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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.

Department of the Treasury Internal Revenue Service

Information about Form 990-PF and its separate instructions is at www irs gov/form990pf

For c	alendar year 2016	or tax year beginnin	ıg		, and ending		,
Nan	ne of foundation					A Employer identification	number
H	ANSEN-F <u>UR</u>	NAS FOUND	ATION,	INC.		36-6049894	
	,	oox number if mail is not			Room/suite	B Telephone number	
_		ATER STRE				(630)761-1	
_		ovince, country, and L 60510	I ZIP or foreign p	ostal code		C If exemption application is pe	nding, check here
G C	heck all that apply	Initial re	turn	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		Final ret		Amended return		Foreign organizations mee check here and attach cor	iting the 85% test,
			change	Name change			
H C	theck type of organia	zation: A Sec 1) nonexempt charitz	· · · · · · · · · · · · · · · · · · ·	tempt private foundation Other taxable private founda	ution	E If private foundation stat under section 507(b)(1)(
		l assets at end of year			Accrual	F If the foundation is in a 6	• •
	om Part II, col (c)	l,		ther (specify)		under section 507(b)(1)	
	\$			mn (d) must be on cash b	oasis)		<u></u>
Pa	(The total of am	evenue and Expens ounts in columns (b), (c), al the amounts in column	, and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions,	gifts, grants, etc., re	eceived	530,000.	· ¾\		
	2 Check	if the foundation is not requi		<i>₹</i> 2	* :		
	3 Interest on savin cash investment	gs and temporary s		3,554.	522.		STATEMENT 1
	4 Dividends and	interest from secur	ities	24,731.	23,371.		STATEMENT 2
	5a Gross rents			74 388 / S 66		.×27 ₩	
	b Net rental incom		-	<1,142.>	- www. 548.0		
흐		from sale of assets not a for all	on line 10 49,673.	<u> </u>	3-4 <u>% </u>	TO STATE OF	VERT
Revenue	p assets on line 6a 7 Capital gain net	income (from Part IV, line			0.	18 Nav.	
ē	8 Net short-tern		,	, s`		19/ MOA 50	2017 2
	9 Income modif					00	2011 121
	Gross sales less 10a and allowances	returns				- UGUEN	12=38
	b Less Cost of go	ods sold				411111111111111111111111111111111111111	
	c Gross profit o	r (loss)		4 001	EX. `* .	4,900.	STATEMENT 3
	11 Other income	4.11		4,901. 562,044.	23,894.	4,900.	SIATEMENT, 3
		es 1 through 11 of officers, directors, trus		5,000.	23,034.	0.	5,000.
	1	ee salaries and wage		25,940.	0.	0.	25,940.
	, ,	s, employee benefits	,				
S							
penses	b Accounting fe	es	STMT 4	11,605.	0.	0.	11,605.
Exp		ional fees	STMT 5	4,660.	4,660.	0.	0.
ative	17 Interest		amva c	1,977.	463.	0.	1,946.
fra	18 Taxes	and dapletian	STMT 6	1,3//-		 	1,5
inis	19 Depreciation 20 Occupancy	ana aepieuon					
Administr	20 Occupancy 21 Travel, confer	ences, and meetings	S	- · · -			
Onerating and	23 Other expens		STMT 7	18,317.	0.	0.	18,317.
į	24 Total operati	ng and administrativ	ve		- 400		60.000
2	expenses. A	dd lines 13 through 2	23	67,499.	5,123.	0.	62,808. 505,254.
C	25 Contributions			505,254.			JUS, 454.
		es and disbursemer	nts.	572,753.	5,123.	0.	568,062.
_	Add lines 24 27 Subtract line			3,2,133.	3,123.		30,0,000
		ue over expenses and d	sbureements	<10,709.>	1		
	1	ent income (if negative			18,771.		
		income (if negative, e				4,900.	<u> </u>
		For Danaguark Da	duction Act Notice	ce see instructions.			Form 990-PF (2016)

