

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

## Return of Private Foundation

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

OMB No 1545-0052

Open to Public inspection

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.

For calendar year 2016 or tax year beginning , and ending Name of foundation A Employer identification number Hand Family Foundation, Inc. 31-1185981 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 315 S Hand Ave 574-267-3525 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here Warsaw IN 46580 G Check all that apply. Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation section 507(b)(1)(A), check here I Fair market value of all assets at J Accounting method: X Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) 1,748,315 (Part I, column (d) must be on cash basis.) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income purposes income the amounts in column (a) (see instructions) books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 6,142 2 If the foundation is **not** required to attach Sch. B. 3 Interest on savings and temporary cash investments 4 31,072 Dividends and interest from securities 31,072 5a Gross rents b Net rental income or (loss) Stmt 1 783 6a Net gain or (loss) from sale of assets not on line 10 455 673 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 38,838 8 6 BB 30 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold Gross profit or (loss) (attach schedule) 11 Stmt 2 Other income (attach schedule) 190 258 12 Total. Add lines 1 through 11 83,187 70,168 0 13 Compensation of officers, directors, trustees, etc Scoperating and Administrative Expenses Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Stmt 3 5,264 Accounting fees (attach schedule) 5,264 Other professional fees (attach schedule) Interest 17 Taxes (attach schedule) (see instructions) Stmt 4 358 358 Depreciation (attach schedule) and depletion Stmt 5 1,616 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Stmt 6 12,690 12,690 Other expenses (att. sch ) Total operating and administrative expenses. Add lines 13 through 23 19,928 18,312 0 78,500 Contributions, gifts, grants paid 78,500 Total expenses and disbursements. Add lines 24 and 25 98,428 18,312 78,500 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements -15,24151,856 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) 0

For Paperwork Reduction Act Notice, see instructions.

925

Form 990-PF (2016)

oma 9	90-PF(2016) Hand Family Foundation, Inc.	31-118598	1	Page 2
-	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	
Par	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing			
2	Savings and temporary cash investments	95,006	129,380	129,38
3	Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			<del> </del>
4	Pledges receivable ▶			::
	Less: allowance for doubtful accounts ▶			
5	Grants receivable			<del></del>
6	Receivables due from officers, directors, trustees, and other	Ì		
	disqualified persons (attach schedule) (see	[		
	instructions)			
7	· ,			-
	Less: allowance for doubtful accounts ▶ 0			
<u> 8</u>	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
( 10		125,986	106,315	105,51
t	, , , , , , , , , , , , , , , , , , , ,	946,846	891,940	1,279,900
0	• • • • • • • • • • • • • • • • • • • •	208,604	232,634	233,51
11			-	
1	Less accumulated depreciation (attach sch )			
12				****
13	,			
14				
1	Less accumulated depreciation (attach sch ) ▶ Stmt 10 11,192	3,037	2,969	
15	,			
16		1 270 470	1 262 020	1 740 311
-	instructions Also, see page 1, item I)	1,379,479	1,363,238	1,748,31
17				
18				
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22 23		0		
+ 23	Foundations that follow SFAS 117, check here	+	<u>`</u>	
0	and complete lines 24 through 26 and lines 30 and 31.			
24		1,379,479	1,363,238	
25				
26	•			
₽ ~	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	·		-	•
29				
30		1,379,479	1,363,238	
31		, ,,		
	instructions)	1,379,479	1,363,238	
Par				
	tal net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	st agree with		
	d-of-year figure reported on prior year's return)	-	1	1,379,479
2 En	ter amount from Part I, line 27a		2	-15,24
3 Otl	her increases not included in line 2 (itemize) ▶		3	
	d lines 4. 2, and 2			1 364 22

1,363,238 Form 990-PF (2016)

