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# EXTENDED TO NOVEMBER 15, 2017 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.

Form **990-PF** 

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or tax year beginning

OMB No 1545-0052

		oundation	Deginaniy	<del></del>	,	A Employer identificatio	n number
			Y FOUNDATIO			20-0874853	<u>L</u>
			mail is not delivered to street		Room/suite	B Telephone number	n
			, ONE ABC P.			6083682309	
		wn, state or province, cou DIT, WI 535	ntry, and ZIP or foreign po	ostal code		C If exemption application is	pending, check here
G Ct	eck :	all that apply:	Initial return	Initial return of a for	rmer public charity	D 1. Foreign organization	is, check here
			Final return	Amended return		Foreign organizations mechack here and attach of	neeting the 85% test,
			Address change	Name change		check here and attach of	computation
<u>H_Ct</u>			X Section 501(c)(3) ex			E If private foundation st under section 507(b)(1	
<u></u>		tion 4947(a)(1) nonexem	end of year   J   Accounting	Other taxable private founda	Accrual	<b>∃</b> '```	
				her (specify)	L Accidai	F If the foundation is in a under section 507(b)(	
(irc		art II, col (c), line 16) 19 01 6	982 (Part I. colu	mn (d) must be on cash b	pasis)	under seemen eer (b)(	T/(B); elleek lier B
	rt I	Analysis of Revenue an	d Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
Га		(The total of amounts in columnecessarily equal the amoun	mns (b), (c), and (d) may not	expenses per books	income	income	for charitable purposes (cash basis only)
$\neg$	1	Contributions, gifts, grant		2,500,000.		N/A	
ł			n is not required to attach Sch. B				
	_	Interest on savings and tempo cash investments		7,097.	7,097		
		Dividends and interest fro	om securities	318,658.	318,658	•	
İ	5a	Gross rents					,
	b	Net rental income or (loss)					, ,
اه	6a	Net gain or (loss) from sale of		117,950.			
Revenue	þ	Gross sales price for all assets on line 6a	8,006,399.		117 050		
ě		Capital gain net income (from			117,950	•	700 Table (1) 10 10 10 10 10 10 10 10 10 10 10 10 10
"	8	Net short-term capital gai	ın				FILL
		Income modifications Gross sales less returns	1			<u>                                    </u>	WANTED TO
		and allowances		ļ <u> </u>		<del>                                      </del>	111 0 8 1111
l		Less Cost of goods sold				<del>                                      </del>	-1- 3 8 5017 13
		Gross profit or (loss)		16,744.	16,744		STATEMENT 10
		Other income Total. Add lines 1 through	sh 11	2,960,449.	460,449		JODEN IT
-		Compensation of officers, dire		0.	0		0.
		Other employee salaries					
		Pension plans, employee	=				
ses		Legal fees	STMT 2	848.	848		0.
sesuedx		Accounting fees	STMT 3	5,665.	3,572		0.
Exp	C	Other professional fees	STMT 4	214,954.	194,954	•	20,000.
		Interest					<del> </del>
Administrative		Taxes	STMT 5	12,818.		•	0.
ī.	19	Depreciation and depletion	on				
Ë		Occupancy				<u> </u>	<del></del>
Š		Travel, conferences, and					
g and Admini		Printing and publications		1,615.	375		375.
	23	Other expenses	STMT 6	1,013.	3/3		+
era (F	24	Total operating and adm		235,900.	199,749	.	20,375.
Operation	25	expenses. Add lines 13		1,006,614.	100,140	-	1,006,614.
5)	ı	Contributions, gifts, gran Total expenses and dis	•	1,000,014.		<del> </del>	
	40	Add lines 24 and 25	varoumento.	1,242,514.	199,749	).	1,026,989
<u>اندر</u>	27	Subtract line 26 from lin	e 12:				
1 51	l	Excess of revenue over expe		1,717,935.		1	
	1	Net investment income		, , , , , , , , , , , , , , , , , , , ,	260,700		
		Adjusted net income (#				N/A	
6235			rwork Reduction Act Noti	ce, see instructions.		120	Form <b>990-PF</b> (2016
	,	_ •			1	625	)

623511 11-23-16

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ► CHANGE IN UNREALIZED APPRECIATION

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

968,693.