823501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

2016.05000 HANSEN-FURNAS FOUNDATION, 01297261

For	n 99	J-PF (2016) MANSEN-FURNAS FOUNDATION		5.4	of the same z
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
<u>'</u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	70,100.	60,151	60,151.
		Savings and temporary cash investments		-	
		Accounts receivable		-,::	19
	3		, arozana menen felmaka stemanomodos e — — — — — — — — — — — — — — — — — —	enantimental with a set that an enter study to	
		Less: allowance for doubtful accounts		<u> </u>	
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
		·			1
		disqualified persons			'
	7	Other notes and loans receivable		minima and a man and and	
		Less' allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
-					
		Investments - corporate stock			
	C	Investments - corporate bonds	. \$27.	6.87.88877 *** *** *** ***	1 227 1 231
	11	Investments - land, buildings, and equipment basis			<u> </u>
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	792,140.	847,358	847,358.
				, all E	
	14	Land, buildings, and equipment; basis	1794 3	.'	*
		Less accumulated depreciation		<u>. </u>	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	862,240.	907,509	. 907,509 <u>.</u>
_	17	Accounts payable and accrued expenses			
		· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	
	18	Grants payable	. .		
ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
چَ	21	Mortgages and other notes payable			
Ë		Other liabilities (describe)			
		T 4 1 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10	0.	0	
_	23	Total liabilities (add lines 17 through 22)		<u> </u>	
	ĺ	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	862,240.	907,509	.
ances	25	Temporarily restricted			
	ı	Permanently restricted			
Fund Ba	26	. —			1 .
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			1
Š	27	Capital stock, trust principal, or current funds			- .
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			7.74
7	20	Total net assets or fund balances	862,240.	907,509	
ž	30	Intel liet assets of India natures	002,7200		
			062 240	907,509	1
	31	Total liabilities and net assets/fund balances	862,240.	307,303	• 1
	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
드	<u> </u>	···			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
-		st agree with end-of-year figure reported on prior year's return)			862,240.
	-	r amount from Part I, line 27a			<10,709.>
_			000 00		55,978.
3		r increases not included in line 2 (itemize)	<u> </u>		0.05 5.00
4		lines 1, 2, and 3			907,509.
		eases not included in line 2 (itemize)			0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		907,509.
_					Form 990-PF (2016)

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568,062.

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.

8 Enter qualifying distributions from Part XII, line 4

Form 990-PF (2016) HANSEN-FURNAS FOUNDATION, INC.	7	<u> 36-</u>	<u>6049894</u>	<u> </u>	Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	(e), or 49	148 -	see instru	ctions	<u>s)</u>
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.)	. 4		*	
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 here and enter 1%	}	1		3'	<u>75.</u>
of Part I, line 27b		, , , ,	, ,	, ,	ž .
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	.)		, , , , , , , , , , , , , , , , , , ,	3	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0.
3 Add lines 1 and 2	,	3		3,	75.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		3,	75 .
6 Credits/Payments:			\. %. \ %.\.\.	- 32	5. 53
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6	280.		200		
b Exempt foreign organizations - tax withheld at source 6b			.4	. Ŋ	
c Tax paid with application for extension of time to file (Form 8868)	280.		.44	. 4	44 ily
d Backup withholding erroneously withheld 6d 6d			````;.``	13	
7 Total credits and payments. Add lines 6a through 6d		7	:	5	60.
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	_	9			
		10		1:	85.
105	funded	11			0.
Part VII-A Statements Regarding Activities	iuliueu 🚩	1 1 1			<u> </u>
	or intoniono			Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	OI IIIEIVEIIE	ш		1.00	X
any political campaign?	ha datimitani		_ <u>1a</u>	++	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for t			1 <u>b</u>	+	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater	ials publish	ed or			
distributed by the foundation in connection with the activities					X
c Did the foundation file Form 1120-POL for this year?			<u> 1c</u>	1 200	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0				," (z)
(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0.	•			, source 4
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foun	aation		¥ 4 \$	\$.	
managers. ► \$0 .					₹.
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	+	Х
If "Yes," attach a detailed description of the activities					. 3 1 2
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of income	orporation, o	ſ		* !	
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?).T	/3 4 <u>4a</u>	+	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		14	/A 4b	+	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				+	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					
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict versions are conflicted to the conflict versions.	vith the state	law		-	<u> </u>
remain in the governing instrument?			6	X	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi (c), a	ind Part XV	•	1_7	X	-
_					
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					!
IL					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or desig	nate)		_	1] .
of each state as required by General Instruction G? If "No," attach explanation			8b	X	<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 cale	ndar			
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	4	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and add	esses		10		<u> </u>
			Form 99	90-PF	(2016)