1,000

5

5 Decreases not included in line 2 (itemize) ▶ See Statement 11

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

		nd lease for Toy or Investme			21-116	33901			Page .
	(a) List and desc	nd Losses for Tax on Investme  nbe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)	ent incor	ne	(b) How a	hase	) Date acq		(d) Date sold (mo , day, yr )
1a	LPL-Cap Gains D	Distribution			D – Don	ation			
b	LPL-Partnership								
С	Edward Jones-Wa			ĺ					
d	Charles Schwab-								
_ е	William E Hand	CRUT	<del></del> ,.						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or or plus expen			(	(h) Gain e) plus (f)	or (loss) minus (g)
a b	32								32
c	28,215								28,215
d									
<u>e</u>	10,591			10/01/0					10,591
	(i) F M V as of 12/31/69	g gain in column (h) and owned by the fo (j) Adjusted basis as of 12/31/69	undation o	(k) Excess over col	of col (i)		col (k	), but not l	(h) gain minus less than -0-) <b>or</b> om col (h))
a									32
_ <u>b</u>									
<u> </u>									28,215
<u>d</u> e									10,591
	One-stal many mat specime on (mat a	If gain, also enter in l	Part I, line	7 7			Ī		20,002
	Capital gain net income or (net c	If (loss), enter -0- in I	•	7 _		2	<u> </u>		38,838
	If gain, also enter in Part I, line 8	ss) as defined in sections 1222(5) and (6 , column (c) (see instructions) If (loss), e		7		3			
	Part I, line 8  art V Qualification U	nder Section 4940(e) for Reduc	od Tay (	n Net I	nvestme				,
Was		nis part blank. tion 4942 tax on the distributable amount lify under section 4940(e) Do not comple			ase penod'	?			Yes X No
1	Enter the appropriate amount in	each column for each year, see the instru	uctions bef	ore makin	ng any entri	es.	,		
	(a) Base penod years Calendar year (or tax year beginning ir	(b) Adjusted qualifying distributions		Net value	(c) of noncharitab				(d) hbution ratio livided by col. (c))
	2015		,256			707,897			0.051090
	2014		, 962		1,	785,161			0.056556
	2013		450			665,805			0.051297
	2012		,150			527,977			0.044601
	2011	12	,094		1,	533,534	1		0.047012
	Total of line 1, column (d)		a				2		0.250556
	•	5-year base period – divide the total on li nas been in existence if less than 5 years	•	or by the			3		0.050111
4	Enter the net value of noncharita	ble-use assets for 2016 from Part X, line	5				4		1,666,415
5	Multiply line 4 by line 3						5		83,506
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)					6		519
7	Add lines 5 and 6						7		84,025
	Enter qualifying distributions fror If line 8 is equal to or greater tha	n Part XII, line 4 n line 7, check the box in Part VI, line 1b,	and comp	elete that p	part using a	1% tax rate.	8 See the		78,500

	990-PF (2016) Hand Family Foundation, Inc. 31-1185981			P	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	,			<del></del>
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,	<u>037</u>
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col. (b).				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
3	Add lines 1 and 2			1,	037
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-			1,	037
6	Credits/Payments:				
а	2016 estimated tax payments and 2015 overpayment credited to 2016  6a 1,531				
þ	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments. Add lines 6a through 6d			1,	<u>531</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				<u>494</u>
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 494 Refunded ▶ 11				
	rt 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			Yes	No
	participate or intervene in any political campaign?	- 1	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	.			
	Instructions for the definition)?	/A	1b		
	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				
С	Did the foundation file Form 1120-POL for this year?	ļ	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				ĺ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				ĺ
	on foundation managers.   \$		1		
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.				ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	.,_	4a		X
b		/A	4b		
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.				ĺ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1		ĺ
	By language in the governing instrument, or		- 1		ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				İ
_	conflict with the state law remain in the governing instrument?	-	6	X	<b></b> -
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	<del> </del>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
<b>.</b>	IN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1	_		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	}	_8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ŀ	- 1		ĺ
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"				77
40	complete Part XIV	- }	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				v
	names and addresses		10		X

Form 990-PF (2016)