,014,888.

19,014,888.

Form **990-PF** (2016)

5 Decreases not included in line 2 (itemize)

		, ,	_ ,		
(a) Base period years Calendar year (or tax year beginning in)		(b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets		Distribution ratio (col. (b) divided by col. (c))	
_	2015	1,043,067.	16,563,010.		.062976
_	2014	72,803.	14,043,710.		.005184
_	2013	53,655.	10,341,922.		.005188
	2012	270,866.			.032788
Ξ	2011	560,434.	8,569,677.		.065397
	Total of line 1, column (d)	and doubt the total on line (I by 5	as but the number of vees	2	.171533
3	Average distribution ratio for the 5-year ba the foundation has been in existence if less	•	or by the number of years	3	.034307
4	Enter the net value of noncharitable-use as	4	17,239,012		
5	Multiply line 4 by line 3	5	591,419		
6	Enter 1% of net investment income (1% of	6	2,607.		
7	Add lines 5 and 6	7	594,026		
8	Enter qualifying distributions from Part XII	8	1,026,989		

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.

Form		74851	F	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	ee instru	ctior	1S)
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)			~=-1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		2,6	07.
	of Part I, line 27b			
	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-)			0.
	Add lines 1 and 2		2,6	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		~ ~	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2,6	07.
6	Credits/Payments:			
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 17,222.			S = - +
b	Exempt foreign organizations - tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			:
	Total credits and payments. Add lines 6a through 6d	1	7,2	22.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	<u>4,6</u>	15.
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 14,615. Refunded ▶ 11			0.
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	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			1
C	: Did the foundation file Form 1120-POL for this year?	1c		Х
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 •			<b>l</b> .
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ĺ .
	managers. ► \$0 .	_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			l ,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?			<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or		-	ļ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1		
	remain in the governing instrument?	6	X	ļ
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	<u> </u>
				1
88	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
	WI	!		
t	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)			1
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	<u> </u>
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	L	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10		X
		Form 99	n_DE	(2016)

X

X

N/A

N/A

Yes X No

2b

3b

48

statement - see instructions.)

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b if "Yes," did it have excess business holdings in 2016 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

orm 990-PF (2016) HENDRICKS FAMILY FOUNDAT	ION, INC.		<u> 20-087485</u>	01 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be F	Required (continu	ied)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ĺ Ye	s 🛣 No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		'
any voter registration drive?			s 🗶 No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	İ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		` .
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?			5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			\	
expenditure responsibility for the grant?	N	「/A	s No	
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s 🗶 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		. [ 6	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 s	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?			7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	ınagers, Highly	/	
Paid Employees, and Contractors		<u> </u>		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	(e) Expense account, other allowances
	to position	enter -0-)	compensation	anowanees
	-			ı
SEE STATEMENT 10	ļ	40,000.	0.	0.
SEE STRIBMENT TO	· · · · · · · · · · · · · · · · · · ·	20,000		
	1			
	1			
	1			I
	1		i	I
	1			
	†			
2 Compensation of five highest-paid employees (other than those in	cluded 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	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$30,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
	1		1	1
		ļ		
				1
	ļ	-		<del></del>
	_			1
= 1.1 a.m. f ather analysis = -1.1 a.m. ff0.000	<u> </u>			0
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·		Form	990-PF (2016)
			. 5	/

Form 990-PF (2016) HENDRICKS FAMILY FOUNDATION, INC.		0874851	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	npensation
NONE			
		- 1	
		l	
<del></del>		ŀ	
Total number of others receiving over \$50,000 for professional services		<b></b>	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 number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the ed, etc.	Expense	<u> </u>
1 NONE			
		i	0.
2			
			•
			0.
3			
			0.
4			
		<u></u>	0.
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount	
1 NONE			
			0.
2			
			0.
All other program-related investments. See instructions.			
3			
<u> </u>			
		{	
Total Add lines 1 through 2		<del></del>	0.

