Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

For	calen	dar year 2016 or tax year beginning	, 20	16, and			, 20	
Na	me of fo	undation			A Employe	er identification number	er	
1	THE HO	DENES FOUNDATION Inc.				20-0878440		
Nu	mber an	d street (or P O box number if mail is not delivered to street address)	Roo	om/suite				
16	37 Lake	Somerset Drive NW				770-422-0081		
Cit	y or tow	n state or province country, and ZIP or foreign postal code			C If exemp	tion application is pend	ng, check here ▶	
N	farietta	, GA 30064-1719						
G	Check	all that apply. Initial return Initial return	of a former pub	lic charity	D 1. Foreig	n organizations, check l	here ►	
		☐ Final return ☐ Amended r	eturn		2 Foreig	n organizations meeting	the 85% test	
		Address change Name char	ige			here and attach compu	-	
Н	Check	type of organization. 🔽 Section 501(c)(3) exempt pi	rivate foundatio	n		foundation status was 07(b)(1)(A), check here	terminated under	
	Sectio	n 4947(a)(1) nonexempt charitable trust 🔲 Other tax	able private fou	ndation	Sections	or (b)(r)(A), check here		
1	Fair m	narket value of all assets at J Accounting method	· 🗹 Cash 🗌	Accrual	F If the fou	ndation is in a 60-mont	h termination	
		f year (from Part II, col. (c),				ction 507(b)(1)(B) check		
	line 16	(Part I, column (d) must be	on cash basis)					
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) No	t investment	(c) Adjusted net	(d) Disbursements for charitable	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		ncome	income	purposes	
		the amounts in column (a) (see instructions))					(cash basis only)	
	1	Contributions, gifts. grants, etc., received (attach schedule)	40,04		<u> </u>			
	2	Check ► ✓ If the foundation is not required to attach Sch. B		25	. *.	77° ' ' 4 H		
	3	Interest on savings and temporary cash investments	1	3.	13.			
	4	Dividends and interest from securities						
	5a	Gross rents				C. Line Con		
	b	Net rental income or (loss)				* * * * * *		
Ē	6a	Net gain or (loss) from sale of assets not on line 10		,1200	<u>Ř (4) (</u>			
ē	b	Gross sales price for all assets on line 6a	* 	6300653	<u> </u>	975-7899 3 000 00 000 00 00 00 00		
Revenue	7	Capital gain net income (from Part IV, line 2)	· · · · · · · · · · · · · · · · · · ·	2, 2,				
·	8	Net short-term capital gain	• • • • • • • • • • • • • • • • • • • •	_			7271.99	
	10a	Income modifications		_			**************************************	
	b	Less: Cost of goods sold					21,365	
	C	Gross profit or (loss) (attach schedule)		\$,	·		2.1	
	11	Other income (attach schedule)					774	
	12	Total. Add lines 1 through 11	40,05	3.	13.	N/A	5.48	
	13	Compensation of officers, directors, trustees, etc.						
benses	14	Other employee salaries and wages						
Ë	15	Pension plans, employee benefits	. ,			,		
	16a	Legal fees (attach schedule)						
e) LEI	b	Accounting fees (attach schedule)						
Ę	С	Other professional fees (attach schedule)	3	0.	30.		30.	
tra	17	Interest			,			
nis	18	Taxes (attach schedule) (see instructions) 3.2017.						
Ē	19	Depreciation (attach schedule) and depletion .						
Ad	20	Occupancy						
٦	21	Travel, conferences, and meetings Printing and publications		+				
ā	22	Other expenses (attach schedule)		4	4.4			
ing	24	Total operating and administrative expenses.	1	4.	14.	<u> </u>	14.	
rat	- '	Add lines 13 through 23	A	4.	44.		44.	
Operating and Administrative Ex	25	Contributions, gifts, grants paid	60,00		44.		60,000.	
O	26	Total expenses and disbursements. Add lines 24 and 25	60,04		44.		60,044.	
	27	Subtract line 26 from line 12:	00,04		74,		30,044.	
	a	Excess of revenue over expenses and disbursements	(19,991	اد			5 d	
	b	Net investment income (if negative, enter -0-)	,,	1	0.		1	
	С	Adjusted net income (if negative, enter -0-)				0.	7	

