting upon his conviction that education was basic to industrial progress and human welfare, he contributed generously to scholarship programs.

The Hansen-Furnas Foundation, in recognition of Mr. Furnas' moral and financial support of education, has established a scholarship program to provide financial aid to qualified persons who seek a higher education.

General Scholarship Information

Scholarships are available to worthy students whose principal residence is within the geographic area described under "Eligibility Requirements".

A full tuition scholarship to Purdue University will be awarded in memory of William Carlyle Furnas, who graduated from the school in 1908, and who later founded the Furnas Electric Company and Hansen-Furnas Foundation.

Hansen-Furnas Foundation scholarships to other accredited universities, colleges and/or vocational schools will be awarded each year. The amount of each scholarship and the number of scholarships awarded will depend upon the funds available.

Scholarship awards will not exceed $3,000, or tuition and fees, whichever is less. Room, board, books, social activities, clothes and other incidentals are not covered. The actual awards will be based primarily on financial need and scholastic record. For new applicants, character references, the quality of the letter of application, and school and community activities will also be considered.

Scholarship award payments will be made to the college or university on a semester or quarterly basis. Payments will continue during the academic year if the student maintains normal progress and a satisfactory scholastic standing. Scholarship awards will be for one school year only. To renew the scholarship, the recipient must reapply yearly.

Any funds remaining after tuition and fees have been paid are to be returned by the college or university to the Hansen-Furnas Foundation for future scholarship awards.

Eligibility Requirements

1. Scholarship applicants must be United States citizens.
2. Awards will be given only to full-time, undergraduate students at an accredited university, college or vocational school, with the exception of foreign schools. Post-graduate students are not eligible.
   "Full-time" is defined as a minimum of 12 semester hours or their equivalent. "Foreign schools" is defined as any school that operates outside the United States. Students may do coursework at foreign schools as long as it is through their current university.
3. Permanent residence must be within twelve (12) miles of the Batavia City Government Center, Batavia, Illinois or in Clarke County, Iowa.

Selection of Scholarship Winners

Yearly winners will be selected by an impartial Scholarship Committee appointed by the Directors of the Hansen-Furnas Foundation, and their decisions will be considered final.

This Scholarship Committee will consider the following factors in deciding upon the relative merits of applicants:

1. Financial need
2. Scholastic records
3. A personal letter
4. Course of study and interests
5. Participation in extracurricular, community or organizational activities during high school or college
6. Completeness of application materials

Original awards may be for any year of undergraduate study commencing with the fall term.
It is necessary that all applications and other requisite documents be received **in the Foundation office by *March 1.*** Email and faxes are not accepted.

Scholarship Renewals

The Scholarship Committee will review all applications annually, and renewals will be subject to established eligibility requirements.
To renew their scholarship, each applicant must reapply yearly.
It is necessary that all applications and other requisite documents be received **in the Foundation office no later than March 1.** Email and faxes are not accepted.

Hansen-Furnas Foundation, Inc. Application

Form 1372 **Page 1** **Hansen-Furnas Foundation Scholarship**

Date_____ Last four digits of your SS#_____

1. Full Name_____ Age_____
   First Middle Last
2. Home Address_____
   Street City State Zip Code
3. Email Address_____
4. Home Phone(___)_____ Cell Phone(___)_____
5. From what high school did you, or will you, graduate?_____
   Name of High School City State
6. Rank in Class_____Class size_____Date of Graduation_____
7. In what extra-curricular/volunteer activities did you participate?
   School_____
   Community_____
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 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 do you plan to attend?_____
    Name (MUST BE ADDRESS OF COLLEGE FINANCIAL AID OFFICE)
    REQUIRED:_____
    Street **City** **State** **ZipCode**
14. Date of entrance_____
15. School residence address (if known)_____
16. Your proposed profession or occupation_____
17. What course of study will you pursue?_____

Last Name First Name

Hansen-Furnas Foundation, Inc. Application

Form 1372 **Page 2** **Hansen-Furnas Foundation Scholarship**

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_____

Employer & job:_____

21. Will you be working next year to help meet expenses? Yes_____ No_____

Explain _____

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.