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	- dation	- coo motrustions \
<u></u> 二		ioation:	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		16 454 201
	• ,	1a	16,454,291. 1,047,244.
	Average of monthly cash balances	1b	1,047,244.
	Fair market value of all other assets	1c	17,501,535.
	Total (add lines 1a, b, and c)	1d	17,301,333.
е	Reduction claimed for blockage or other factors reported on lines 1a and	-	
_	1c (attach detailed explanation)  1e  0.		0
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	17,501,535.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	262,523.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,239,012.
6	Minimum investment return. Enter 5% of line 5	6	861,951.
<u> </u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here	d certair	
1	Minimum investment return from Part X, line 6	1	861,951.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,607. 859,344.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	859,344.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	859,344.
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	859,344.
P	art XII Qualifying Distributions (see instructions)		
<del>1</del>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,026,989.
	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	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		· <del>····</del>
a	Suitability test (prior IRS approval required)	3a	
	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	1,026,989.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	<del></del>	
	income. Enter 1% of Part I, line 27b	5	2,607.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,607. 1,024,382.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies 1	
	4940(e) reduction of tax in those years.		

990-PF (2016) HENDRICKS		(b)		(c) 2015	(d) 2016
	(a) Corpus	Years prior to 2	015	2015	859,344.
Distributable amount for 2016 from Part XI,		1			659,5420
l7				128,291.	
Undistributed income, if any, as of the end of 2016				120,23	
Enter amount for 2015 only			0.		
b Total for prior years:		<del></del>	<del></del>		·
Excess distributions carryover, if any, to 2016:		-	-	-	
a From 2011			1		ì
b From 2012		1	1		
c From 2013		}	1		
dFrom 2014			}		
eFrom 2015	(	0.			
f Total of lines 3a through e				128,291	
4 Qualifying distributions for 2016 from Part XII, line 4: \$\frac{1}{2},026,989.		}		128,291	•
A led to 2015 but not more than into 20					
had to undistributed income of pro-			0.		
Flection required - see instructions/					859,344.
Treated as distributions out of corpus		0.			859,344.
(Floation remijited - See Instructions)					0.
d Applied to 2016 distributable amount	39,3	0.			
e Remaining amount distributed out of corpus  Excess distributions carryover applied to 2016  Excess distributions carryover applied to 2016		<del></del>		T	
(If an amount appears in column (a) )					
6 Enter the net total of each column as indicated below:	39,3	54.			
1 1 1 - on 3f Ar. and 4e Subtract line 5			C	).	
b Prior years' undistributed income. Sastado					
line 4b from line 2b c Enter the amount of prior years'		1			
c Enter the amount of prior years undistributed income for which a notice of	1	1			
undistributed income for which deficiency has been issued, or on which the section 4942(a) tax has been previously				0.	
00000				0.	
d Subtract line 6c from line 6b. Taxable				<u> </u>	
+ and upotructions		1			0.
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.					
the second income for 2016. Subtract					
lines 4d and 5 from line 1. This amount mus	st	\			
the distributed in 2017					
trooted as distributions out of		\			
	on \				
section 170(b)(1)(F) or 4942(g)(3) (Electic		0.			
may be required - see instructions)  8 Excess distributions carryover from 2011	<u> </u>	0.			
	\				
o Evense distributions carryover to 2011.	39	,354.			
Subtract lines 7 and 8 from line 6a	<u> </u>	-		1	
10 Analysis of line 9:		1		\	
a Excess from 2012		1			
b Excess from 2013		\			
c Excess from 2014		1			Form 990-PF
d Excess from 2015 e Excess from 2016 39,	354.			<del></del>	

