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# Form 990-PF

Department of the Treasury

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 primation about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form">www.irs.gov/form</a>

OMB No 1545-0052

Fo		Revenue Service   Information about Formation			/24 , 2015		9	12/31, <b>20</b> 15
١	lame	of foundation					A Employer identif	ication number
	HEN	HENDRICKS FAMILY FOUNDATION				47-551373	8	
١	lumbi	er and street (or P O box number if mail is not delivered	i to stree	t address)		Room/suite	B Telephone numb	er (see instructions)
		0 E THOMPSON PEAK PKWY #841					( )	-
(	City or	town, state or province, country, and ZIP or foreign po	stal code					
							C If exemption application pending, check here	
_	sco	TTSDALE, AZ 95255						<u></u>
G	Che	eck all that apply. X Initial return	<u>_</u>	Initial return		oublic charity	y D 1 Foreign organiza	tions, check here 🕨 🛄
		Final return	L	Amended ref	turn		2 Foreign organiza	
	Address change			Name change	e		85% test, check h	iere and attach
H	Che	eck type of organization X Section 501	(c)(3) e	exempt private f	oundation		E If private foundation	status was terminated ——
L	s	Section 4947(a)(1) nonexempt charitable trust		Other taxable pr				)(1)(A), check here
Ī	Fair	market value of all assets at JAcco	unting	method: C	ash 🔼 🔀 Acc	rual	F If the foundation is	in a 60-month termination
	end	of year (from Part II, col (c), line	ther (s	pecify)			under section 507(b	)(1)(B), check here
	16)	▶ \$ 180,000. (Part I,	column	(d) must be on cas	sh basis )			
F	art	Analysis of Revenue and Expenses (The	(a)	Revenue and	/I- >		(a) A d	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		xpenses per books	(b) Net investment income		(c) Adjusted net income	for charitable purposes
-	1	column (a) (see instructions) )  Contributions, gifts, grants, etc., received (attach schedule)		180,000.	ATCH 1			(cash basis only)
	2	Check if the foundation is not required to						
	3	Interest on savings and temporary cash investments.		_				
		Dividends and interest from securities						
วกำห	53	Gross rents						
2	Ja	Net rental income or (loss)						
₩ <b>₩</b>	63	Net gain or (loss) from sale of assets not on line 10						
<b>Revenüe</b> ₹	b	Gross sales price for all assets on line 6a						
ھے	7	Capital gain net income (from Part IV, line 2) .						
CIR	8	Net short-term capital gain						
	9 10 a	Income modifications						
<u></u>	<u> </u>	and allowances Less Cost of goods sold .						, <u>, , , , , , , , , , , , , , , , , , </u>
	1	Gross profit or (loss) (attach schedule)						
Š	11	Other income (attach schedule)				İ		
Ø	12	Total. Add lines 1 through 11	1	180,000.			<del> </del>	
_	13	Compensation of officers, directors, trustees, etc		0.				
S	14	Other employee salaries and wages						
nse	ŀ	Pension plans, employee benefits						
be	163	Legal fees (attach schedule) ATCH 2		4,254.				4,254
Ä	h	Accounting fees (attach schedule)						
Š	٥	5 15 (11 1 1 1 1 )						
ati	15 16a b c 17 18 19 20 21 22 23 24	Interest	- <del>-</del>					-,.
str	19	Taxes (attach schedule) (see instructions)			<del></del>			
Ë	10	Depregiation (attach schedule) and depetion.			<del></del>			-
重	20							
¥	24		h		<del></del>			
멑	21	Travel conferences, and meetings			<del>-</del>			
G	22	Printing and publications Other expenses affect schedule ATICH .3		850.				850
ij	23	1						
rai	24	Total operating and administrative expenses.	1	5,104.	İ	,		5,104
ğ	0.5	Add lines 13 through 23	<u> </u>					
0		Contributions, gifts, grants paid		5,104.	<u> </u>	0.	0.	5,104
_	26	Total expenses and disbursements Add lines 24 and 25	<del> </del>			<del></del>		3,104
	27	Subtract line 26 from line 12		174,896.				
		Excess of revenue over expenses and disbursements	<u> </u>	1/4,090.	<u></u>	0.		
		Net investment income (if negative, enter -0-)	<b>—</b> —		L.,	<del> </del>		
_		Adjusted net income (if negative, enter -0-) perwork Reduction Act Notice, see instructions	<del></del>		L			Form <b>990-PF</b> (2015)