	990-PF (2016) Hand Family F			185981			Pa	age <b>6</b>
	-	g Activities for Which Form	4720 May Be R	Required (cont	inued)			
5a	During the year did the foundation pay or in	•						:
	(1) Carry on propaganda, or otherwise atte	· ·		□ `	fes X No			
	(2) Influence the outcome of any specific p	•	to carry on,		<u></u>			
	directly or indirectly, any voter registrat	on drive?		, H	res 🔀 No			
	(3) Provide a grant to an individual for trav	el, study, or other similar purposes?			res 🗓 No			
	(4) Provide a grant to an organization other	r than a charitable, etc, organization	n described in		_			
	section 4945(d)(4)(A)? (see instruction	s)			res 🗓 No			
	(5) Provide for any purpose other than religion	gious, charitable, scientific, literary,	or educational					
	purposes, or for the prevention of cruel	ty to children or animals?			res 🗓 No			
b	If any answer is "Yes" to 5a(1)-(5), did any	of the transactions fail to qualify un	der the exceptions d	lescribed in	_			
	Regulations section 53.4945 or in a current	t notice regarding disaster assistanc	e (see instructions)?	?	N/A	5b		
	Organizations relying on a current notice re	egarding disaster assistance check h	iere	•••	▶ 🗀			
С	If the answer is "Yes" to question 5a(4), do			• • •				
	because it maintained expenditure respons	·		N/A 🗍	res No			
	If "Yes," attach the statement required by F	•		• 🗀				
6a	Did the foundation, during the year, receive		nav premiums					
••	on a personal benefit contract?	any range, and any or mandeay, to p	ray promisino		res X No			
b	Did the foundation, during the year, pay pre	emilims directly or indirectly on a n	arsonal benefit cont		103 [22] 110	6b	ĺ	x
	If "Yes" to 6b, file Form 8870	simums, directly of indirectly, on a p	Sisonal Delicit Conti			OD		
72	At any time during the tax year, was the for	indation a party to a prohibited toy s	holtor transaction?		res X No			
	If "Yes," did the foundation receive any pro	, • ,			N/A	7ь	İ	
		cers, Directors, Trustees, F						—
₹"€	and Contractors	cers, Directors, Trustees, I	Juliuation Mail	agers, mgmy	raid Employ	-e-s,		
4 1	ist all officers, directors, trustees, found	ation managers and their compen	eation /ean instruc	tione)				
	ist all officers, directors, trustees, found	ation managers and their compen	Sation (See mistruc	.tioris <i>j</i> .	(d) Contributions to	r		
	And Marine and add		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit	(e) Exp	ense ac	count,
	(a) Name and add	ess	devoted to position	enter -0-)	plans and deferred compensation	othe	allowan	ices
	h- C Td	TT	D		compensation			
	hn G. Hand	Warsaw	President					_
	5 S. Hand Ave.	IN 46580	0.00	0	0			0
	rry E. Hand	Warsaw	Sec. Treas.	_				
	62 S. Briarwood Dr.	IN 46580	0.00	0	0			0
Ro	nald W. Hand	DuPont	Vice Preside					
13	92 Hudson St.	WA 98327	0.00	0	0	ļ		0
_		·	<u> </u>			<u> </u>		
2	Compensation of five highest-paid emple "NONE."	loyees (other than those included	on line 1 – see ins	tructions). If non	e, enter			
	NONE.		1	I		r		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Exc	ense ac	count.
	(a) Name and address of each employee paid	d more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowan	
					compensation	<u> </u>		
NO	NE							
						<u> </u>		
					-			
Tota	number of other employees paid over \$50,	000			<b>&gt;</b>			0
					F	om 99	0-PF	

Form 990-PF (2016) Hand Family Foundation, Inc.	31-1185981	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation	on Managers, Highly Paid En	nployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instruction	ns). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	
Total number of others receiving over \$50,000 for professional services		
	· · · · · · · · · · · · · · · · · · ·	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as organizations and other beneficianes served, conferences convened, research papers produced, etc.	s the number of	Expenses
1 Cash contributions to 501(c)(3) organization	ns	-
•	•	
	•	
LCD computer projectors, computer, and acces	ssory equipment	
held solely to loan to charitable organizat:	ions for use in	
Powerpoint presentations by charity.		
3	<u>-</u>	
	<u>.</u>	
·		
4		
Dand IV D		
Part IX-B Summary of Program-Related Investments (see instruction  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	ons)	
1 N/A		Amount
I M/A	•	
	-	
2		
•		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2