1 Cash—non-interest-bearing	9,	art II	Balance Shoots Attached schedules and amounts in the description column	n Beginning of year	End o	of year
2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts ▶ 4 Pledges receivable ▶ 5 Grants receivable 5 Grants receivable 6 Receivable (discounts ▶ 7 Other accessed (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) 10a investments—corporate stock (attach schedule) 10b investments—corporate stock (attach schedule) 11 Investments—corporate bonds (attach schedule) 12 Investments—corporate bonds (attach schedule) 13 Investments—corporate bonds (attach schedule) 14 Land, buildings, and equipment biass ▶ 15 Other assets (teaches be) 16 Total assets (to be completed by all filers—see the instructions) 16 Total assets (to be completed by all filers—see the instructions) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 19 Cother itebilities (describe ▶ 20 Loans from officers, directors, fustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Cother itebilities (describe ▶ 23 Total flabilities (add lines 17 through 22) 24 Unestricted 25 Femporarly restricted 26 Femporarly restricted 27 Capital stock, fust principal, or current funds 28 Paid-in or capital surplus, or land, bidg, and equipment fund 29 Paterned samings, accumulated income, endowment, or other funds 20 Paterned samings, accumulated income, endowment, or other funds 27 Capital stock, fust principal, or current funds 28 Paid-in or capital surplus, or land, bidg, and equipment fund 29 Paterned samings, accumulated income, endowment, or other funds 20 Paterned samings, accumulated income, endowment, or other funds 21 Capital stock, fust principal, or current funds 22 Capital stock, fust principal 23 Total flabilities and net assets fund balances (see instructions) 24 Chresis and fundamental stock or fund balances (see instructions) 25 Paterned samings, accumulated income, endowment, or other funds 26 Pempanently restricted 27 Capital st) (a) Book Value	(b) Book Value	(c) Fair Market Value
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12 Investments—mortgage loans 13 Investments—other (attach schedule)			Less. accumulated depreciation (attach schedule) ▶			
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17			instructions. Also, see page 1, item l)	67.843.	47,852.	47.852.
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2 Enter amount from Part I, line 27a						67.843
3 0. 4 Add lines 1, 2, and 3	2					
4 Add lines 1, 2, and 3						
5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 47,852.						
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 47,852.	-	Door	recess not included in line 2 (stemps)		E	
1/1002	6	Total	I net assets or fund balances at end of year (line 4 minus line 5)-	-Part II, column (b), II		
				<u></u>	1 <u></u>	

Part	V Capital Gains and	Losses for Tax on Investn	nent	Income				
	(a) List and describe the 2-story brick warehout	(b) How acquired P - Purchase D - Donation		acquired day, yr)	(d) Date sold (mo , day, yr)			
<u>1a</u>				ļ				
<u>b</u>	N	ONE						
<u>c</u> d								
<u>u</u> e					 	1		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale		. ,	or (loss) minus (g)
a								
b								
С			<u> </u>					
d								
<u>e</u>	Complete only for accets the	owing gain in column (h) and owned	by the	foundation	on 12/21/60			
	Complete only for assets site		lly trie					(h) gain minus less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any			om col (h))
<u>a</u>								
b c			 			ļ		
d			 					
e e							····	
2	Capital gain net income o	r (not canital loce) (enter in Pa er -0- in Pai				
3	Not short-term capital gar	n or (loss) as defined in sections			-	2		
3	If gain, also enter in Part	I, line 8, column (c) (see instruc						
	Part I, line 8	<u></u>			J	3		
Part		ler Section 4940(e) for Reduvate foundations subject to the						
Vas th		section 4942 tax on the distribution qualify under section 4940(e).				oase per	ıod?	☐ Yes ☐ N
1	Enter the appropriate amo	ount in each column for each ye	ar; se	e the instru	uctions before m	akıng an	y entries.	
Cale	(a) Base period years ndar year (or tax year beginning in	(b) Adjusted qualifying distribution	ıs	Net value o	(c) f noncharitable-use a	ssets		(d) ibution ratio ivided by col (c))
	2015		538.			9,781.		0.06
	2014		537.			6,296.		0.09
	2013		536.			6,382.		0.08
	2012		415.			5,917.		0.07
	2011		455.	L		5,254.		0.09
•	Total of line 1 column (d)						.	
2	Total of line 1, column (d) Average distribution ratio	for the 5-year base period—divi	Ide th	 e total on l	ine 2 by 5 or by	the 2		0.3
3		dation has been in existence if le					3	0.07
4	Enter the net value of non	charitable-use assets for 2016 f	rom F	Part X, line	5	. 4	1	60,38
5	Multiply line 4 by line 3					. 5	5	4,71
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	o)			. 6	3	
7	Add lines 5 and 6 .						,	4,71
8		ons from Part XII, line 4 ater than line 7, check the box in				that part		60,04 % tax rate. See th