JSA For Paperwork Reduction Act Notice, see instructions. 5E1410 1 000

**EXTENSION ATTACHED** 

Part	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	<del></del>
ı aıt	Datance Officets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-beari	ng		180,000.	_180,000
2		cash investments			
3					
	Less allowance for doul	otful accounts ▶			
4					
		otful accounts >			
5					
6		officers, directors, trustees, and other			
		ach schedule) (see instructions)			
7		eceivable (attach schedule)			
'		btful accounts ▶			
8 13		e			
Assets		eferred charges			
8 10a	•	e government obligations (attach schedule).			
1		stock (attach schedule)			<del>,</del>
	•	bonds (attach schedule)			
11	Investments - land, buildings				· · · · · · · · · · · · · · · · · · ·
	and equipment basis Less accumulated deprecia	ition -			
1	(attach schedule)				
12		loans			
13	Land, buildings, and	_ `			
	equipment basis Less accumulated deprecia	tion >			
	(attach schedule)				
15	Other assets (describe	completed by all filers - see the			
16		age 1, item I)	0.	180,000.	180,000.
			0.	180,000.	180,000
17	• •	ccrued expenses			!
18					1
Liabilities 20 21 22				5,104.	1
<b>€</b> 20	•	rs, trustees, and other disqualified persons		3,104.	1
[ 21		tes payable (attach schedule)	·	<del></del>	!
_ 22	Other liabilities (describe	· • •)			
	T-4-1 11-1-114 (add l.a.	- 47 (h	0.	5,104.	1
23		s 17 through 22)		3,104.	
S		low SFAS 117, check here . ▶ 24 through 26 and lines 30 and 31.			
alances 25	•	_			
E 24					
25			· · · · · · · · · · · · · · · · · · ·		;
Net Assets or Fund B 2 2 2 2 2 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2	•				
<u>`</u>		not follow SFAS 117, ► X			,
-		plete lines 27 through 31.			1
ω 27	Capital stock, trust princ	cipal, or current funds		<del> </del>	1
28	Paid-in or capital surplus, or	land, bldg, and equipment fund		154 006	1
ÿ 29	•	ulated income, endowment, or other funds		174,896.	1
> 30		I balances (see instructions)	0.	174,896.	1
Ž 31	Total liabilities and	net assets/fund balances (see			†
_			0.]	180,000.	
Part	III■ Analysis of Chai	nges in Net Assets or Fund Bala			
			II aalumas (=\ 1 : 00 (		
	tal net assets or fund b	palances at beginning of year - Part			_
	tal net assets or fund b d-of-year figure reporte	ed on prior year's return)		1	0
	tal net assets or fund b d-of-year figure reporte ter amount from Part I,	d on prior year's return)		2	0 174,896.
	tal net assets or fund be d-of-year figure reporte ter amount from Part I, her increases not include	d on prior year's return)	· · · · · · · · · · · · · · · · · · ·		174,896.
4 Ad	tal net assets or fund be d-of-year figure reporte ter amount from Part I, her increases not included lines 1, 2, and 3	ed on prior year's return)	· · · · · · · · · · · · · · · · · · ·		
4 Ad 5 De	tal net assets or fund be d-of-year figure reported ter amount from Part I, ther increases not included lines 1, 2, and 3 ecreases not included in	ed on prior year's return)			174,896.