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Form 990-PF (2016)

Form 990-PF (2016) HANSEN-FURNAS FOUNDATION			36-604989	94 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)	
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or 			es X No	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes?	,		es X No es No	
 (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, 			es X No	
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i		es 🗶 No	
section 53.4945 or in a current notice regarding disaster assistance (see instruc	·•			6 X
Organizations relying on a current notice regarding disaster assistance check he c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax because it maintai			
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-		I/A [] Ye	es 🔛 No 📑	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract?	pay premiums on	Ye	es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a part of "Yes" to 6b, file Form 8870	ersonal benefit contract?			b X
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Y6	s X No 7	'b
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly	N/A /	<u>D </u>
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their c	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnence
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
		5 000		•
SEE STATEMENT 10		5,000.	0.	0.
			ļ	
2 Compensation of five highest-paid employees (other than those incl	uded 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 devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				
		 		
Total number of other employees paid over \$50,000			Form	990-PF (2016)

Form 990-PF (2016) HA	NSEN-FURNAS FOUNDATION, INC.		049894 Page 7
Part VIII Information Paid Emplo	n About Officers, Directors, Trustees, Foundat byees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid indepen	dent contractors for professional services. If none, enter	"NONE."	
	address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		<u> </u>	
		<u> </u>	
		_	1
Total number of others receiving of	over \$50,000 for professional services of Direct Charitable Activities		<u>▶</u> 0
		· · · · · · · · · · · · · · · · · · ·	-
List the foundation's four largest (direct charitable activities during the tax year. Include relevant statis or beneficiaries served, conferences convened, research papers prod	tical information such as the	Expenses
	i beneficialies serveu, conferences conveneu, research papers prou	uceu, etc.	 -
1 <u>N/A</u>			
2			
<u> </u>			
3			
4			
- D - 1 (V/ D-) -			
	f Program-Related Investments		
/-	-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A			
2			
<u> </u>			
			
All other program-related investm	ents. See instructions		
3	one, and management.		
-			
Tatal Add Imag 1 through 2			