Part \		nstruc	tions)
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)	Ž.	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0 00
	here ► 🗸 and enter 1% of Part I, line 27b	* 27 %	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Deart I, line 12, col. (b).	* _ ` '	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2		0 00
3	Add lines 1 and 2		0 00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0 00
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		0 00
6	Credits/Payments:	-X 118	3 8
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 0 00 00		
b	Exempt foreign organizations—tax withheld at source 6b		
c	Tax paid with application for extension of time to file (Form 8868) . 6c	J 1	
d	Backup withholding erroneously withheld 6d	11/12	: 1 A2 .
7	Total credits and payments Add lines 6a through 6d		0 00
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		0 00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11		
Part '			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	∦. Y 1a	es No ✓
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10 **	7 3 1
	published or distributed by the foundation in connection with the activities	i Ij	
С	Did the foundation file Form 1120-POL for this year?	1c	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	· · ·	11 1
u	(1) On the foundation. ► \$ N/A (2) On foundation managers. ► \$ N/A		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	17. 1k	
•	on foundation managers. ► \$ N/A		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 **	* / / *
_	If "Yes," attach a detailed description of the activities.		7 1 7
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	1
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	1
	If "Yes," attach the statement required by General Instruction T.	. * *	1. 1.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		4 ×
	By language in the governing instrument, or		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		\ \frac{1}{x} \left \varepsilon \ \frac{1}{x} \right \frac{1}{x}
	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 XV	7	1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		1 12 1
	GEORGIA)	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	7
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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	1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		
	names and addresses	10	/

Part	VII-A	Statements Regarding Activities (continued)					
11	At any ti	ime during the year, did the foundation, directly or indirectly, own a control	olled entity w	ithin the		Yes	No
	meaning	of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		1
12		foundation make a distribution to a donor advised fund over which the foundated advisory privileges? If "Yes," attach statement (see instructions).	ation or a dis	qualified 	12		1
13	Did the fo	oundation comply with the public inspection requirements for its annual returns and e	exemption app	lication?	13	✓	
		address ► N/A					
14			phone no.		0-422-		
45		at ► 167 LAKE SOMERSET DR. NW, MARIETTA, GEORGIA 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-	ZiP+4 ►		0064-1	/19	
15		er the amount of tax-exempt interest received or accrued during the year .	-Check here. ▶	15		•	
16		me during calendar year 2016, did the foundation have an interest in or a sign			/	Yes	No
		ank, securities, or other financial account in a foreign country?			16	L, ,,	✓
		instructions for exceptions and filing requirements for FinCEN Form 114. If "Y gn country ►	es," enter the	e name or			
Dort	VII-B		quired		<u> </u>	<u> </u>	표 기계
Fart		m 4720 if any item is checked in the "Yes" column, unless an exception app				Yes	No
1a		ne year did the foundation (either directly or indirectly):	Jiles.		 	. = 0	111
	-	ige in the sale or exchange, or leasing of property with a disqualified person?	Tyes	✓ No	*:		
		ow money from, lend money to, or otherwise extend credit to (or accept it from	om) a	_	m>.		100
	dısqu	ualified person?	· · 🔲 Yes	✓ No			
	(3) Furnis	sh goods, services, or facilities to (or accept them from) a disqualified person?	Tyes	√ No	7	.A.	1
			Tyes	✓ No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
		sfer any income or assets to a disqualified person (or make any of either available and for discussified person)?	ole for . ☐ Y es	[7] AL-	* .		
		enefit or use of a disqualified person)?		√ No	12k.		
		e to pay money or property to a government official? (Exception. Check "No" dation agreed to make a grant to or to employ the official for a period				18, 2. 141	1
			Yes	✓ No	1.2		
b	If any ans	swer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions de	escribed in Re	gulations		Ø5	
	section 5	3.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			1b		
	-				Name		
С		foundation engage in a prior year in any of the acts described in 1a, other that	•	cts, that			E.il.
2		t corrected before the first day of the tax year beginning in 2016?			1c	, ,	√
2		g foundation defined in section 4942(j)(3) or 4942(j)(5)).	iluation was a	a private			
а	At the en	nd of tax year 2016, did the foundation have any undistributed income (lines 6	d and				
		XIII) for tax year(s) beginning before 2016?	Yes	✓ No		1	
		list the years ▶ 20 , 20 , 20 , 20				75	
b		e any years listed in 2a for which the foundation is not applying the provisions					
		to incorrect valuation of assets) to the year's undistributed income? (If applying listed, answer "No" and attach statement—see instructions.)	y section 494.	2(a)(2) 10	2b		الا
С	-	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, I	ist the vears h	ere	20	-	
Ū	-	, 20 , 20 , 20	or the years i	.0.0.			
За		foundation hold more than a 2% direct or indirect interest in any business enter	rprise				
	at any tin	me during the year?	. Yes	✓ No			
b		did it have excess business holdings in 2016 as a result of (1) any purchase	-				
		ied persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period)				1	
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequences of a constant of the section 4943(c) for a constant of the s				1	
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720 on had excess business holdings in 2016.)	, to deterrible		3b	-	}
4a		oundation invest during the year any amount in a manner that would jeopardize its	charitable oi	rposes?	4a	 	1
b		foundation make any investment in a prior year (but after December 31, 1969) the			<u> </u>		<u> </u>
		e purpose that had not been removed from jeopardy before the first day of the tax y			4b	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Page U