Pa	rt IV Capital Gains	and Losses for Tax on Inv	restment income			rage v
	(a) List and	(b) How acquired	(c) Date	(d) Date sold		
	2-story br	P - Purchase D - Donation	acquired (mo , day, yr )	(mo , day, yr )		
1a	<u> </u>					
b						
<u> </u>	· · · · · · · · · · · · · · · · · · ·					
<u>_d</u>						
<u>e</u>			<u></u>			L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>						
<u>b</u>			<del></del>			
<u> </u>					<del></del>	<del></del>
<u>d</u>						
_e	Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69			<del>-</del>
	Complete only for assets				Gains (Col (h) g (k), but not less t	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		Losses (from co	
<u>_a</u>				<del> </del>		
<u>b</u>	·			<del> </del>	_ <del>-</del>	<del></del>
_ <u>c</u>						
<u>d</u>			<u> </u>	<del> </del>	<del></del>	-
<u>e</u>			f gain, also enter in Part I, line 7			
2	Capital gain net income of	nr (net canital loss)	f (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	nin or (loss) as defined in sections	· · · · · · · · · · · · · · · · · · ·			
			structions). If (loss), enter -0- in $\}$			
	Part I, line 8	<u> </u>	<u> </u>	3		
Pa	rt V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
Wa		the section 4942 tax on the distri	T AVAILABLE FOR INITIAL butable amount of any year in the b		_	] Yes [] No
<u>If "\</u>		not qualify under section 4940(e)		<del></del>		
1	Enter the appropriate am	nount in each column for each yea	ar; see the instructions before makir	ng any ent	ries (d)	
Ca	Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2014			-		
	2013		ļ			
	2012		<del> </del>	ļ		· · · · · · · · · · · · · · · · · · ·
	2011 2010					
_	2010		<u> </u>	<del>                                     </del>	<del></del>	
2	Total of line 1 column (d	n.		2		
3			de the total on line 2 by 5, or by the	- <del>-</del>		
3	· ·	_	ss than 5 years	3		
	number of years the leaf	idation has been in existence in to		<u> </u>		
4	Enter the net value of no	ncharitable-use assets for 2015 f	rom Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	<del></del>	·
7	Add lines 5 and 6			7		
8	Enter qualifying distribution of the structure of the str	ons from Part XII, line 4 reater than line 7, check the box	r In Part VI, line 1b, and complete	that part	using a 1% tax	x rate. See the

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their 

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·	990-PF (2015) HENDRICKS FAMILY FOUNDATION 47-5513	738	F	Page 5
_	t VII-A Statements Regarding Activities (continued)		<del></del>	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	_	Yes	
	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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ►N/A			
14	The books are in care of ▶ THE FOUNDATION Telephone no ▶			
	Located at ▶ 9820 E THOMPSON PEAK PKWY #841 SCOTTSDALE, AZ ZIP+4 ▶ 85255			<del></del>
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		V	N <sub>a</sub>
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		<u>X</u> _
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
_	the foreign country			
'ai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		165	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?			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			j
	disqualified person?			İ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1
	the benefit or use of a disqualified person)?			i
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	foundation agreed to make a grant to or to employ the official for a period after			i
	termination of government service, if terminating within 90 days)			ı
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		<u> </u>
	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		<u>X</u>
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?	- 1	ļ	
	If "Yes," list the years	ļ	İ	
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ł	
	(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 )	2b	N/A	<del>J</del>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			1
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		ł	
	at any time during the year?		ł	1
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			t
	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 )	3b	N/	Α

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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? Form 990-PF (2015)