Amounts set aside for specific chantable projects that satisfy the: Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule) b

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2016)

78,500

3b

4

6

	1990-PF (2016) Hand Family Foundation		31-118598	1	Page 9
P	urt XIII Undistributed Income (see instructions	)	<del>                                     </del>		<del></del>
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016
_	line 7				82,284
2	Undistributed income, if any, as of the end of 2016			7 472	1 & . 1 & . 2 & .
	Enter amount for 2015 only			7,473	2 PT
_	Total for prior years: 20 , 20 , 20 Excess distributions carryover, if any, to 2016				
3	From 2011				
a b					
	From 2013				•
4	From 2014				
e					
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
·	line 4: ▶ \$78,500				
а	Applied to 2015, but not more than line 2a			7,473	
	Applied to undistributed income of prior years			·	
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2016 distributable amount				71,027
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016				
	(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	•••••			·····
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
a	Subtract line 6c from line 6b. Taxable				
_	amount – see instructions Undistributed income for 2015 Subtract line				······
е	4a from line 2a. Taxable amount – see				
	Instructions				
f	Undistributed income for 2016. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2017				11,257
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions)				:
9	Excess distributions carryover to 2017.				: <u>;</u>
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2012				
b	Excess from 2013				
C	Excess from 2014				
d	Excess from 2015	•			:,
A	Excess from 2016		1	į.	

b The form in which applications should be submitted and information and materials they should include: Any submission deadlines: N/A Any restrictions or limitations on awards, such as by geographical areas, chantable fields, kinds of institutions, or other factors: N/A DAA Form 990-PF (2016)

3 Grants and Contributions Paid During the	Year or Annroyed for E	uture Payment	-	
	If recipient is an individual,		<del></del>	
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	751106111
a Paid during the year				· · · ·
See Statement 12				
				78,50
				•
:				
		II.		
			1	
			<u> </u>	
			1	
			li	
Total	<u></u>		▶ 3a	78,500
		• •	Ja	,500
b Approved for future payment N/A				
			] [	
			1	
		<del> </del>	L	
Total		<u> </u>	<b>▶</b> 3b	000 DE
n				AAA DE

Part XVI-A Analysis of Income-Producing Active gross amounts unless otherwise indicated.	LIAILIES				
inter gross amounts unless otherwise indicated.		ed business income	Exclude	d by section 512, 513, or 514	
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:			ļ		(See instructions )
a	<b> </b>		<u> </u>		
b			<del>                                     </del>		
c			<del> </del>		
d	<del></del>		<del>                                     </del>		
e		<u>.</u>	<del>                                     </del>		
g Fees and contracts from government agencies				<del>-</del>	<del></del>
2 Membership dues and assessments		1			
3 Interest on savings and temporary cash investments					<del></del>
Dividends and interest from securities			14	31,072	
5 Net rental income or (loss) from real estate				:	······································
a Debt-financed property		_			
b Not debt-financed property					
6 Net rental income or (loss) from personal property			1		···
7 Other investment income		I. L.			
8 Gain or (loss) from sales of assets other than inventory			18	45,783	
9 Net income or (loss) from special events			<del>                                     </del>	<del></del>	
O Gross profit or (loss) from sales of inventory		1	ļ		<del></del>
1 Other revenue: a			<del> </del>	190	<del></del>
b See Statement 13				190	
c			_	<del></del>	<del></del>
de		-	<del>                                     </del>	· -	
2 Subtotal. Add columns (b), (d), and (e)		(		77,045	0
3 Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculations.)	_				
Part XVI-B Relationship of Activities to the A	ccomplishm	ent of Exempt P	urpose		
	a ic roportod in a	olumn (e) of Part XVI	A contri	usad manamentis da da a	
Line No. Explain below how each activity for which income					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					
▼ accomplishment of the foundation's exempt purp					