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P	art X Minimum Investment Return (All domestic foundations must complete this pa	art Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		(85.77) (850.	
a			1a	856,598.
b	Average of monthly cash balances		1b	332,974.
C	e in the second control of the second contro		1c	
d	Total (add lines 1a, b, and c)		1d	1,189,572.
e	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	1,189,572.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	17,844.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	1,171,728.
6	Minimum investment return. Enter 5% of line 5		6	58,586.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation	ng foundations an	nd certain	
	foreign organizations check here and do not complete this part.)			
1	Minimum investment return from Part X, line 6	-	1	<u>58,</u> 586.
2a	Tax on investment income for 2016 from Part VI, line 5	375.		
b	Income tax for 2016. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	375.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	58,211.
4	Recoveries of amounts treated as qualifying distributions		4	4,900.
5	Add lines 3 and 4		5	63,111.
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	63,111.
P	art XIII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		37	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a_	568,062.
b	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	
3	Amounts set aside for specific charitable projects that satisfy the:		on NKX	
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	568,062.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		1	
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	<u>568,062.</u>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	r the foundation o	qualifies for t	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				· ·
line 7				63,111.
2 Undistributed income, if any, as of the end of 2016			your amendmentmentment of management some	
a Enter amount for 2015 only			0.	
b Total for prior years:	,		,	***
		0.		
3 Excess distributions carryover, if any, to 2016.	4 4			,
a From 2011	*^. :	*,	-	
b From 2012	git sa	, , , , , , , , , , , , , , , , , , ,		
c From 2013	***		À	
d From 2014	, ,		***	
e From 2015	0.		,	
f Total of lines 3a through e 4 Qualifying distributions for 2016 from			· · · · · · · · · · · · · · · · · · ·	
Part XII, line 4: ► \$ 568,062.			**************************************	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		7777	· 35Q	
vears (Election required - see instructions)		0.		
c Treated as distributions out of corpus		41117		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	4.		6.M	63,111.
e Remaining amount distributed out of corpus	504,951.	1 1/3		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 Excess distributions carryover applied to 2016	0.	₹ .4		0.
(If an amount appears in column (d), the same amount must be shown in column (a))		. ŠÉ Š gž	*	. * " (3/2)
6 Enter the net total of each column as indicated below:				A September 1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	504,951.			, a y
b Prior years' undistributed income. Subtract			** F	
line 4b from line 2b	\$} \ ₩ <u></u>	0.		
c Enter the amount of prior years'			à %	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously		1		
assessed	, ,	0.	***	"
d Subtract line 6c from line 6b. Taxable	4		*	
amount - see instructions		0.	**	4
e Undistributed income for 2015. Subtract line		· ·		
4a from line 2a. Taxable amount - see instr.	·		0.	
f Undistributed income for 2016. Subtract		,		
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2017				0.
7 Amounts treated as distributions out of				İ
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	505,049.			
8 Excess distributions carryover from 2011	3037023.		1	***************************************
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014]			
d Excess from 2015				
e Excess from 2016	1		<u> </u>	L
				Form 990-PF (2016)

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	FURNAS FOUN			36-60	49894 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo		-	▶		
b Check box to indicate whether the found		g foundation described in		4942(j)(3) or 49	942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				ļ	
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:					
a "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					
c "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)			<u> </u>		
(3) Largest amount of support from		-			
an exempt organization				<u> </u>	
(4) Gross investment income				Ţ <u></u>	
Part XV Supplementary Info			the foundation	had \$5,000 or moi	e in assets
at any time during t	he year-see instri	uctions.)			
1 Information Regarding Foundatio	n Managers:	-	-	-	
a List any managers of the foundation wh	o have contributed more t	han 2% of the total contri	butions received by the	foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000). (See so	ection 507(d)(2).)			
NONE					
 b List any managers of the foundation wh other entity) of which the foundation has 	o own 10% or more of the s a 10% or greater interes	e stock of a corporation (o t,	or an equally large portion	on of the ownership of a pa	rtnership or
NONE	···				
	only makes contributions t	o preselected charitable o	organizations and does n	ot accept unsolicited requ	
the foundation makes gifts, grants, etc					0.
a The name, address, and telephone number	ber or e-mail address of th	ne person to whom applic	ations should be addres	sed:	
SEE STATEMENT 11					
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields,	kinds of institutions, or o	other factors:	
				 	Farm QQ0-DE (2016)