4b

X

Х

Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)				
5a	During the year did the foundation pay or incur any amou	unt to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No							
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 4945(d)(4)(A)? (see instructions)			. Yes X No				
	(5) Provide for any purpose other than religious, ch	aritable, scientific, l	iterary, or educationa	ala				
	purposes, or for the prevention of cruelty to children	or anımals?		. Yes X No	.			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ce (see instructions)?		5b_	N/A		
	Organizations relying on a current notice regarding disas	ster assistance check l	nere					
c	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	kemption from the t	ax				
	because it maintained expenditure responsibility for the g	grant?		. Yes No				
	If "Yes," attach the statement required by Regulations sed					.		
6a	Did the foundation, during the year, receive any fun	ds, directly or indire	ectly, to pay premiur	ms				
	on a personal benefit contract?							
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	nct?	6b	X		
	If "Yes" to 6b, file Form 8870				İ			
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	. Yes X No	.			
b	If "Yes," did the foundation receive any proceeds or have	e any net income attri	butable to the transacti	on?	7b	ANA		
Pa	Information About Officers, Director	rs, Trustees, Fou	ndation Managers	s, Highly Paid Emp	loyees,			
1	List all officers, directors, trustees, foundation n	nanagers and their	compensation (see	instructions).				
	(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	(a) Expens	e account, owances		
		devoted to position	enter -0-7	and deterred compensation				
АТС	H 5		0.	0.		0.		
		-		-				
		_				_		
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see instruction	ons). If n	one, enter		
	"NONE."	· · · · · · · · · · · · · · · · · · ·		(d) Contributions to				
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens			
		devoted to position		compensation	- Other an			
	NONE							
		1						
Tota	number of other employees paid over \$50,000	<u> </u>		<u> ▶                 </u>				
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3 NONE

All other program-related investments. See instructions

Total. Add lines 1 through 3 . . . . . . . . .

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Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	7,500.
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	7,500.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	3	7,500.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	113.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,387.
6	Minimum investment return. Enter 5% of line 5	6	101.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	101.
2a			
b	Income tax for 2015 (This does not include the tax from Part VI.). 2b	]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	101.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	101.
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	101.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,104.
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		
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	5,104.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,104.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when concluding sorting the section 4940(e) reduction of tax in those years	alculating wh	ether the foundation

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Рa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•					101.
_	line 7				101.
	Undistributed income, if any, as of the end of 2015				ļ
	Enter amount for 2014 only		- <u>-</u>		
	Total for pnor years 20 <u>13</u> ,20 <u>12</u> ,20 <u>11</u>				<del>-</del>
	Excess distributions carryover, if any, to 2015				
	From 2010				
	From 2011				
	From 2012				
_	From 2013				
-	From 2014				
	Total of lines 3a through e			•	
4	Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 5,104.				
	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years	•			
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2015 distributable amount				101.
е	Remaining amount distributed out of corpus	5,003.			_
5	Excess distributions carryover applied to 2015 .				
	(If an amount appears in column (d), the same amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,003.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				-
С	<ul> <li>Enter the amount of prior years' undistributed income for which a notice of deficiency has</li> </ul>				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions			· · · · · · · · · · · · · · · · · · ·	
•	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1. This amount must be				
_	distributed in 2016				
′	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		1		
	required - see instructions)				
۰	Excess distributions carryover from 2010 not				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	5,003.			
10	Analysis of line 9		Ì		
а	Excess from 2011				
b	Excess from 2012			: 	
c	Excess from 2013				
d	Excess from 2014				
е	Excess from 2015 5 , 003 .				

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Pa	t XV Supplementary Information	continued)								
3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient San Individual, Show any relationship to any and address (home or business)  Name and address (home or business)  Recipient San Individual, Show any relationship to any foundation manager or substantial contributor or substantial contributor.  Purpose of grant or contribution Amount										
	Name and address (home or humpess)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount					
	Paid during the year	or substantial contributor	recipient							
а	Palu during the year									
			1							
			ļ							
	•		1							
	Total				· · · ·					
b	Approved for future payment									
_	, pp. coccur. Care payment									
			1							
	Total	<u></u>	<u></u>	▶ 3b	<u> </u>					

