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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

For Paperwork Reduction Act Notice, see instructions.

▶ 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

Form 990-PF (2015)

	For	calen	dar year 2015 or tax year beginning		, 20					
		me of fou				A Employe	r identification numbe	r		
	The	e Hooge	erwerf Foundation			ŀ	38-3183915			
	Nur	mber and	street (or P.O. box number if mail is not delivered to street address)		Room/suite	B Telephon	e number (see instructi	ons)		
	PΩ	Box 70	14			į	(616) 402-2831	1		
			, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendi			
	Gra	and Has	ven, Mi 49417			in exemp	ion application to penal	ing, encon notes _		
				of a former	oublic cha	rity D. 1. Foreign	n organizations, check l	here ►□		
	_	Oncon	☐ Final return ☐ Amended r			Į.				
			☐ Address change ☐ Name char				n organizations meeting here and attach compu			
	H	Check	type of organization: Section 501(c)(3) exempt p	-	ation	E If private	foundation status was t	terminated under		
			n 4947(a)(1) nonexempt charitable trust			n section 5	07(b)(1)(A), check here	▶□		
			arket value of all assets at J Accounting method			21				
			year from Port II and (a)			under co	ndation is in a 60-mont ction 507(b)(1)(B), chect			
		line 16	· · · · · · · · · · · · · · · · · · ·	on cash basis	 :.)					
		art I	Analysis of Revenue and Expenses (The total of			 !		(d) Disbursements		
			amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses p		Net investment	(c) Adjusted net	for charitable purposes		
			the amounts in column (a) (see instructions).)	books		income	income income			
		1	Contributions, gifts, grants, etc., received (attach schedule)		5.044					
		2	Check ► if the foundation is not required to attach Sch. B		3,044	 				
		3	Interest on savings and temporary cash investments							
		4	Dividends and interest from securities							
(P)		1	Gross rents			 				
\mathbb{Q}		5a	l l							
	•	b	Net rental income or (loss)				· ·· · · · · · · · · · · · · · · · ·			
SCANNED	Revenue	6a	Net gain or (loss) from sale of assets not on line 10		····					
	ē	_ b	Gross sales price for all assets on line 6a							
	é	7	Capital gain net income (from Part IV, line 2)							
M		8	Net short-term capital gain							
MAR		9	Income modifications				· · · · · · · · · · · · · · · · · · ·			
G.9		10a	Gross sales less returns and allowances			 		· · · · · · · · · · · · · · · · · · ·		
(e)		b	Less: Cost of goods sold							
		C	Gross profit or (loss) (attach schedule)	ļ				· · · · · · · · · · · · · · · · · · ·		
20%		11	Other income (attach schedule)							
64		12	Total. Add lines 1 through 11		5,044					
	တ	13	Compensation of officers, directors, trustees, etc.	·		· · · · · · · · · · · · · · · · · · ·				
	Š	14	Other employee salaries and wages							
	<u>ē</u>	15	Pension plans, employee benefits		T. (A)	N MIC II				
	Expenses	16a	Legal fees (attach schedule)		ECE					
		b	Accounting fees (attach schedule)	1		-				
u	∍Ę́	_C	Other professional fees (attach schedule)	- 1	IAR 2 5	2016				
Ž		17	Interest	10	IAN P	2010 13	<u>[</u>			
Č	25.5	18	Taxes (attach schedule) (see instructions)				1	· · · · · · · · · · · · · · · · · · ·		
c	ŹĒ	19	Depreciation (attach schedule) and depletion			J, J.F.	<u>'</u>			
9	E	20	Occupancy					<u> </u>		
2	₹	21	Travel, conferences, and meetings					·		
7	۳≅	22	Printing and publications	ļ						
Ž.	Æ	23	Other expenses (attach schedule)		20	20				
\$	蒙	24	Total operating and administrative expenses.	}						
ă	3		Add lines 13 through 23		20	20	.	······································		
<u></u>	8	25	Contributions, gifts, grants paid		1,000	·		1,000		
S	Compered Figure Administrative	26	Total expenses and disbursements. Add lines 24 and 25	ļ	1,020		none	1,000		
ă	20	27	Subtract line 26 from line 12:		1					
		a	Excess of revenue over expenses and disbursements	<u> </u>	4,024	··				
		Ь	Net investment income (if negative, enter -0-) .			0				
		С	Adjusted net income (if negative, enter -0-)	l			none	L		