Name	Amount	Pending/Awarding
_____		
_____		

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

INCOME:		EXPENSES:	
From parents	$_____	Tuition and fees	$_____
From summer job	$_____	Books and supplies	$_____
From school job	$_____	Board and room	$_____
From savings	$_____	Transportation	$_____
From loans	$_____	Clothes and incidentals	$_____
From other sources:	$_____	Other	$_____
(Please specify: _____)	$_____	(Please specify: _____)	$_____
TOTAL:	$_____ =	TOTAL:	$_____

Do the above totals balance? Yes____No____If the totals do not balance, your application will be disqualified.

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

25. All applicants must complete this item. If you are married, complete this item for yourself and your spouse, rather than for your parents.

Father's name_____	Mother's Name_____
Occupation_____	Occupation_____
Employer_____	Employer_____
Employer's Address_____	Employer's Address_____

Legal guardian's name_____

Last Name First Name

Hansen-Furnas Foundation, Inc. Application

Form 1372 **Page 3** **Hansen-Furnas Foundation Scholarship**

26. Parents marital status? Married_____Separated_____Divorced_____Widowed_____

27. Your martial status? Single_____ Married_____ Divorced_____ Widowed_____

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 two persons completing Form 1374-Character Recommendation.

30. If you believe there is additional information which should be considered by the Committee, add it to the end of this form, and mark this line. Attachment_____

31.

32. My permanent residence meets the "Eligibility Requirements outlined in the Scholarship Program booklet. Yes_____ No_____

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

I have read and understood the terms and provisions of the Hansen-Furnas Foundation Scholarship Handbook.

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

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

- 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 with 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. Fax and email forms will not be accepted.

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)

Date_____ Last four digits of your SS#_____

1. Full Name_____ Age_____
   First Middle Last
2. Home Address_____
   Street City State Zip Code
3. Email Address_____
4. Home Phone(___)_____ Cell Phone(___)_____
5. From what high school did you, or will you, graduate?_____
   Name of High School City State
6. Rank in Class_____Class size_____Date of Graduation_____
7. In what extra-curricular/volunteer activities did you participate?
   School_____
   Community_____
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 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 do you plan to 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_____

Employer & job:_____

21. Will you be working next year to help meet expenses? Yes_____ No_____

Explain _____

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.

Name	Amount	Pending/Awarding
_____		
_____		

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

INCOME:		EXPENSES:	
From parents	$_____	Tuition and fees	$_____
From summer job	$_____	Books and supplies	$_____
From school job	$_____	Board and room	$_____
From savings	$_____	Transportation	$_____
From loans	$_____	Clothes and incidentals	$_____
From other sources:	$_____	Other	$_____
(Please specify: _____)	$_____	(Please specify: _____)	$_____
TOTAL:	$_____ =	TOTAL:	$_____

Do the above totals balance? Yes_____No_____If the totals do not balance, your application will be disqualified.

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

25. All applicants must complete this item. If you are married, complete this item for yourself and your spouse, rather than for your parents.

Father's name_____	Mother's Name_____
Occupation_____	Occupation_____
Employer_____	Employer_____
Employer's Address_____	Employer's Address_____

Legal guardian's name_____

26. Parents marital status? Married_____Separated_____Divorced_____Widowed_____

27. Your martial status? Single_____ Married_____ Divorced_____ Widowed_____

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 two persons completing Form 1374-Character Recommendation.

30. If you believe there is additional information which should be considered by the Committee, add it to the end of this form, and mark this line. Attachment_____

31.

32. My permanent residence meets the "Eligibility Requirements outlined in the Scholarship Program booklet. 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 read and understood the terms and provisions of the William Carlyle Furnas/Hansen-Furnas Foundation Scholarship Handbook.