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Form 990-PF (2016) HENDRIC  Part XIV   Private Operating F		OUNDATION,		20-08 N/A	<b>74851</b> Pa
1 a If the foundation has received a ruling o			A, question 9)	N/A	<del></del>
•					
foundation, and the ruling is effective fo	•	•	• • • • • • • • • • • • • • • • • • •	4049()/2) or 40	(40(1)/5)
b Check box to indicate whether the found		ng toundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2015	Prior 3 years (c) 2014	(d) 2013	(a) Total
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(6) 20 14	(0)2013	(e) Total
investment return from Part X for	j				
each year listed					
<b>b</b> 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				ì	
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:	<u> </u>				
(1) Value of all assets					1
(2) Value of assets qualifying		1	<del></del>		
under section 4942(j)(3)(B)(i)	1				
b "Endowment" alternative test - enter				1	
2/3 of minimum investment return	[	1		1	
shown in Part X, line 6 for each year listed					ı.
c "Support" alternative test - enter:			· · · · · · · · · · · · · · · · · · ·	<del> </del>	· <del></del> .
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on	ļ				
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	· · · · · · · · · · · · · · · · · · ·		· <del></del>	<del> </del>	<del>-</del>
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 Info	I (Comple	to this part only	f the foundation	had \$5 000 as m	re in coosts
Part XV Supplementary Info			ii tile louridatior	i nau \$5,000 or nii	ore in assets
<del></del>	<del>-</del>	140113.7			
1 Information Regarding Foundation	•	41 - 004 - 44b - 4-4-1			
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	e toundation before the clos	se of any tax
DIANE HENDRICKS	1010 επαπ φο,000). (000 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	400/		ar an aguallu larga a arti		
b List any managers of the foundation when other entity) of which the foundation ha	s a 10% or greater intere	ie stock of a corporation ( st	or an equally large port	on of the ownership of a p	arthership or
NONE	zu 7070 c. g. outotoro				
<del></del>	ion Court Circ t	Oshalahis -A- D			
2 Information Regarding Contribut Check here ▶ ☐ If the foundation of				not accept uppolicated secu	acte for fundo 16
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u> </u>	<u> </u>			
LISA FURSETH, 608931		are herson to mnom abbit	vaciono envala ut adult	JJUU.	
690 3RD STREET, SUIT		TT WT 5351	1		
b The form in which applications should t					
LETTER BRIEFLY DESCR				ESTED AMOUNT	
c Any submission deadlines:			,		
NONE	e cuch ac hu accare	al aroan sharitable fields	kinds of institutions	other factors:	
d Any restrictions or limitations on award: BELOIT, WI / STATELI		ai ai vas, viiarilavie lielus,	kinds of institutions, Of	UITIGI TAULUTS.	
23601 11-23-16		<del></del>			Form <b>990-PF</b> (
		10			
20719 797146 HFF	201	6.04000 HENI	ORICKS FAMI	LY FOUNDATION	ON HFF

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BELOIT HEALTH SYSTEM FOUNDATION INC. PC HEART HOSPITAL PROJECT 1669 WEST HART ROAD 600,000. BELOIT, WI 53511 BELOIT INTERNATIONAL FILM FESTIVAL PC 2017 FESTIVAL 444 EAST GRAND AVE. SUITE 100 OPERATIONS BELOIT, WI 53511 25,000. BELOIT PUBLIC LIBRARY FOUNDATION INC. PC BLENDER PROJECT 605 ECLIPSE BOULEVARD BELOIT, WI 53511 80,000. CIRCLE OF CHANGE VET'S PTSD DOG PC TRAINING THERAPY P.O. BOX 9 ROCKTON, IL 61072 60,000. HANDS OF FAITH PC VAN PURCHASE 737 BLUFF STREET BELOIT, WI 53511 10,000. SEE CONTINUATION SHEET(S) 1,006,614. ➤ 3a Totai b Approved for future payment BELOIT INTERNATIONAL FILM FESTIVAL PC OPERATIONS 444 EAST GRAND AVE. SUITE 100 BELOIT, WI 53511 50,000. CIRCLE OF CHANGE PC DEVELOP SUSTAINING PROGRAM P.O. BOX 9 ROCKTON, IL 61072 120,000. STATELINE BOYS & GIRLS CLUBS INC. PC CAREERTEK PROGRAM 1851 MOORE STREET BELOIT, WI 53511 362,000. 532,000. **▶** 3b Total