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Form **990-PF** (2015)

PAGE 11

Page **12** 

Part XVI-A Analysis of Income-Prod	ucing Act	ivities		.,	
inter gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 (e)			(e)		
-	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			+		_(See instructions)
a b	_		<u> </u>		
<del></del>				-	
d					
θ					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate			<del> </del>		
a Debt-financed property					
b Not debt-financed property			_		
6 Net rental income or (loss) from personal property		<del> </del>			
7 Other investment income		<del></del>	1		
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events · · ·			+		<del></del>
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>		
11 Other revenue a			1		
b					<del></del>
d		-			<u></u>
d					
12 Subtotal Add columns (b), (d), and (e)			1		····
13 Total. Add line 12, columns (b), (d), and (e)			<del>'                                    </del>	13	
(See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	<del></del>
Line No. Explain below how each activit	-				
▼ accomplishment of the foundation	on's exemp	ot purposes (other than	by providing	tunas for such purposes	s) (See instructions.)
					V V V V V V V V V V V V V V V V V V V
		<del></del>			
			<u>.</u>		
				<del></del>	<del></del>
				<del></del>	
		<del></del>			
		·		_··_	<del></del>
		· <del></del>	•		<del></del>
				· · · · · · · · · · · · · · · · · · ·	
		<del></del>		<u> </u>	
				· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	<del></del>
		<del></del>			
		,		<u>,</u>	

Form 990-PF (201:	HENDRICKS FAMILY FOUNDATION	47-5513738	Page <b>13</b>
	Information Regarding Transfers To and Transactions and Relationsh Exempt Organizations	ips With Noncharita	able

		<del></del>											
1		e organization directl	•		•							Yes	No
	in sect	ion 501(c) of the Co	de (other than	section	i 501(c)(3) o	rganızatıon	s) or in se	ection 527, r	elatın	g to political	1		
	organiz	zations?											
а	Transfe	ers from the reporting	a foundation to	a nonc	haritable ex	empt organ	ization of:						
											1a(1)		х
													X
											1a(2)		
D	<b>b</b> Other transactions.										1		
	(1) Sales of assets to a noncharitable exempt organization										1b(1)		<u>X</u>
	(2) Purchases of assets from a noncharitable exempt organization												<u> X</u>
(3) Rental of facilities, equipment, or other assets											1b(3)		<u> </u>
	(4) Reimbursement arrangements1b												Х
											1b(5)		X
		rformance of service:											X
		g of facilities, equipm										-	
		answer to any of the	-										
a													
		of the goods, other a											
	value i	n any transaction or											
(a) L	ine no	(b) Amount involved	(c) Name of	noncharit	able exempt orga	anization		cription of transf	ers, trar	nsactions, and sha	ппо алта	ngemei	nts
		N/A					N/A						
						-							
	<del></del> -									-			
										<del></del>	-		
	-												
							<u> </u>						
_				*** **									
22	le the	foundation directly of	or indirectly af	filiated	with or rela	ated to on	e or more	tay-eyemni	orna	nizations			
La		ped in section 501(c)	-						-		$\neg$ $\checkmark$	s X	l No
		• •	•	ille: lile	iii seciion so	1 (0)(3)) 01	III Section	5217				25 L <u>v</u>	) NO
þ	IT "Yes	," complete the follow			# N T 1								
		(a) Name of organization	<u> </u>		(b) Type of o	rganization			c) Desc	ription of relations	snip		
			-										
		·											
			re that I have exam						o the be	est of my knowledg	e and b	elief, it	s true,
	l l	ct, and complete Declaration of	f preparer (other than t	taxpayer) is	based on all inform	nation of which	preparer has an	ny knowledge					
Sigr	ן וּ	ONATO B VANDE	TCKS	ŀ	911311	ما	PREST	DENT		May the IRS			
Here DONALD B VANDETCKS PRESIDENT with the pre													
-	Sigi	nature of office or trustee	///		Date		Title			(see instruction	s)′ <u>∧</u>	Yes	No
		10.117	11	- 15				I Data		1 1 1.	OTIA!		
Paid   "   Crieck   "								PΠN					
		ANA E AKHTAR			moun	NI WUV	<u> </u>	5/9/1	6	self-employed	P0189	569 <u>8</u>	7
-	parer	Firm's name ► KP	MG LLP		-				Firm's	EIN ▶13-55	6520	7	
Use	Only	Firm's address ▶ 39	75 FREEDOM	CIRC	LE DR, ST	ΓE 100							_
	-	SA	NTA CLARA,	CA			950	54	Phone	no 408-36	57-57	64	
		·									m <b>99</b> 0	-PF (	2015)
													- ,