Part	VII-B St	atements Regarding Activities	for W	/hich Form	4720	May Be R	equire	d (contii	nued)		
5a		ar did the foundation pay or incur a								513	3, 4, 43
		propaganda, or otherwise attempt t						Yes	✓ No		
		the outcome of any specific public		on (see secti	on 495	5); or to ca	arry on,				14 July
	•	indirectly, any voter registration dr			•		- •	Yes	✓ No	17.500.613	,
	• •	grant to an individual for travel, stu	•					Yes 🗌	✓ No		
		grant to an organization other than	n a chai	ritable, etc.,	organiz	ation desci	ribed in		_		高量 - 7
		945(d)(4)(A)? (see instructions)			•	• •	•	Yes	✓ No	1 1	
	• •	or any purpose other than religious				ary, or educ	cational	_	_	100	
		or for the prevention of cruelty to d						Yes	✓ No	1 22 3 2 3	
b		is "Yes" to 5a(1)-(5), did any of the							ribed in		🐒 "
										5b	<u> </u>
	•	• •	-					•	▶		
C		is "Yes" to question 5a(4), does to			ı exem	ption from	tne tax				
		aintained expenditure responsibility		-	45 5/10			Yes	☐ No		
6 -		h the statement required by Regula								130 5.8	
6a		ation, during the year, receive any benefit contract?	iunas,	airectly or in	uirectiy	, to pay pre	emiums		□ N-		
	•			معالم مدارست الراجم			, bosefu	∐ Yes	✓ No	***	
O		ation, during the year, pay premiun	ns, aire	city or indire	ouy, on	a personal	beneii	Contract	!	6b	V
70	-	. <i>file Form 8870</i> ring the tax year, was the foundation :	a narti i	to a probibitor	ttav ch	oltar trancoa	tion?	Yes	✓ No		
		he foundation receive any proceed							-	7b	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		rmation About Officers, Direc									es.
		Contractors	, .	1401000, 1	- u, i u u		.50.0,		u.u =		,
1		rs, directors, trustees, foundation	n mana	gers and th	eir con	npensation	(see i	nstructio	ns).		
			(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution	s to	(e) Expen	se account
	(a	Name and address		rs per week ed to position		not paid, iter -0-)		oyee benefit erred compe			lowances
RO	BERT W. HOEN	ES	DDE	SIDENT				.			
167 L	AKE SOMERSE	T DR, MARIETTA GA 30064-1719	FIL	1		-0-			-0-		-0-
	ANNE B. HOENE		VICE	PRESIDENT						***	 -
167 L	AKE SOMERSE	T DR, MARIETTA GA 30064-1719	VIOL	1		- 0-			-0-		-0-
	BERT W. HOEN		SE	CRETARY							
167 L	AKE SOMERSE	T DR, MARIETTA GA 30064-1719		1		-0-			-0-		-0-
JO	ANNE B. HOENE	S	TRI	EASURER							
167 L		T DR, MARIETTA GA 30064-1719		1		-0-			-0-		-0-
2	-	on of five highest-paid employee	es (oth	er than tho	se incl	uded on li	ne 1 —	see instr	uction	s). If no	ne, enter
	"NONE."										
				(b) Title, and a	average			(d) Contribi employee		(a) Expen	se account,
	(a) Name and addr	ess of each employee paid more than \$50,00	00	hours per v		(c) Comper	nsation	plans and	deferred		llowances
		···		·				compen	sation ——–		
	· · · · · · · · · · · · · · · · · · ·					 					
		NONE									
					-			<u> </u>			
						ļ		<u> </u>		ļ	
				-		 		ļ			
									i		
Total	number of other	er employees paid over \$50,000 .		<u> </u>		L		L	•		
rvidi	HOLLINGE OF OUR	er employees paid over \$50,000 .		• •	<u></u>	· ·	<u> </u>			Earm QQ1)-PF (2016)