623611 11-23-16

Total

2016.05000 HANSEN-FURNAS FOUNDATION, 01297261

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
LAZARUS HOUSE	NONE		general	
214 WALNUT ST				
ST CHARLES, IL 60174				10,00
LIVING WELL CANCER RESOURCE CENTER	NONE		GENERAL	
442 WILLIAMSBURG AVE				
GENEVA, IL 60134	-		-	12,00
MARKLAND	NONE		GENERAL	
1 SOUTH 450 WYATT DRIVE				
GENEVA, IL 60134				1,00
MUTUAL GROUND	NONE		GENERAL	
418 OAK AVE				
AURORA, IL 60506			<u> </u>	15,00
SUICIDE PREVENTION SERVICES	NONE		GENERAL	
528 S BATAVIA AVE # 1				
BATAVIA, IL 60510			-	20,00
TRI CITY HEALTH PARTNERSHIP	NONE		GENERAL	
318 WALNUT ST				
ST CHARLES, IL 60174	<u> </u>		+	15,00
AURORA UNIVERSITY	NONE		GENERAL	
347 S. GLADSTONE AVENUE AURORA, IL 60510				5,00
LIVINGWELL CRC	NONE		GENERAL	
442 WILLIAMSBURG AVE GENEVA, IL 60134				10,00
BATAVIA HISTORICAL SOCIETY 155 HOUSTON ST	NONE		GENERAL	
BATAVIA, IL 60510				5,00
IMSA	NONE		GENERAL	
1500 SULLIVAN RD AURORA, IL 60506				5,00
Total from continuation sheets				437,45

Part XV Supplementary Informat 3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual,			
_	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
PDT_CIMU DAMIIV CODVICOC	NONE		GENERAL	
FRI-CITY FAMILY SERVICES	ANDR		BENEKALI	
GENEVA, IL 60134	l l			10,000
AMERICAN PLAYERS THEATER	NONE		PREFERRED CHARITIES	
5950 GOLF COURSE RD				
SPRING GREEN, WI 53588				500
APA TNOMENIMO OD OUTGAGO	NONE			
ART INSTITUTE OF CHICAGO	MOINE		PREFERRED CHARITIES	
CHICAGO, IL 60603				180
	 		 	
BATAVIA CEM BAND	NONE		PREFERRED CHARITIES	
201 MAIN STREET				
BATAVIA, IL 60510				350
BATAVIA FLAG DAY	NONE		PREFERRED CHARITIES	
15% HOUSTON ST	1			
BATAVIA, IL 60510			 	500
BATAVIA HISTORICAL SOCIETY	NONE		PREFERRED CHARITIES	
155 HOUSTON ST				504
ATAVIA, IL 60510	-	 .		520
BATAVIA RSVP MAP PROGRAM	NONE		PREFERRED CHARITIES	
327 WILSON STREET				
BATAVIA, IL 60510				350
BATAVIA UNITED METHODIST CHURCH	NONE		PREFERRED CHARITIES	
B N BATAVIA AVE				
BATAVIA, IL 60510	<u> </u>			1,500
BIG ROCK LIBRARY	NONE		PREFERRED CHARITIES	
HINCKLEY RD				
BIG ROCK, IL 60511	-		-	3,00
DOVE A CITY OF CLUB	l vova		DD 28 20 20 20 20 20 20 20 20 20 20 20 20 20	
30YS & GIRLS CLUB N.1313 N MILL ST	NONE		PREFERRED CHARITIES	
VAPERVILLE, IL 60563				50
Total from continuation sheets			<u> </u>	

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
DELTA KAPPA GAMMA	NONE		PREFERRED CHARITIES	
750 BLACKTHORN DR			1	
CRYSTAL LAKE, IL 60014				5-
DICKSON - MURST FARM	NONE		PREFERRED CHARITIES	
DICKSON RD BRISTOL, IL 60512				1,0
FINE LINE CENTER	NONE		PREFERRED CHARITIES	
37w570 BOLCUM RD				
ST CHARLES, IL 60175				5
CDEG MINITE GOLLOV SPOUTS BIRTH	YOME		DREEDDRE GUATTIA	
GREG TRUE SCHOLARSHIP FUND 335 LOCUST ST.	NONE		PREFERRED CHARITIES	
ELGIN, IL 60123	1		1	4,0
<u> </u>				
JOSHUA TREE COMMUNITY	NONE		PREFERRED CHARITIES	
320 FRANKLIN ST			1	
GENEVA, IL 60134				
LIVING WELL CANCER RESOURCE CENTER	NONE		PREFERRED CHARITIES	
442 WILLIAMSBURG AVE				
GENEVA, IL 60134				11,00
MEALS ON WHEELS	NONE		PREFERRED CHARITIES	
1550 CRYSTAL DRIVE, SUITE 1004 ARLINGTON, VA 22202			1	2,0
ALLINOTON, VII 22202	- 		-	
NATIONAL PUBLIC RADIO	NONE		PREFERRED CHARITIES	
848 E GRAND AVE				
CHICAGO, IL 60611		<u> </u>	<u> </u>	1,0
NATURE CONSEVANCY	NONE		PREFERRED CHARITIES	
8 S MICHIGAN AVE				
CHICAGO, IL 60603	_	. <u> </u>		1,0
Whom was a series of the serie				
NIGHT MINISTRY 4711 N RAVENSWOOD AVE	NONE		PREFERRED CHARITIES	
CHICAGO, IL 60640				1,0
Total from continuation sheets	_1			