Cat. No. 11289X

Part II		Balance Sheets should be for end of large amounts in the description column	Beginning of year	End o	f year
Га		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	2,166	1,146	1,146
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			!
		Less: allowance for doubtful accounts ▶		·	•
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments-U.S. and state government obligations (attach schedule)			· · · · · · · · · · · · · · · · · · ·
-	b	Investments—corporate stock (attach schedule)		5,044	10,872
	C	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)			
	14	Land, buildings, and equipment: basis ▶			
	•	Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	2,166	6,190	12,018
	17	Accounts payable and accrued expenses	2,100	0,100	12,010
	18	Grants payable		· · · · · · · · · · · · · · · · · · ·	i.
9	19	Deferred revenue			;
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			,
	22				
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶ □			
Balances		and complete lines 24 through 26 and lines 30 and 31.			,
2	24	Unrestricted			
ᄪ	25	Temporarily restricted			
	26	Permanently restricted			
ם		Foundations that do not follow SFAS 117, check here ▶ □			
교		and complete lines 27 through 31.			
or Fund	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see instructions)	2,166	6,190	
et	31	Total liabilities and net assets/fund balances (see	2,100	0,130	
Z		instructions)	2,166	6,190	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	2,1001	0,190	
		al net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with	
•		of-year figure reported on prior year's return)			2,166
2		er amount from Part I, line 27a			4,024
3		er increases not included in line 2 (itemize)			7,024
4	Add .	lines 1, 2, and 3		4	6,190
5	Doo	roopen not included in line 2 (itemize)		-	0,130
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b) lin	ne 30 6	6,190
					0,130

Part	IV Capital Gains and	d Losses for Tax on Investr	nent l	ncome				
		ne kind(s) of property sold (e.g., real estatisse, or common stock, 200 shs. MLC Co.			(b) How acquired P-Purchase D-Donation		ate acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b								
<u> </u>					<u> </u>			
<u>d</u>								
<u>e</u> _	(e) Gross sales price		(g) Cost or plus expe	other basis nse of sale			n or (loss) (f) minus (g)	
a			ļ					
<u> </u>			 					
<u>c</u>		· · · · · · · · · · · · · · · · · · ·	 	 		· · · · · ·		
<u>d</u>		· · · · · · · · · · · · · · · · · · ·						
е	Complete only for assets sho	owing gain in column (h) and owned	by the	foundation	on 12/31/69		m 0 (0-	
	(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69		(k) Exces	s of col. (i) (j), if any		col. (k), but no	l. (h) gaın mınus t less than -0-) or rom col. (h))
a		, 44	†					· · · · · · · · · · · · · · · · · · ·
b								
С								
d			ļ					
<u> e</u>			<u>L,</u>	· · · · · · · · · · · · · · · · · · ·		ļ _.		··
2	Capital gain net income o			enter in Pa r -0- in Pa		2		
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) (see instru	ctions). If (loss)	, enter -0- in)			
Part		ler Section 4940(e) for Red				3		
	 	ivate foundations subject to the						
Was t		re this part blank. section 4942 tax on the distribut qualify under section 4940(e). I				oase p	period?	☐ Yes ☐ No
1	·	ount in each column for each ye				aking	any entries.	
	(a) Base penod years endar year (or tax year beginning in	(b)			(c) f nonchantable-use a		Dis	(d) tribution ratio divided by col. (c))
	2014		1,000			3,057		.3271181
	2013		1,200			4,267		.2812280
	2012		1,120			6,830		.1639824
	2011		6,467			8,712		.7433425
	2010		8,376		1	5,947	<u> </u>	.3706864
2 3		for the 5-year base period-div	ide the	e total on l	ine 2 by 5, or by	the	2	1.8863574
	number of years the foun	dation has been in existence if I	ess tha	an 5 years		-	3	.3772715
4	Enter the net value of nor	ncharitable-use assets for 2015	from P	art X, line	5	•	4	2,952
5	Multiply line 4 by line 3						5	1,114
6	Enter 1% of net investme	ent income (1% of Part I, line 27	b) .			•	6	0
7	Add lines 5 and 6						7	1,114
8		ons from Part XII, line 4 ater than line 7, check the box i				that p	8 art using a 1	1,000 % tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e instr	uctio	ns)					
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.								
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check								
_	here ▶ ☐ and enter 1% of Part I, line 27b		<u>-</u>	,					
С	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-)								
3	Add lines 1 and 2		0						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)								
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	ļ,					
6	Credits/Payments: 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 34 68			,					
a b	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 34 68 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			i					
7	Total credits and payments. Add lines 6a through 6d	-	34	68					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached								
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		34	68					
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 34 68 Refunded ▶ 11								
	VII-A Statements Regarding Activities		1						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?		Yes						
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (se	1a	 	✓					
D	Instructions for the definition)?								
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	ls							
	published or distributed by the foundation in connection with the activities.		1_						
C	Did the foundation file Form 1120-POL for this year?								
þ									
_	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-	1	,					
е	on foundation managers. ► \$		_	1					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	/					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	of 3		- -					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	7					
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b							
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	}							
	By language in the governing instrument, or	}		1					
	By state legislation that effectively amends the governing instrument so that no mandatory directions the	1		1					
_	conflict with the state law remain in the governing instrument?	6	1						
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 X	V 7	1						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	1		1					
ь	Michigan If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Copy of Form 990-PF to the PF to th	l							
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1	- }					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		+-	 					
•	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 the								
	names and addresses	10	1	✓					