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Part VIII	and Contractors (continued)	mpioyees,
3 Five	highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	-
	NONE	
		
'atal numb	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the fou	indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number o	f
	ns and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1		_
		-
	NONE	
2		-
		-
3		
		-
		-
4		-
		-
D		
Part IX-B	Summary of Program-Related Investments (see instructions) e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	the largest program related intestitions indee by the teambatter during the tax year on intest and 2	
	NONE	-
		•
2		_
		-
		-
_	ogram-related investments. See instructions	
3		-
		.
Total. Add	lines 1 through 3	-

Form **990-PF** (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn foundat	tions,
	see instructions.)	·····	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	Ä	
	purposes:	j" j	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	61,300.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	61,300.
e	Reduction claimed for blockage or other factors reported on lines 1a and	ZM	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	61,300.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	920.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	60,380.
6	Minimum investment return. Enter 5% of line 5	6	3,019.
Part	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.)	oundations	5
1	Minimum investment return from Part X, line 6	1	3,019.
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.)		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,019.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,019.
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	3,019.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes:	3.1	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	60,044.
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	60.044
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		00,044.
-	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,044
•	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.		
	qualifies for the section 4940(e) reduction of tax in those years.		

Part 2	(III Undistributed Income	(see instruction	<u>s)</u>			(4)
2			(a)	(b) Years prior to 2015	(c) 2015	(d) 2016
1	Distributable amount for 2016 fi	rom Part XI, _	Corpus	rears prior to 2010	20.0	
	line 7	[3,019.
2	Undistributed income, if any, as of the	e end of 2016 [.]		ļ-		
- а	Enter amount for 2015 only				0.	
b		,20		0.		
3	Excess distributions carryover, if a					
-	From 2011	192.				
a	From 2012	119.				
b	From 2013	217.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C .		191.				
d	From 2014	49.		^		
е	From 2015		768.			
f		from Part VII				A SANTA H
4	Qualifying distributions for 2016	HUHI FAIT AII,	* * *		4 ₂ " "	
	line 4· ▶ \$ 60,044.	1 0 -	, ,	* x	0.	
а	Applied to 2015, but not more that	an line 2a	* * * *	* **	7 4	10 1 10 10 10 10 10 10 10 10 10 10 10 10
b	Applied to undistributed income	of prior years	* * * .		, * [,] , , , , , , , , , , , , , , , , , ,	
	(Election required – see instruction		** * * *	U.	· · · · · · · · · · · · · · · · · · ·	* & a: I . 355 Y
С	Treated as distributions out of co	rpus (Election				
	required—see instructions)		0.		* * · · · · · · · · · · · · · · · · · ·	3,019.
d	Applied to 2016 distributable am-	ount .	* * * * * * * * * * * * * * * * * * * *			W 19 1 19 1 19 1 19 1 1
е	Remaining amount distributed or	ut of corpus	57,025.			
5	Excess distributions carryover ap	oplied to 2016	<u> </u>	1 3 × 4 × 1		U.
	(If an amount appears in column	(d), the same				