3 Grants and Contributions Paid During the \				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
ORTHERN ILLINOIS FOOD BANK	NONE		PREFERRED CHARITIES	
73 DEARBORN COURT				
BENEVA, IL 60134	+		+	5,00
TCA	NONE		PREFERRED CHARITIES	
121 WILSON BOULEVARD, SUITE 1000	MONE		FREFERRED CHARTITES	
RLINGTON, VA 22202				10
SWEGOLAND HERITAGE ASSOCIATION	NONE		PREFERRED CHARITIES	
72 POLK ST				
OSWEGO, IL 60543			 	2,00
PAWS CHICAGO	NONE		PREFERRED CHARITIES	
1997 N CLYBOURN AVE				
CHICAGO, IL 60614	+		 	1,00
ROVER RESERVE	NONE		PREFERRED CHARITIES	
PO BOX 4074	HORL		TRAFARED CHARITIES	
AURORA, IL 60507			1	1,00
YMCA LAKEWOOD	NONE		PREFERRED CHARITIES	
9715 LAKEWOOD DR SW				
LAKEWOOD, WA 98499	+ -		-	1,00
ROSE-HULMAN INSTITUTE OF TECHNOLOGY	NONE		SCHOLARSHIPS	
(WILLIAM & ROSEANN LISMAN MEMORIAL)				
5500 WABASH AVENUE				
TERRE HAUTE, IL 47803			+	15,00
NAME DATE:	NONE		GOUGH ADGUITEG	
PURDUE 175 STADIUM MALL DRIVE SCHLEMAN HALL	NOME		SCHOLARSHIPS	
ROOM 305 WEST LAFAYETTE , IN 47907				43,30
AURORA UNIVERSITY	NONE		SCHOLARSHIPS	
347 S. GLADSTONE AVENUE	1			
AURORA, IL 60510	 			5,00
JNIVERSITY OF MISSOURI	NONE		SCHOLARSHIPS	
COLUMBIA, MO 65211				5,00
Total from continuation sheets				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	
				:
SOUTHERN ILLINOIS UNIVERSITY	NONE		SCHOLARSHIPS	İ
CAMPUS BOX 1600				E 00
BDWARDSVILLE, IL 62026			 	5,00
AUGUSTANA	NONE		SCHOLARSHIPS	
539 38TH STREET ROCK ISLAND, IL 61201				2,50
COCK ISHMD, III 01201				2,30
AURORA UNIVERSITY	NONE		SCHOLARSHIPS	
347 S. GLADSTONE AVENUE AURORA, IL 60510				2,50
12 00310				2,30
BRADLEY 1501 W. BRADLEY AVENUE	NONE		SCHOLARSHIPS	
PEORIA, IL 61625				6,00
EDATA, III 01025	-			0,00
BRIGHAM YOUNG UNIV	NONE		SCHOLARSHIPS	
A-41 ASB PROVO, UT 84602				2,50
11.0000, 01.04002				
BUTLER	NONE		SCHOLARSHIPS	
4600 SUNSET AVE.				11 50
INDIANAPOLIS, IN 46208			 	11,500
CARROLL COLLEGE	NONE		SCHOLARSHIPS	
LOO EAST AVENUE WAUKESHA, WI 53186	İ			2,50
MORESHA, WI 33100	-			
CENTRAL	NONE		SCHOLARSHIPS	
P.O. BOX 5800 PELLA, IA 50219	1			3,00
	 			