om <u>9</u> 90-	PF (201	6) Hand Fami	ly Fou	ındation,	Inc.	_ 31	-118598	1			Pa	ge <u>13</u>
Part X		Information Rega		ansfers To ar	nd Transac	tions and Re	lationships	With No	nch	aritable		
1 Did		Exempt Organiza nization directly or indi	·	ne in any of the fo	ollowing with a	ny other organiza:	tion described				Yes	No
		01(c) of the Code (other	-		_			1				
	nızation	• •		(-)(-) g		. 000001. 027, 1010	ang to pondoa	•				
_		om the reporting found	ation to a no	oncharitable exem	npt organizatio	ก of.						ĺ
	Cash									1a(1)		x
	Other as	ssets						•		1a(2)		X
	er transa							•	•			
(1)	Sales of	assets to a nonchanta	able exempt	organization						1b(1)		X
(2)	Purchas	es of assets from a no	ncharitable	exempt organizat	tion			• •		1b(2)		X
(3)	Rental o	f facilities, equipment,	or other ass	sets						1b(3)		X
(4)	Reimbu	rsement arrangements	;							1b(4)		X
(5)	Loans o	r loan guarantees								1b(5)		X
(6)	Perform	ance of services or me	embership or	r fundraising solic	citations					1b(6)		X
c Sha	ring of fa	acılıtıes, equipment, m	aılıng lists, o	ther assets, or pa	aid employees					1c		X
<b>d</b> If th	e answe	r to any of the above is	s "Yes," com	plete the follown	ng schedule C	olumn (b) should	always show t	he fair mar	ket			
valu	e of the	goods, other assets, o	ır services g	iven by the report	tıng foundatıoı	n. If the foundation	n received less	than fair n	narket			
		transaction or sharing										
(a) Line	e no	(b) Amount involved	(c) Name	e of nonchantable exer	mpt organization	(d) D	escription of transf	ers, transaction	ns, and s	shanng arrangeme	nts	
N/A			<u> </u>									
			<del></del>									
		<u> </u>		<del></del>			<u>-</u>			<u>.</u>		
					—— <u>u</u>							
			<del> </del>	<del>-</del>		<del></del>						
							<del></del>					
					**							
			<del></del>									
-				· •	<del></del> -	<del></del>						
					· · · · · · · · · · · · · · · · · · ·	<del></del> -						
						<del>  -</del>		· · ·				
	_~	<del></del>		<del>-,-</del>		<del>-  </del>				<u></u>		
						<del></del>						
				.,,		<del></del>	<del>.</del>			<del></del>		
2a le th	e found	ation directly or indirec	tly affiliated	with or related to	ODE OF MOTO	tay ayamat argar						
		section 501(c) of the	-				lizations			□ v	. <b>Y</b>	No
		plete the following sch	•	triair scottori sori	(0)(0)/ 01 111 30	Cuon 327 :		•		L ''	,3	] 140
<u> </u>	_	) Name of organization	100010	(b) Type of	organization		(c) D	escription of re	elationsh	nio		
N/A		,				<del></del>						
				<u>-</u>			<del></del>					
		- P										
											-	
<del>_</del> .												
		alties of perjury, I declare the						est of my know	vledge a	and belief, it is true	·,	
	correct, ar	id complete Declaration of p	reparer (other t	than taxpayer) is base	id on all information	n of which preparer ha	s any knowledge	1	May the	RS discuss this re	atum	
Sign										preparer shown be		■
Here		(11 M A	/ / /	President				Į.	. (see ins	structions)?	Yes 2	No
j	_ 4	form W. H	and, T	residen	] '	7/28/17	Pr	eside	nt			
	Sign	ture of officer or trustee				Date	Title					
	Print/Ty	pe preparer's name			Preparer's sig	nature	1			Date	Check	rf

Form 990-PF (2016)