	amount must be shown in colum	n (a))				
6	Enter the net total of each	column as				
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e.	Subtract line 5	57,7 <u>93</u> .	8 m. 2 n. 2 n. 3 n. 3 n. 3 n. 3 n. 3 n. 3 n	s & & ? **	3 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	مممد استدنيا التنافية الأستان	me. Subtract				
	line 4b from line 2b			0	. X . 4	* s 1 . s 1 . s 1
	Enter the amount of prior years'	' undistributed	\ \ ,	*		
С	income for which a notice of	deficiency has	* ,			
	been issued, or on which the s	ection 4942(a)	* * * * :			
	tax has been previously assesse	ed	; ,	0		
		6b Taxable				1 1
d	amount—see instructions	Op. Taxabre		0		, , , , ,
		Cubtract line				
е	Undistributed income for 2015 4a from line 2a. Taxable	. Subtract line				
					· 0	, , , ,
f	Undistributed income for 2016.	Subtract lines				
	4d and 5 from line 1. This am					0.
	distributed in 2017				<u> </u>	
7	Amounts treated as distribution	s out of corpus				,
	to satisfy requirements impos	sed by section				,
	170(b)(1)(F) or 4942(g)(3) (Ele					,
	roquiros essimentes,			<u>).</u>		
8	Excess distributions carryover	from 2011 not				,
	applied on line 5 or line 7 (see II	nstructions) .	195	2.		
9	Excess distributions carryo	over to 2017.		1	[
•	Subtract lines 7 and 8 from line	6a	57,60	1.		
10	Analysis of line 9:					
		119	.			
	_	217				
			4			
	/ 0045	49	≟			
1	d Excess from 2015	57,025				
	e ⊏xcess iioiii ∠o io	37,023	·1			5 000-PE/2014

_	-	•
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Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	2016, enter the da	ate of the ruling		N/	'A
b	Check box to indicate whether the four	ndation is a private	operating foundat	tion described in se	ection 🔲 4942(j)(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) rotar
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					·
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon.					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment' alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)			\ 	L	
	(3) Largest amount of support from					·
	an exempt organization		ļ	_		·
	(4) Gross investment income			L	1.05.000	
Part				ne toundation n	ad \$5,000 or me	ore in assets at
	any time during the year-		18.)			
1	Information Regarding Foundation		itad mara than 20	4 of the total conti	shittana racawad	by the foundation
а	List any managers of the foundation was before the close of any tax year (but of					by the foundation
	, , ,	ing in they have be	more an	ian 40,000). (000 0	0011011 001 (0)(2).)	
b	NONE List any managers of the foundation	who own 10% or	r more of the stor	ck of a corporation	o (or an equally la	rge portion of the
_	ownership of a partnership or other er					igo portion of the
	NONE	• ,		J		
2	Information Regarding Contribution	. Grant. Gift. Loa	n. Scholarship, e	etc Programs:		
	Check here ▶ ☐ If the foundation			_	organizations and	does not accept
	unsolicited requests for funds. If the f					
	other conditions, complete items 2a, I	o, c. and d.				
а	The name, address, and telephone nu	mber or e-mail ad	dress of the person	on to whom applic	ations should be a	.ddressed:
	, , , ,		•	. ,		
ROI	BERT W. HOENES, 167 LAKE SOMERSE	T DR. NW, MARIE	TTA, GA 30064-1	719		
	The form in which applications should				uld include:	
	LETTER					
C	Any submission deadlines:					
	BY AUGUST 31st OF THE CALENDAR Y					
d	Any restrictions or limitations on aw	vards, such as by	y geographical ai	reas, charitable fie	elds, kinds of ins	titutions, or other
	factors:					

CAPITAL or PERMANENT ACQUISITIONS of PROPERTY/FACILITIES in the SOUTHEAST USA.

Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor Paid during the year THE GEORGIA CONSERVANCY, 230 Peachtree St. NW, Suite 1250. Atlanta, GA 30303-1559 Land Conservation Programs. 501 (c)(3) 20.000. SOUTHERN MUSEUM of CIVIL WAR & LOCOMOTIVE HISTORY, 2829 Cherokee Street, Kennesaw, GA 30144 501 (c)(3) Library & Archive addition 3,000. MY CAMP SUNSHINE. 1850 Clairmont Road. Furniture & Audio equipment. Decatur, GA 303033-3405 501 (c)(3) 5,000. CAMP TWIN LAKES, 1391 Keencheefoonee Road, Rutledge, GA 30663 501 (c)(3) Facilities Upgrades. 3,000. COLLEGE of the OZARKS, P. O. Box 17, Point Lookout, MO 65726 501 (c)(3) **Building Project.** 18.000. **BALTIMORE & OHIO RAILROAD HISTORICAL SOCIETY,** P.O. Box 1608, Sykesville, MD 21784 501 (c)(3) Research Center. 3,000. FISHER HOUSE FOUNDATION, 111 Rockville Pike #420, Rockville, MD 20850 501 (c)(3) Veterans Assistance. 4,000. GARY SINESE FOUNDATION, P.O. Box 50008, Studio City, CA 91614-5001 501 (c)(3) Veterans Needs. 4,000. Total 3a 60,000. Approved for future payment **NONE** Total 3b

0.

Par	t XVI	 Analysis of Income-Producing Ac 	uviues				
nte	r gros	s amounts unless otherwise indicated.	Unrelated bu	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	-	ram service revenue					
	а b —			· · · · · · · · · · · · · · · · · · ·	_		
	c –						
	d –						
	e –	White the Control of the series was an analysis of the series was a series of the series of the series of the series was a series of the serie					
	f -						
	g F	ees and contracts from government agencies			-		
2	_	bership dues and assessments					
3	Intere	est on savings and temporary cash investments			14	13.	
4		ends and interest from securities			V		
5		ental income or (loss) from real estate:		** '\$	3 %. \$ ***	4 3 5 7 3 4	*
		Debt-financed property					
_		lot debt-financed property			ļ	· · · · · ·	
6		rental income or (loss) from personal property rinvestment income			·		
7 8		or (loss) from sales of assets other than inventory			 		
9		ncome or (loss) from special events .					
10		s profit or (loss) from sales of inventory					
11		r revenue: a					
	b						
	c _						
	d _			,.,			
	e _						
10	Subt	otal. Add columns (b), (d), and (e)	4 80 ~		14 X (0);	13.	
			L***				·
13	Tota	I. Add line 12, columns (b), (d), and (e)			<u> </u>	13	13.
13 (See	Tota works	I. Add line 12, columns (b), (d), and (e) . sheet in line 13 instructions to verify calculation	ns.)				·
13 See Pal	Tota	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	ns.) Accomplishm	ent of Exemp	ot Purposes	13	13.
13 See Pal Lin	Tota works t XV	I. Add line 12, columns (b), (d), and (e) . sheet in line 13 instructions to verify calculation	ns.) Accomplishm	ent of Exemp	ot Purposes	13	13.
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		Excilibr Or	garnzauona							
1	ın sed			engage in any of the follow section 501(c)(3) organizat						Yes No
а	Trans	fers from the rep	porting foundation to	a noncharitable exempt	organization	of:				
	(1) C	ash							1a(1)	✓
	(2) O	ther assets .							1a(2)	1
b	Other	transactions.								
	(1) S	ales of assets to	a noncharitable exe	mpt organization					1b(1)	✓
	(2) P	urchases of asse	ets from a noncharita	able exempt organization					1b(2)	1
	(3) R	ental of facilities,	, equipment, or othe	rassets					1b(3)	1
	(4) R	eimbursement ai	rrangements						1b(4)	✓
	(5) Lo	oans or loan gua	rantees						1b(5)	✓
	(6) P	erformance of se	ervices or membersh	nip or fundraising solicitation	ons				1b(6)	✓
С	Shari	ng of facilities, e	quipment, mailing lis	sts, other assets, or paid e	mployees			•	1c	✓
d				s," complete the following						
				ces given by the reporting						
	value	in any transaction	on or sharing arrang	ement, show in column (d	the value o	of the goods,	other asse	ets, or se	rvices	received.
(a) Line	no (b) Amount involved	(c) Name of noncl	naritable exempt organization	(d) Descr	ription of transfer	s, transaction	ns, and sha	ring arra	ngements
			N/A							
									. 	
										