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

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

- 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 with meeting the terms of the award.

Date_____ Signature_____

IN THE EVENT THAT YOUR 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 5:00 p.m. March 1. Fax and email forms will not be accepted.

Scholarship Program
FAMILY CONFIDENTIAL STATEMENT

READ THESE INSTRUCTIONS CAREFULLY

This form is to be completed by the Student and Parents (or legal guardian) or Spouse if student is married. Please submit this form to Hansen-Furnas Foundation, Inc. 28 S. Water Street, Suite 310, Batavia, IL 60510 at the earliest possible date. Forms must be received in the Foundation office on or before March 1. Please allow sufficient mailing time. Forms will not be accepted by FAX or email.

Figures given should correspond to those reported on the FAFSA form filed with College Scholarship Service, the FAFSA form filed with A.C.T., or the FAFSA form filed with the Federal Student Aid Programs. Enter "0" or "DNA" where items do not apply. **INCOMPLETE STATEMENTS will disqualify the application from consideration.**

Form **MUST BE SIGNED** by **Student** and by **Parents** or (guardian), or **Spouse** if applicable.

PART 1 - STUDENT'S INFORMATION

1. Name_____ Age ___Last four digits SS#_____

2. Permanent Mailing Address_____Phone # _____

   (City) _____ (State) _____ (Zip Code)_____

3. Home phone_____ Cell phone_____

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:
   (From college catalog or college Financial Aid office)

Tuition & Fees	$_____
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

2. The following 2015 U.S. Income Tax Return figures are from (mark only one):

a. _____ 1040EZ b. _____ 1040 c. _____estimated figures because tax return not filed yet

3. 2015 total number of exemptions _____
4. 2015 adjusted gross income $_____
5. 2015 U.S. income tax paid $_____
6. 2015 itemized deductions $_____
7. 2015 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 and/or farm	$_____	$_____

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_____

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 2015 FINANCIAL INFORMATION (Married Students - Complete this section as it pertains to you and your spouse. This information is mandatory.

1. The following 2015 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. 2015 total number of exemptions* _____
3. 2015 adjusted gross income $_____
4. 2015 U.S. income tax paid $_____
5. 2015 Income earned by father (self) $_____
6. 2015 Income earned by mother (spouse) $_____
7. 2015 Social Security benefits $_____
8. 2015 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.) $_____

***Many applicants answer this question incorrectly. Remember that parents are usually counted as exemptions on the Tax Return.**

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

This information is mandatory.

		VALUE	DEBT
1.	Cash, savings and checking accounts	$_____	
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_____

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)

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 1373 **Page 2** **Scholastic Record**

6. The candidate's participation in the extracurricular program of your school, qualitatively and quantitatively, has been:

OUTSTANDING_____EXCELLENT_____GOOD_____FAIR_____POOR_____

List activities:_____

_____

Your comment on applicant's activities record:_____

_____

7. If you wish to make any additional statement about this applicant which you believe has a bearing on his/her application for a Hansen-Furnas Foundation Scholarship, please use this space:

_____
Signature of Person making Recommendation

_____
Position of Person making Recommendation

School: _____

Address:_____
(Street)

_____
City State Zip

Date:_____

This form *and transcript must be received in the foundation office by* 5:00 p.m. March 1

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

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____

6. How long have you know the applicant? _____
7. Your relationship to applicant is: Employer___Teacher___Friend___Neighbor___Co-worker___Other_____
   (Specify)
8. If you have any additional information about the applicant which you think would assist the Scholarship Committee in judging the merits of the applicant, please write on the back of this sheet or attach a recommendation.

Date:_____

_____
Signature of Person making Recommendation

_____
Please print or type name of writer

_____
Street Address

_____
City, State and Zip Code

This form must be received in the Foundation office on or before March 1st.

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