Part	VII-A Statements Regarding Activities (continued)	,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
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 ▶			
14		6 402-		
15	Located at ▶ PO Box 704, Grand Haven, MI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	94170	704	▶ 🗆
13	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	Ĺ	✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
	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 (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No	ŀ		
	(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)?			
	(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.)			
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		
	Organizations relying on a current notice regarding disaster assistance check here ▶□			
С	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		
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)):			
а	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?			
	If "Yes," list the years ▶ 20, 20, 20, 20	ļ		,
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.) $N \not \sim$	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or		1	j
-	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		l	
	foundation had excess business holdings in 2015.)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		1

Part	VII-B Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	d (contin	nued)			
5a	During the year did the foundation pay or incur ar	-									
	(1) Carry on propaganda, or otherwise attempt to						Yes	✓ No	1		
	(2) Influence the outcome of any specific public		-		-	-	_	_		į	
	directly or indirectly, any voter registration driv						☐ Yes	☑ No		- 1	
	(3) Provide a grant to an individual for travel, stud						∐ Yes	✓ No	ľ	- 1	
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)		itable, etc., t	_			Yes	☑No	[]		
	(5) Provide for any purpose other than religious,						∐ les	[<u>-</u>] 140	Į l		
	purposes, or for the prevention of cruelty to c						□Yes	✓ No	,		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transac	ctions fail to	qualify	under the	exception	ons descr			1	
	Regulations section 53.4945 or in a current notice r	regardin	g disaster as	sistano	e (see instr	uctions)	?		5b	- 1	
	Organizations relying on a current notice regarding	ng disas	ter assistan	ce che	ck here .						
C	7.77										
			_			• •	☐ Yes	□No			
6-	If "Yes," attach the statement required by Regulat									1	
Va	6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
ь										1	1
	If "Yes" to 6b, file Form 8870.		,						6b		 .
	At any time during the tax year, was the foundation a						☐ Yes			1	
	If "Yes," did the foundation receive any proceeds								7b_		
Par	VIII Information About Officers, Direct	tors, I	rustees, Fo	ounda	uon Mana	igers,	Highly F	'aid Ei	mploy	ees,	
1	and Contractors List all officers, directors, trustees, foundation	mana	ners and the	eir con	nensation	leas in	etruction	nel			
-		(b) Title,	and average	(c) Co	mpensation	(d) (Contribution	s to	(e) Expe		
	(a) Name and address		s per week d to position		ot paid, ter -0-)		yee benefit erred compe			illowan	
David	Hoogerwerf	Officer -	r - less than 1								
		hr			0			0			0
		_	less than 1								_
	Una name of	hr			U			0,			0
		Director 1 hour	r - Less than		o			0			٥
					· · · · · · · · · · · · · · · · · · ·						
2	Compensation of five highest-paid employee "NONE."	s (othe	er than thos	se incl	uded on li	ne 1	see instr	uctions	s). If no	one, e	nter
			(b) Title, and a	verage			(d) Contribu			-	
	(a) Name and address of each employee paid more than \$50,000	0	hours per w	/eek ¯	(c) Comper	sation	employee plans and o	leferred		nse acc Illowan	
		ļ		7310011			compens	sation			
None											
				· ·							
Total	number of other employees paid over \$50,000 .						• • •	. •			
	, , = , = , = , = , = , = , = , = , = ,						···		Form 99	0-PF	(2015)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	mployees,
3 Five	highest-paid independent contractors for professional services (see instructions). If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
		ļ
		