									4.	·
										
2a				filiated with, or related to other than section 501(c)(3			ot organiza 		7 Vac	√ No
ь			following schedule	• • • •				· L	03	٠١٠٠ ن
		(a) Name of organ		(b) Type of organizati	on ,		(c) Descriptio	n of relation	nship	

		N/A								
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		<u> </u>								
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				ed this return, including accompanyi				my knowled	ge and b	elief, it is true,
Sign	corre	ct, and complete Deck	aration of preparer (other th	an taxpayer) is based on all informat	on of which prep	oarer has any knov	vledge	May the IF	RS discus	s this return
Here		Valuat	W, Wall	er 43/15/2017	PRESIDEN	IT		with the p	reparer s	hown below
		ature of officer or trus	stee	Date	itle			(See Instruc	.uons) r]Yes ∐No
Paid		Print/Type preparer	's name	Preparer's signature		Date	Chec	k [] if [P	TIN	
	arer	i						mployed		
Prepa		Firm's name ▶		<u> </u>			Firm's EIN	<u> </u>		
Jse Only Firm's name ►						Phone no				

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

THE H	OENES FOUNDATION	, Inc.	20-0878440
Organia	zation type (check or	ne):	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation
		☐ 527 political organization	
Form 99	90-PF	√ 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
		☐ 501(c)(3) taxable private foundation	
	Ponly a section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9	tributions totaling \$5,000 ructions for determining a 331/3 % support test of the 90 or 990-EZ), Part II, line
		d that received from any one contributor, during the year, total contribute amount on (i) Form 990, Part VIII. line 1h, or (ii) Form 990-EZ, line	
	contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious and purposes, or for the prevention of cruelty to children or animals. Con	s. charitable, scientific,
	contributor, during contributions totale during the year for a General Rule appli	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose Don't complete any contribution of the second exclusively religious, charitable, etc., purpose Don't complete any contribution of the second exclusively religious, charitable, etc., purpose Don't complete any contribution of the second exclusively religious, charitable, etc., purpose Don't complete any contribution of the second exclusively religious, charitable, etc., purpose Don't complete any contribution of the second exclusively religious, charitable, etc., purpose Don't complete any contribution of the second exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, charitable, etc., purpose Don't complete any contribution exclusively religious, etc., purpose Don't complete any contribution exclusively religious, etc., purpose Don't complete any contribution exclusively exclusivel	ses, but no such utions that were received of the parts unless the aritable, etc., contributions

(a)

No.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990 990-EZ or 990-PF) (2016) **Employer identification number** Name of organization THE HOENES FOUNDATION, Inc. 20-0878440 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Robert W. HOENES Pavroll П Noncash 12,000. 167 Lake Somerset Drive NW (Complete Part II for noncash contributions) Marietta, GA 30064-1719 (b) (d) (a) (c) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Joanne B. HOENES Person _____ **Pavroll** Noncash 167 Lake Somerset Drive NW (Complete Part II for noncash contributions) Marietta, GA 30064-1719 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Schedule B (F	orm 990, 990-	EZ, or 990-PF	(2016)

Person **Payroll** Noncash (Complete Part II for noncash contributions)

Person Pavroll

Noncash (Complete Part II for noncash contributions)

(d)

Type of contribution

(c)

Total contributions

The HOENES FOUNDATION INC. EIN 20-0878440 SCHEDULE OF INFORMATION For FORM 990-PF Tax Year 2016

PART I, LINE 16c.	
Other Professional Fees:	
Annual State of Georgia Corporation filing fee.	\$30.
PART I, LINE 18.	
<u>Taxes:</u>	
Excise tax on investment income.	\$0.
PART I, LINE 23.	
Other Expenses:	
Postage and mailing direct costs.	\$14.
PART VII-A, LINE 10.	
Persons becoming substantial contributors During the Tax Year:	
Mr. and Mrs. Robert W. Hoenes 167 Lake Somerset Drive Marietta, GA 30064-1719	
Both substantial contributors are the founders and current officers of the foundation.	