27.1048			TOUGH A DOUTE OF	
CLARKE 1550 CLARKE DRIVE	NONE		SCHOLARSHIPS	
DUBUQUE, IA 52001				2,50
				2,30
COLORADO STATE	NONE		SCHOLARSHIPS	
1065 CAMPUS DELIVERY				3 00
FORT COLLINS, CO 80523-1065 Total from continuation sheets	<u></u>			3,00

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the		 -		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
DMACC	None		SCHOLARSHIPS	ł
1100 7TH ST				
DES MOINES, IA 50314				2,500
ELMHURST COLLEGE	NONE		SCHOLARSHIPS	
190 PROSPECT AVENUE				2 500
ELMHURST, IL 60126			 	2,500
GOUCHER	NONE		SCHOLARSHIPS	
1021 DULANEY VALLEY ROAD BALTIMORE, MD 21204				3,000
BALLIMORE, MD 21204				
CDAND VALLEY GEARS	VONT		COUNT PROUTES	
GRAND VALLEY STATE 1 CAMPUS DRIVE	NONE		SCHOLARSHIPS	
ALLENDALE, MI 49401				3,000.
			-	
HAMPTON	NONE		SCHOLARSHIPS	
100 EAST QUEEN STREET	NONE		SCHOLLARSHIPS	J
HAMPTON, VA 23668				2,500.
UNIVERSE COMMITTEE COLLEGE	NONE		SCHOLARSHIPS	
HAWYEYE COMUNITY COLLEGE 1501 EAST ORANGE ROAD	NONE		SCHOLARSHIPS	
WATERLOO, IA 50704-8015				3,000.
ILLINOIS INSTITURE TECH	NONE		SCHOLARSHIPS	}
10 W. 33RD ST. PERLSTEIN HALL 206	NONE		SCHOLARSHIPS	
CHICAGO, IL 60616				3,000
ILLINOIS STATE	NONE		SCHOLARSHIPS	
CAMPUS BOX 2320				
NORMAL, IL 61790-2320	 	<u> </u>		10,000
INDIANA WESLEYAN	NONE		SCHOLARSHIPS	
4201 S. WASHINGTON ST.				
MARION, IL 46953	 		+	2,500
IOWA STATE	NONE		SCHOLARSHIPS	
0210 BEARDSHEAR HALL AMES, IA 50011				20,500
Total from continuation sheets	_ 		<u> </u>	20,300

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
LIBERTY UNIVERSITY	NONE		SCHOLARSHIPS	
1971 UNIVERSITY BLVD				
LYNCHBURG, VA 24515				2,50
LINDENWOOD	NONE		SCHOLARSHIPS	
2600 W. MAIN STREET	1012		Denomination of	
BELLEVILLE, IL 62226				2,50
LORAS	NONE		SCHOLARSHIPS	
1450 ALTA VISTA				
DUBUQUE, IA 52001				8,00
MILLIRIN	NONE		SCHOLARSHIPS	
1184 W. MAIN ST. DECATUR, IL 62522				3 50
DECATOR, IL 02522				2,50
MURRAY STATE	NONE		SCHOLARSHIPS	
500 SPARKS HALL				
MURRAY, KY 42071				2,50
NORTH CENTRAL COLLEGE	NONE		SCHOLARSHIPS	
30 NORTH BRAINARD ST.				5.50
NAPERVILLE, IL 60540				5,50
NORTH CENTRAL MISSOURI	NONE		SCHOLARSHIPS	
1301 MAIN				
TRENTON, MO 64683				3,00
NORTHERN ILLINOIS	NONE		SCHOLARSHIPS	
SWEN PARSON HALL 245				2.50
DEKALB, IL 60115-2828				2,50
NORTHWEST MISSOURI STATE	NONE		SCHOLARSHIPS	
800 UNIVERSITY DRIVE				
MARYVILLE, MO 64468				7,00
NORTHWESTERN MEDILL SCHOOL OF	NONE		SCHOLARSHIPS	
JOURNALISM				
303 E UPPER WACKER DR SUITE 1600				
CHICAGO, IL 60601	1		.1	1,15