Total numb	er of others receiving over \$50,000 for professional services	-
		<u> </u>
Part IX-A	Summary of Direct Charitable Activities	
List the for	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ins and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 None		
	,a_company = 100000000000000000000000000000000000	1
2		
		ļ
3		
		1
4		1
Part IX-E	Summary of Program-Related Investments (see instructions)	<u> </u>
	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 None		
	,	
2		
	rogram-related investments. See instructions.	
3		
T-4-1 A	United Address of O	-
i otal. Add	lines 1 through 3	Form 990-PF (2015

Part		ign found	lations,
	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	836
b	Average of monthly cash balances	1b	2,161
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,997
ө	Reduction claimed for blockage or other factors reported on lines 1a and	ويعزاني	
	1c (attach detailed explanation)	1 15	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,997
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	45
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,952
6	Minimum investment return. Enter 5% of line 5	6	147
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	oundatio	ns
1	Minimum investment return from Part X, line 6	1	147
2 a	Tax on investment income for 2015 from Part VI, line 5	7. T. S.	
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b 0	4 3 4 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	147
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	147
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	147
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	17.30	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,000
b	Program-related investments—total from Part IX-B	1b	
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:	* cac > .	
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	1,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	 	1,000
-	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,000
•	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.	9 11110010	alo logituation
	, , , , , , , , , , , , , , , , , , , ,	En	rm QQQ_PF (2015)

Form 99	90-PF (2015)					Page 9
Part	XIII Undistributed Incon	ne (see instructio	ns)			
1	Distributable amount for 201 line 7	· L	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
2	Undistributed income, if any, as o	<u></u>			· · · · · · · · · · · · · · · · · · ·	147
a	Enter amount for 2014 only .				none	
b	Total for prior years: 20 ,2	-		none		
3	Excess distributions carryover	, if any, to 2015:				
а	From 2010	7,579		Ī		
b	From 2011	6,041		j		
C	From 2012	866]		
d	From 2013	987 847			}	
e f	From 2014		45 220	İ		
4	Qualifying distributions for 20 line 4: ► \$	15 from Part XII,	16,320			
а	Applied to 2014, but not more				none	
b	Applied to undistributed incom (Election required—see instruction)	ctions)		none		
С	Treated as distributions out of required—see instructions) .		none			
d	Applied to 2015 distributable a	amount				none
е	Remaining amount distributed		853			
5	Excess distributions carryover (If an amount appears in colur amount must be shown in colu	nn (d), the same	none			none
6	Enter the net total of ea indicated below:					
a b	Corpus. Add lines 3f, 4c, and 4e Prior years' undistributed in line 4b from line 2b	come. Subtract	17,173	none		
С	Enter the amount of prior year income for which a notice of been issued, or on which the tax has been previously assess	f deficiency has section 4942(a)				
d	Subtract line 6c from line	1		none		
	amount-see instructions .			none		
е	Undistributed income for 201 4a from line 2a. Taxable instructions	e amount-see			none	
f	Undistributed income for 2018 4d and 5 from line 1. This a distributed in 2016	mount must be				
7	Amounts treated as distribution to satisfy requirements important and the satisfy requirements important and the satisfy required—see instructions).	ns out of corpus osed by section lection may be				none
8	Excess distributions carryove applied on line 5 or line 7 (see	r from 2010 not	none			
9	Excess distributions carry Subtract lines 7 and 8 from lin	over to 2016.	7,579			1
10	Analysis of line 9:		9,594			
а	Excess from 2011	6,041				
b	Excess from 2012					
C	Excess from 2013					
d	Excess from 2014	847				
ее	Excess from 2015	853				