### 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

HENDRICKS FAMILY FOU	Employer Identification flumber					
Organization type (check one	47-5513738					
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 fo	undation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation				
	501(c)(3) taxable private foundation					
, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See				
General Rule						
<del>-</del>	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instruction contributions.	-				
Special Rules						
regulations under s 13, 16a, or 16b, an	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 rections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line s of the greater of (1)				
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that if the year, total contributions of more than \$1,000 exclusively for religious, clonal purposes, or for the prevention of cruelty to children or animals. Complete	haritable, scientific,				
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)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HENDRICKS FAMILY FOUNDATION

Employer identification number 47-5513738

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_	DON HENDRICKS  9820 E THOMPSON PEAK PKWY #841  SCOTTSDALE, AZ 85255	\$\$\$	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)		

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

47-5513738

Part II Nonca	ash Property (see instructions). Use duplicate copies	To Tart in additional space is ne	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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 HENDRICKS FAMILY FOUNDATION

Employer identification number

47-5513738

Part III Exclusively religious, charitable, etc., contributions to (10) that total more than \$1,000 for the year from any the following line entry. For organizations completing Pacontributions of \$1,000 or less for the year. (Enter this Use duplicate copies of Part III if additional space is need.)			one contributor. Complete columns (a) through (e) and rt III, enter the total of exclusively religious, charitable, etc. nformation once. See instructions.) ▶ \$		
(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 Relation		nship 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, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part i	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				

ATTACHMENT 1

HENDRICKS FAMILY FOUNDATION

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

NAME AND ADDRESS

DATE

DIRECT PUBLIC SUPPORT

DON HENDRICKS 9820 E THOMPSON PEAK PKWY #841 SCOTTSDALE, AZ 85255

12/15/2015

180,000.

180,000.

TOTAL CONTRIBUTION AMOUNTS

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47-5513738

CHARITABLE PURPOSES	4,254.	4,254.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	4,254.	4,254.
		TOTALS
DESCRIPTION	LEGAL FEES	

ATTACHMENT 3

- OTHER EXPENSES PART I FORM 990PE,

REVENUE AND EXPENSES PER BOOKS 850.

DESCRIPTION FILING FEES

850.

TOTALS

CHARITABLE
PURPOSES
850.

850.

ATTACHMENT 3 PAGE 20

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3172267

47-5513

ATTACHMENT

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS FORM 990PF, PART VII-A,

NAME AND ADDRESS

DON HENDRICKS 9820 E THOMPSON PEAK PKWY #841 SCOTTSDALE, AZ 85255 ATTACHMENT

EXPENSE ACCT

ALLOWANCES AND OTHER

0

0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	
COMPENSATION	.0	· o	
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT & TREASURER 1.00	VICE PRESIDENT & SECRETARY 1.00	GRAND TOTALS
NAME AND ADDRESS	DONALD B. HENDRICKS 9820 E THOMPSON PEAK PKWY #841 SCOTTSDALE, AZ 95255	LISANNE HENDRICKS 9820 E THOMPSON PEAK PKWY #841 SCOTTSDALE, AZ 95255	