623611 11-23-16

Form **990-PF** (2016)

Part XVI-A Analysis of Income-Producing Activities

	laralat	huoinaaa incomo		11	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	- / whoult	
a				<del></del>	
b	<del></del>			<del></del>	
<u> </u>	<del></del>				
<u> </u>	<b> </b>		++		
e	<del> </del>		+-+		
Too and contracts from government consequen	F		+-+	_ <del></del>	
g Fees and contracts from government agencies	<u> </u>		<del></del>		<del></del>
2 Membership dues and assessments	<b> </b>		<del> </del>	<del></del>	<del></del>
3 Interest on savings and temporary cash		4	14	7 007	
Investments 4 Dividends and interest from securities	<b></b>		14	7,097.	<del></del>
	<del> +</del>		1 1 1	310,030	
5 Net rental income or (loss) from real estate:	<b></b>				
a Debt-financed property			+	<del></del>	
b Not debt-financed property	<b></b>				<del></del> . <del></del>
6 Net rental income or (loss) from personal	l l				
property 7 Other investment income	<del> </del>				<del></del>
	<b> </b>	<del></del>	<del></del>	<del></del>	
8 Gain or (loss) from sales of assets other	1 [		18	117,950.	
than inventory  9 Net income or (loss) from special events	<del> </del>		+ 10-	117,930.	
10 Gross profit or (loss) from sales of inventory	<del> </del>				
11 Other revenue:	<del> </del>		+		<del>-</del>
a SEE STATEMENT 11				16,744.	
b DEE CIRIEMENT II	<del></del>		<del> </del>	10,733.	
	<del>   </del>		+		
d	\ <u></u>				
	<del> </del>		+ +-	<del></del>	
12 Subtotal. Add columns (b), (d), and (e)	<del> </del>	0	+-+	460,449.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u>1.</u>	13	460,449.
(See worksheet in line 13 instructions to verify calculations.)					200,223.
				<del></del>	
Part XVI-B Relationship of Activities	to the Accor	nplishment of t	=xempt	Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI	-A contribut	ted importantly to the accomp	lishment of
the foundation's exempt purposes (other than			-		
					<del></del>
					<del> </del>
		· <del>-</del>			<del></del>
			<u>_</u>		
				· · · · · · · · · · · · · · · · · · ·	
		<del></del>			
			<del></del>		

623621 11-23-16

	ormation Re		FOUNDATION, INC s To and Transactions a	nd Relationships With Nonc	haritable	Page 13
	empt Organ on directly or indir		following with any other organizatio	in described in section 501(c) of	<del></del>	Yes No
			ection 527, relating to political organ			
·		ation to a noncharitable ex	·			ĺ
(1) Cash				-	1a(1)	X
(2) Other assets					1a(2)	X
<b>b</b> Other transaction	s:					
• •		ble exempt organization			1b(1)	X
		ncharitable exempt organi	zation	•	1b(2)	X
• •	lities, equipment,			•	1b(3)	X
٠,,	ent arrangements				1b(4)	$\frac{\Lambda}{X}$
(5) Loans or loa		mbership or fundraising s	olicitations	•	1b(5) 1b(6)	$\frac{x}{x}$
• •		iling lists, other assets, or			10	$\frac{1}{x}$
or services given	by the reporting fo		n received less than fair market valu	vays show the fair market value of the good e in any transaction or sharing arrangeme		its,
(a) Line no (b) Am	ount involved		haritable exempt organization	(d) Description of transfers, transactions,	and sharing arra	ingements
		]	N/A			
						·
					<del></del>	
<del></del>				<del></del>		
<del></del> -						
			······································			
		<u> </u>				
		<u>.                                    </u>	······································			
28 Is the foundation	directly or indirect	l thy affiliated with or related	d to, one or more tax-exempt organia	zations described		<del></del>
		r than section 501(c)(3)) o		20001000	Yes	X No
b If "Yes," complete		• • • • • •				
	(a) Name of org	janization	(b) Type of organization	(c) Description of relat	ionship	
	N/A	<del>_</del>				
<del></del>		<del></del>				