Part	XIV Private Operating Founda	i tions (see instru	uctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo	r 2015, enter the da	ate of the ruling .	▶		
b	Check box to indicate whether the four	ndation is a private	e operating foundat	ion described in se	ection 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		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		 		· · · · · · · · · · · · · · · · · · ·	
h	85% of line 2a					<u> </u>
	Qualifying distributions from Part XII,	<u> </u>	 		· · · · · · · · · · · · · · · · · · ·	
•	line 4 for each year listed					
-4	Amounts included in line 2c not used directly	<u> </u>	 			
đ	for active conduct of exempt activities				,	
	•	<u> </u>	 	 		
Ө	Qualifying distributions made directly					
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c			ļ		ļ
3	Complete 3a, b, or c for the					
	alternative test relied upon:			İ	}	
а	"Assets" alternative test-enter:					
	(1) Value of all assets		<u> </u>			
	(2) Value of assets qualifying under	ļ				
	section 4942(j)(3)(B)(i)					
þ	"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		
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section	ļ	}			
	securities loans (section 512(a)(5)), or royalties)	1				
	(2) Support from general public		1			
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)				1	
	(3) Largest amount of support from		 		<u> </u>	
	an exempt organization	1		1		
	(4) Gross investment income		 		<u> </u>	
Part		on (Complete t	his part only if th	he formdation b	ad \$5 000 or m	om in accete at
rart	any time during the year-		-	ne roundadon n	au 40,000 01 111	ore in assets at
	 		113./			
1	Information Regarding Foundation List any managers of the foundation		utad mara than 20	6 of the total cont	ributions received	by the foundation
а	before the close of any tax year (but of					by the foundation
		only if they have of	Ontilibated more til	an 45,000). (See 3	ection 507 (u)(z).)	
David	and Lynn Hoogerwerf	100/ -	of Ab	-lf	- /	
D	List any managers of the foundation ownership of a partnership or other e					arge portion of the
	ownership of a partnership of other e	minty) of willich the	iounuation nas a	1076 Or greater int	erest.	
				<u>-</u>.	·	· · · · · · · · · · · · · · · · · · ·
2	Information Regarding Contribution		·			
	Check here ► ✓ if the foundation					
	unsolicited requests for funds. If the		gitts, grants, etc.	(see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,					-, - , -, ,
а	The name, address, and telephone no	umber or e-mail a	ddress of the perso	on to whom applic	ations should be	addressed:
			····			
Ь	The form in which applications should	d be submitted an	d information and	materials they sho	uld include:	
	 				·	
C	Any submission deadlines:					
ام	Any restrictions or limitations on av	warde euch ae h	y decarantical o	reas charitable fi	alds kinds of inc	titutions or other
a	factors:	maius, sucii as D	, geograpilicai al	icas, chantable li	cius, Killus Ol IIIS	outuuris, Uf Offier
					· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2015)

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Form 990-PF (2015)

Part XV

Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or status of **Amount** contribution recipient Name and address (home or business) a Paid during the year **Salvation Army** PC 310 N. DeSpelder, Grand Haven, MI 49417 Assistance for needy families \$500 Geneva Camp PC 3995 Lakeshore Drive, Holland, MI 49424 Camp scholarships for youth 500 1,000 b Approved for future payment None

nter	r gross amounts unless otherwise indicated.		siness income		on 512, 513, or 514	(e) Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
1	Program service revenue:					
	a			ļ		
	b			ļ		
	C.					
	d	_		ļ		
	e	_		ļi		
	1			<u> </u>		
	g Fees and contracts from government agence	ies		ļ	· · · · · · · · · · · · · · · · · · ·	ļ
2	Membership dues and assessments		,			ļ
3	Interest on savings and temporary cash investmen			<u> </u>		
4	Dividends and interest from securities	•	 		 	
5	Net rental income or (loss) from real estate:		·-·			
	a Debt-financed property			1		
	b Not debt-financed property	_				
_	Net rental income or (loss) from personal prope	· -			<u> </u>	<u> </u>
7	Other investment income					ļ
8	Gain or (loss) from sales of assets other than invent	·				
9	Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·			
10	Gross profit or (loss) from sales of inventory .	•		1		
11	Other revenue: a					
	b				<u> </u>	
	С			ļ.,		
	d					
	е					
4-	Cultiple Add pality and (a)	l i				1
12	Subtotal. Add columns (b), (d), and (e)	•	<u> </u>	_1		l
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 calcul	ations.)			13	· · · · · · · · · · · · · · · · · · ·
1 3 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) . worksheet in line 13 instructions to verify calcul	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the state of the state o	ations.)	ent of Exemp	ot Purposes		mportantly to the ctions.)