574-269-4351

07/04/17

Firm's EIN ▶ 35-2018670

PTIN

Phone no

P00024387

Paid

Preparer

Use Only

Lee L. Heyde

Firm's name

Firm's address ▶

Heyde & Associates,

Warsaw, IN 46580-3604

1822 E Center St

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** 

2016

Hand Family 1	Foundation	Inc.		31-1185981		
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)(	) (enter number) organization				
4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation						
	527 political	organization				
Form 990-PF	<b>X</b> 501(c)(3) ex	empt private foundation				
	4947(a)(1) n	onexempt chantable trust treated as a	private foundation			
	501(c)(3) tax	able private foundation				
	•	eral Rule or a Special Rule. ization can check boxes for both the G	seneral Rule and a Special Rule	∍. See		
General Rule						
	or property) from any	EZ, or 990-PF that received, during th one contributor Complete Parts I and	_			
Special Rules						
regulations under se 13, 16a, or 16b, and	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % 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.					
contributor, during the	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 General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization the	at isn't covered by the	General Pule and/or the Special Pul	es doesn't file Schodulo B /For	~ 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page 1 of 1

age 2

Name of organization
Hand Family Foundation, Inc.

Employer identification number 31-1185981

Part I	Contributors (See instructions). Us	e duplicate copies of l	Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP	+ 4	(c) Total contributions	(d) Type of contribution
1	William F Hand CRUT 315 S Hand Ave	IN 46580	\$ 6,14 <u>2</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP	. 4	(c) Total contributions	(d)
NO.	Name, address, and zir	•	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP		(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
NO.	Name, address, and zir	, -	\$	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.)

₹
_
_
-
~
~
$\mathbf{I}$
~,
~ .
$c_{A}$
10:25
$\boldsymbol{-}$
_
$\overline{}$
•
/
_
•
_
CJ
$\sim$ 1
• 4
_
ᇎ
┰
_ •
7/4/201
-
-

				il, Lille od - Sale	O ASSEIS			
Whom	Description Date	Date	Sale	ţ			Net	(
LPL Acct 70679712 See		1	Purchase		Period		Gall / L	0
LPL Acct 70679712 See		Various \$	62,370 \$ Purchase	62,669 \$		ഗ	\$	-299
	Various	Various	266,931	233,404			33,527	27
Ishares MSCI Brazil EWZ 1	.wz 12/31/04	9/27/16	Purchase 16,781	11,125			5,656	556
Ishares MSCI Canada EWC	WC		Purchase					
Tshares MSCI Canada E	1/16/14 EWC	9/27/16	12,569 Purchase	14,373			-1,804	04
3	1/16/14	9/27/16	12, 569	14,373			-1,804	0.4
Linnco LLC LNCO	1/16/14	3/30/16	Purchase 205	15.848			-15.643	4
Linnco LLC LNCO			Purchase					)
Linnco LLC LNCO	2/12/14	3/30/16	41 Purchase	3,110			-3,069	69
OOMI OII oomii	2/12/14	3/30/16	164	12,441			-12,277	11
הדווווכס דדר דוווכס	3/17/14	3/30/16	rurchase 205	14,159			-13,954	54
Washington Mutual	Various	4/04/16	Purchase 20,000	13,158			6,842	42
Washington Mutual	Various	8/15/16	Purchase 10,000	6,255			3,745	45
Washington Mutual	Various	12/12/16	Purchase 15,000	8,975			6,025	25
Total		· <b>ω</b> "	416,835 \$	409,890 \$	0	\$	\$ 6,9	945

HAND5981 Hand Family Foundation, Inc.

FYE: 12/31/2016

31-1185981

Federal Statements

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Rev	Sooks	Net	Net Investment Income	Adjusted Net
Partnership Loss Less CRUT contribution Boardwalk Pipeline Partners	·	-6, 142 -6, 142 -68	<b>)</b>	65 65 -6,142	) }
Total	ψ.	190	w.	258	\$

Fees
멹
흴
힑
잉
A
9
7
<u>.</u>
a
잌
비
님
<u>S</u>
ے
늵
피
닒
닐
딞
tateme
휨
띘
<del>5</del> 7

Charitable Purpose	S.	\$
Adjusted Net	φ.	\$
Net Investment	5,264	5,264
-	<sub>የ</sub>	w
Total	5,264	5,264
	৵	φ.
Description	Accounting Fees	Total

## Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

			1	Net	Adjusted	Charitable
Describilon		Iolai		nvestment	INEL	Furbose
Schwabb Foreign Taxes	⟨ <b>V</b> -	81	<b>የ</b> ን	81	ഗ	တ
LPL Foreign taxes paid		277		277		
Total	φ.	358	ς,	358	\$	\$

## HAND5981 Hand Family Foundation, Inc.

31-1185981 FYE: 12/31/2016

**Federal Statements** 

# Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income	0
	Net Investment Income	w w
	Current Year Depreciation	1,616 \$
	Life	സ ക
	Method	Straight Line
n.	Prior Year Depreciation	\$ 6,524 \$ 6,524
Description	Cost Basis	xpense \$
	Date Acquired	Depreciation Expense

# Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	ጭ							\$
Adjusted Net	<b>የ</b> ጉ							\$
Net Investment			239	12,321	51	35	44	12,690
	<sub>የ</sub>		39	12,321	51	35	44	\$ 06
Total			2	12,3				12, 69
	<sub>የ</sub>						ļ	\$
Description		Expenses	Dues & Publications	Investment Fees	Office Supplies	Service Charges	Filing Fees	Total

# Statement 7 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description		Beginning of Year		End of Year	Basis of Valuation	<b>"</b>	Fair Market Value
LPL Government Bonds	Ϋ́	125,986	\$	106,315	Cost	ᡐ	105,515
Total	တ က	125,986	တ	106,315		တ	105,515

_
¥
_
~
-
10:25
~:
w
$\overline{}$
$\overline{}$
$\overline{}$
•
/
-
_
<u>:</u>
$\Box$
$\overline{\lambda}$
W
_
₹
~
7/4/201
$\sim$

	Fair Market Value	\$ 664,339 110,646 504,921	s 1,279,906		Fair Market Value	\$ 233,514 \$ 233,514		P P P P P P P P P P P P P P P P P P P
k Investments	Basis of Valuation	Cost Cost Cost Cost		<u>I Investments</u>	Basis of Valuation	Cost	ind Equipment	End Accumulated Depreciation \$ 11, 192 \$ 11, 192
0-PF, Part II, Line 10b - Corporate Stock Investments	End of Year	\$ 430,902 72,317 388,721	\$ 891,940	<u>0c - Corporate Bon</u>	End of Year	\$ 232,634 \$ 232,634	4 - Land, Building,	End Cost / Basis \$ 14,161
n 990-PF, Part II, Line 1	Beginning of Year	\$ 418,637 140,376 387,833	\$ 946,846	Statement 9 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	Beginning of Year	\$ 208,604 \$ 208,604	Statement 10 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment	Beginning Net Book \$ 3,037
Statement 8 - Form 99	Description	Edward Jones Stocks Edward Jones Washington Mutual Fund Charles Schwab Equities LPL Common Stocks	Total	Statement 9 - Forn	Description	LPL Corp Bonds Total	Statement 10 - Forn	Description Equipment Total