Phone no. 608-368-2309 Form **990-PF** (2016)

X Yes

P01357118

Firm's EIN ► 39-2016366

Sign Here

Paid

Preparer

**Use Only** 

Preparer's signature

e of officer or trustee rint/Type preparer's name

BIANCHINI

BELOIT,

Firm's name ► HENDRICKS HOLDING COMPANY INC

Firm's address ▶ ONE ABC PARKWAY ATTN: S BIANCHINI WI 53511

President Title

Check self- employed

Date

07/19/17

623591 04-01-16

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

N/A

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager or substantial contributor Name and address (home or business) recipient PC KIDS, FUN, AND DRAMA SOUND BAFFLES 3 ECLIPSE CENTER BELOIT, WI 53511 8,200. SCHOOL DISTRICT OF BELOIT PC 2016 CAREER ADVOCATE PROGRAM 1633 KEELER AVE BELOIT, WI 53511 75,414. SCHOOL DISTRICT OF BELOIT BELOIT BIG BOOK DRIVE 1633 KEELER AVE BELOIT, WI 53511 8,000. STATELINE BOYS & GIRLS CLUBS INC. PC CAREERTEK PROGRAM 1851 MOORE STREET BELOIT, WI 53511 8,000. STATELINE BOYS & GIRLS CLUBS INC. PC CAREERTEK PROGRAM 1851 MOORE STREET BELOIT, WI 53511 130,000. THE SALVATION ARMY PC ECONOMICALLY 514 SUTHERLAND AVE. DISADVANTAGED JANESVILLE, WI 53545 FAMILIES-PACKER FUN NIGHT 2,000. Total from continuation sheets 231,614.

623631 04-01-16

#### 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

2016

Name of the organization

**Employer identification number** 

	HI	ENDRICKS FAMILY FOUNDATION, INC.	20-0874851							
Organia	zation type (check o	one)	<u></u>							
Filers o	Filers of: Section:									
Form 99	90 or 990-EZ	501(c)( ) (enter number) organization								
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization								
Form 99	90-PF	X 501(c)(3) exempt private foundation								
		4947(a)(1) nonexempt charitable trust treated as a private foundation								
		501(c)(3) taxable private foundation								
		is 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 R	ule. See instructions.							
Genera	l Rule									
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo								
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 Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year									
but it m	ust answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fithe filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

	HENDRICKS	FAMILY	FOUNDATION,	INC.
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20-0874851

Part I	Contributors (See instructions) Use duplicate copies of Part I if add	Irtional space is needed.	· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN BUILDERS AND CONTRACTORS SUPPLY CO., INC.  ONE ABC PARKWAY  BELOIT, WI 53511	sss	Person  Payroll  Noncash  (Complete Part If 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
523452 10-1		Schodulo B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### HENDRICKS FAMILY FOUNDATION, INC.

20-0874851

Part II	Noncash Property (See instructions) Use duplicate copies of Pa	art 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
623453 10-18		\$ Sabadula B // Sarm	990, 990-EZ, or 990-PF) (2016

FORM 990-PF	OTHER	INCOME		STATEMENT	1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
DUPONT EMERGING- REFUND OF INV. FEE EDGEWOOD-REFUND OF ADVISORY FEE SKYBRIDGE-SERVICE FEE ADJ. CLASS ACTION SETTLEMENT		466. 14,769. 1,448. 61.	466 14,769 1,448 61	•	
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	16,744.	16,744	•	<del></del>
FORM 990-PF	LEGA	L FEES		STATEMENT	 2 
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAB E PURPOSE	
LEGAL FEES	848	. 848	•	<del></del>	0.
TO FM 990-PF, PG 1, LN 16A	848.		•		0.
FORM 990-PF ACCOUNT		ING FEES	<del></del>	STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING FEES	5,665	. 3,572	•		0.
TO FORM 990-PF, PG 1, LN 16B	5,665	. 3,572	•	<del></del>	0.