Part XVII

		Exempt Or	ganizations											
1	in sec				ngage in any of the feection 501(c)(3) organ								Yes	No
а	_		ortına foundati	ion to a	a noncharitable exer	not ora	anization	of:						
_		ash										1a(1)		1
		ther assets .		• •		• •		• • • •	•			1a(2)		1
h		transactions:		• •		• •		• • •		• •	• •	1.0(-)		
			a noncharitable	0 0405	npt organization .							16(1)		1
					ipi organization . ile exempt organizat	· ·		• • •	•			1b(1)		1
	• •							• • •	• •	• •				*
		ental of facilities,	• •									1b(3)		
			-						•	• •		1b(4)		1
		oans or loan gua							• •	• •	• •	1b(5)	_	1
	- •				or fundraising solic				• •	• •	• •	1b(6)		√
					s, other assets, or pa							1c	لـــــا	✓
ď					" complete the follo									
					es given by the repo									
		,,			ment, show in colum									
(a) Line	no. (b) Amount involved	(c) Name of	noncha	ntable exempt organizatio	n	(d) Descri	ption of transfe	rs, tran	saction	s, and st	naring arr	angeme	ents
					<u> </u>									
					·									
		·						·						
											•			
					• • • • • • • • • • • • • • • • • • • •						-			_
		* * * * * * * * * * * * * * * * * * * *												-
														
	desci	ibed in section 5	501(c) of the Co	de (ot	iated with, or related her than section 501							☐ Yes		No
b_	If "Ye	s," complete the	following sche	edule.							_			
		(a) Name of organ	ization		(b) Type of orga	anization			(c) Des	criptio	n of relati	onship		
	1				this return, including accom-						my knowl	edge and	belief, it	is true,
Sign	Corre	ct, and complete. Dec	aration of preparer (o	other than	taxpayer) is based on all inf		of which prepared	arer has any kno	wiedge.	1	May the	IRS discu	es the	return
Here		Paris L	comment		13/17/16	Pr	esident				with the	preparer	shown	below
	Signature of officer or trustee Date Title							(see insti	uctions)?	∐Yes	∐No			
		Print/Type preparer	r's name		Preparer's signature			Date		Character	. 🗆	PTIN		
Paid										Checi self-e	mployed			
Prep		Firm's name ▶	· · · · · · · · · · · · · · · · · · ·						Firm's	EIN P	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Use (Unly	Firm's address												
		THILL S GUULESS							Phone	, IIV.				

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2015

The Hoo	The Hoogerwerf Foundation 38-3183915					
Organization type (check one):						
Filers of:		Section:				
Form 990 or 990-EZ		√ 501(c)(3) (enter number) organization				
		4947(a)(1) non	exempt charitable trust not treated as a private fo	undation	
		☐ 527 politi	cal o	rganization		
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) non	exempt charitable trust treated as a private found	ation	
		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.						
Genera	l Rule					
Ø	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 331/3 % 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					
	n. An organization tha	t is not covere	ed by	the General Rule and/or the Special Rules does n Part IV, line 2, of its Form 990; or check the box of	ot file Schedule B (Form 990,	

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).

Schedule	D (Eden	aan	900 E7	or 000.	DE)	12015
scneaule	B IFOM	99U.	990-EZ.	OL AAO-	r_{r}	12013

Page 2

	(c		
	rganization erwerf Foundation	E	mployer identification number 38-3183915
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David and Lynn Hoogerwerf PO Box 704 Grand Haven, MI 49417	\$5,044	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
(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

Name of organization

The Hoogerwerf Foundation

Employer identification number
38-3183915

(b) Description of noncash property given	(c)	4.5
	FMV (or estimate) (see instructions)	(d) Date received
ares Wells Fargo common stock	\$ 10,936	12/28/15
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given Description of noncash property given (b) Description of noncash property given (b)	\$ 10,936 Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)

Supplementary Schedules Hoogerwerf Foundation (38-3183915) Grand Haven, MI Year Ended December 31, 2015

Form 990, Part I, Line 23 - Other expenses

		venues and	Net		
<u>Description</u>	Expenses per Books		Investment Income		
Michigan filing fee	\$	20	\$	20	

Form 990, Part II, Line 10 - Investments - corporate stock

End of year

(c) Fair

(b) Book Value Market Value

200 shs Wells Fargo common s \$ 5,044 \$ 10,872