HAND5981 Hand Family Foundation, Inc.
31-1185981 Federal Statements

FYE: 12/31/2016

7/4/2017 10:25 AM

## Statement 11 - Form 990-PF, Part III, Line 5 - Other Decreases

Description		Amount
Federal Taxes Paid	\$_	1,000
Total	\$_	1,000

Statement 12 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year
--

Name	Address	ess		
Address	Relationship	Status	Purpose	Amount
Inc.	PO Box 733			
Winona Lake IN 46590			501c	35,000
Abundant Life Assembly of God Warsaw IN 46580	1502 Fisher P	Avenue	501c	1.000
American Cancer Society	PO Box 68928			
Indianapolis IN 46268-092	1		501c	100
American Diabetes Association Indianapolis IN 46219	6919 E 10th S	St	501c	000
American Heart Association Indiana	PO Box 681550			
Indianapolis IN 46268-755			501c	100
Baker Youth Clubs Warsaw TN 46580	1401 E Smith	Smith Street	5010	C C
Cadence International	PO Box 1268		) 	
Englewood CO 80150			501c	20,000
Cardinal Center, Inc.	504 N. Bay Dr			
Warsaw IN 46580			501c	1,250
Committee to Commemorate MLK	102 S Buffalc	Buffalo Street		
			501c	150
	159 Sapsucker	Woods Rd		
Ithaca NY 14850			501c	75
Campus Crusade for Christ	PO Box 628222			
Orlando FL 32862-8222			501c	750
Grace College	200 Seminary Dr	Dr		
Winona Lake IN 46590			501c	850
Gradway, Inc.	PO Box 174			
Warsaw IN 46581-0174			501c	200
Heartline Pregnancy Center, Inc.	1515 Provident Dr,	t Dr, St 180	0	
Warsaw IN 46580			501c	1,000
Hershey Mennonite Church	401 Hershey Church Rd	hurch Rd		
Kinzers PA 17535			501c	1,250
Hope Alive, Inc	1747 N Wells	St		
Fort Wayne IN 46808-3235	ı	i	501c	200
Indiana Wildlife Federation, Inc	/U8 E. Michig	Mıchıgan Street	,	
Indianapolis IN 46202			501c	200

-
_
₹
25
• •
9
_
/
Ξ
0
છ
4
7

Statement 12 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)
--

Name	Address	ess	Ī		
Address	Relationship	Status		Purpose	Amount
IU Foundation	PO Box 500				
Bloomington IN 47402			501c		500
Junior Achievement	601 Noble Dr				
Fort Wayne IN 46825			501c		75
Kosciusko Economic Development Corp	o 121 N Lake St				
Warsaw IN 46580			501c		225
Kosciusko County YMCA	1401 E Smith St	St			
Warsaw IN 46580			501c		1,000
Kosciusko County Cancer Care Fund	PO Box 1809				
Warsaw IN 46581-1809			501c		200
Kosciusko County Community Fair, In	1400 E Smith	St			
			501c		100
Kosciusko County Historical Society PO	7 PO Box 1071				
Warsaw IN 46581-1071			501c		425
Kosciusko HOme Care & Hospice, Inc	PO Box 1196				
Warsaw IN 46581-1196			501c		150
Kosciusko Literacy Services	1802 E Winona	Winona Avenue			
Warsaw IN 46580			501c		150
Lakeland Child Evangelism Ministrie	PO Box 612				
Winona Lake IN 46580			501c		250
National Parks Coservation Asso.	1300 19th St NW	NW Suite 300	0		
Washington DC 20036			501c		100
Potawatomi Wildlife Park	16998 State Road	oad 331			
Tippecanoe IN 46570			501c		400
Purple Martin Conservation Asso.	301 Peninsula Dr.	Dr. Suite	9		
Erie PA 16505			501c		200
Rail-To-Trails Conservancy	2121 Ward Cou	rd Court NW 5thFlo	0		
Washington DC 20037			501c		200
Riley Children's Hospital	30 S Meridan	St Suite 200	0		
Indianapolis IN 46204-350			501c		100
Smile Train	41 Madison Ave	e 28th Floor	់ អ		0
New York NY 10010			501c		100
The Beaman Home	PO Box 12				
Warsaw IN 46581-0012			501c		150

Statement 12 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)
--

Name	Ado	Address			
Address	Relationship	Status	Purpose	Se	Amount
The Nature Conservancy	4245 N Fairf	Fairfax Dr Stel00			C
Winona Lake Free Methodist Church	902 College Ave	Ave			000
Winona Lake IN 46590			501c		11,000
WNIT34 Television	PO Box 3434				
Elkhart IN 46515-3434			501c		100
Total					78,500

HAND5981 Hand Family Foundation, Inc.

## Federal Statements

31-1185981 FYE: 12/31/2016

7/4/2017 10:25 AM

Statement 13 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue

Description					
	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
United States Dept of T					
Other Income	\$		14	6,335	\$
Partnership Loss			14	0,333	
•			14	65	
Less CRUT contribution  Boardwalk Pipeline Part	nare		14	-6,142	
boardwark riperine rare	ners		14	-68	
Total	\$		<u>0</u> \$	190	\$ 0