FORM 990-PF (	THER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES INVESTMENT ADVISORY FEES	40,000. 174,954.			20,000.	
TO FORM 990-PF, PG 1, LN 16C	214,954.	194,954.		20,000.	
FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAXES FOREIGN TAXES	2,607. 10,211.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	12,818.	0.		0.	
FORM 990-PF	OTHER E	XPENSES	S	ratement 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MEMBERSHIP FEES SYNDICATION COSTS PENALTY	750. 839. 26.	375. 0. 0.		375. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	1,615.	375.		375.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 7		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE		
BRANDES LVE		1,750,124.	1,750,124.		
EDGEWOOD		1,901,478.	1,901,478.		
MDT EQTY		1,483,832.	1,483,832.		
MDT MULTI CAP CORE EQTY		2,075,153.	2,075,153.		
ROTHSCHILD UMA		1,999,924.	1,999,924.		
SCHAFER CULLEN		626,366.	626,366.		
TEMPLETON INT'L		1,673,087.	1,673,087.		
VOYA-CLARION US REITS		522,406.	522,406.		
WEDGEWOOD LCG		1,791,186.	1,791,186.		
TOTAL TO FORM 990-PF, PART II, L	INE 10B	13,823,556.	13,823,556.		
FORM 990-PF O	THER INVESTMENTS		STATEMENT 8		
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE		
	ME1110D	DOOK VALUE	VALUE		
HAMILTON LANE PRIVATE EQ IX	FMV	368,064.	368,064.		
HAMILTON LANE PRIVATE EQ VI	FMV	268,396.	268,396.		
PRIVATE ADVISORS	FMV	1,623,763.	1,623,763.		
SKYBRIDGE	FMV	687,926.	687,926.		
MUTUAL FUND: WM BLAIR INTL FD	FMV	1,658,121.	1,658,121.		
TOTAL TO FORM 990-PF, PART II, L	4,606,270.	4,606,270.			
FORM 990-PF	OTHER ASSETS		STATEMENT 9		
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE		
DIVIDENDS RECEIVABLE	0.	420.	420.		
TO FORM 990-PF, PART II, LINE 15	0.	420.	420.		

FORM 990-PF		III - LIS ISTEES ANI	STATEMENT 10			
NAME AND ADDRESS			TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DIANE HENDRICKS C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	PRESIDENT 0.50	0.	0.	0.
KARA STECKER C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	VICE PRESIDENT 0.25	0.	О.	0.
BRENT FOX C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	DIRECTOR 0.25	0.	0.	0.
KEVIN HENDRICKS C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	DIRECTOR 0.25	0.	0.	0.
KONYA SCHUH C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	DIRECTOR 0.25	0.	0.	0.
KENDRA STORY C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	DIRECTOR 0.25	0.	0.	0.
KATHY HENDRICKS C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	DIRECTOR 0.25	0.	0.	0.
KIMBERLEE HENDRIC C/O 690 THIRD ST. BELOIT, WI 53511	SUITE	300	DIRECTOR 0.25	0.	О.	0.
GARY GRABOWSKI C/O 2870 RIVERSID BELOIT, WI 53511	E DR.		DIRECTOR, TREAS	SURER, & SEG 40,000.	CRETARY 0.	0.
TOTALS INCLUDED O	N 990-P	F, PAGE 6	- 5, PART VIII	40,000.	0.	0.

FORM 990-PF	OTHER REVENUE				STATEMENT 11	
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
DUPONT EMERGING- REFUND		•		<del></del>		
OF INV. FEE			14	466.		
EDGEWOOD-REFUND OF ADVISORY FEE			14	14,769.		
SKYBRIDGE-SERVICE FEE			14	14,700.		
ADJ.			14	1,448.		
CLASS ACTION SETTLEMENT			14	61.		
TOTAL TO FORM 990-PF, PG 12,	LN 11		-	16,744.		