Purpose of grant or	Amount
contribution	Amount
SCHOLARSHIPS	
	3,00
SCHOLARSHIPS	
SCHOBASHIFS	2,500
SCHOLARSHIPS	
	10,250
SCHOLARSHIPS	
	2,500
SCHOLARSHIPS	
	2,500
SCHOLARSHIPS	2,500
SCHOLARSHIPS	
	6,500
SCHOLARSHIPS	
	1,750
SCHOLARSHIPS	
	3,00
SCHOT-FBEHT DG	
SCHOUMAGHIFS	3,00
-	SCHOLARSHIPS

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
	If recipient is an individual,		1	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		_
JNIVERSITY OF ILLINOIS CHICAGO	NONE		SCHOLARSHIPS	
1200 W. HARRISON ST.				
AURORA, IL 60607	 	··		6,50
UNIVERSITY OF ILLINOIS URBANA	NONE		SCHOLARSHIPS	
620 E. JOHN ST.	MONE		BCHOLLARSHIFS	
CHAMPAIGN, IL 61820				13,00
UNIVERSITY OF IOWA	NONE		SCHOLARSHIPS	
IOWA CITY IA 52242				
IOWA CITY, IA 52242			-	2,500
UNIVERSITY OF MIAMI	NONE		SCHOLARSHIPS	
1320 S DIXIE HWY				
CORAL GABLES, FL 33146				2,50
DATING CHEV. OF MANDESCORE.	NONE		SCHOLARSHIPS	
UNIVERSITY OF MINNESOTA 100 CHURCH ST. SE	NONE		BCHOHARSHIFS	
100 CHURCH ST. SE, MN 55455				2,50
· · · · · · · · · · · · · · · · · · ·				•
UNIVERSITY OF NORTHERN IOWA	NONE		SCHOLARSHIPS	
105 GILCHRIST HALL				
CEDAR FALLS , IA 50614				5,50
UNIVERSITY OF SOUTH CAROLINA	NONE		SCHOLARSHIPS	
1714 COLLEGE STREET COLUMBIA, SC 29208				2,500
UNIVERSITY OF ST THOMAS	NONE		SCHOLARSHIPS	
2115 SUMMIT AVE. MAIL 5007				
ST. PAUL, MN 55105-1096				3,00
UNIVERSITY OF WISCONSIN - WHITEWATER 130 HYER HALL 800 WEST MAIN STREET	NONE		SCHOLARSHIPS	
HYER HALL 800 WEST MAIN STREET WHITEWATER WI 53190				5,50
				3,30
WAUBONSEE COMMUNITY COLLEGE	NONE		SCHOLARSHIPS	
ROUTE 47 AT HARTER ROAD				
SUGAR GROVE, IL 60554				5,00
Total from continuation sheets				

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
EST VIRGINIA UNIVERSITY	NONE		SCHOLARSHIPS	
ORGANTOWN WV 26505				
ORGANTOWN, WV 26505				2,50
	- 	- -		
				•
				ı.
				
	j			
			<u> </u>	
	1			
		-	ļ	
Total from continuation sheets			*	

Enter area	s amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	d by section 512, 513, or 514	(e)
_		(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
_	m service revenue:	code		2006		
		-		-		
		-				
. —						
·						
, <u> </u>		-	-			
g Fee	s and contracts from government agencies	-		- 		
•	ership dues and assessments					
	t on savings and temporary cash			-1 1-		
investn				14	3,554.	
	nds and interest from securities			14	24,731.	
	tal income or (loss) from real estate:	7 - 24	and the second	<u> </u>	**************	7"
	ot-financed property					
	debt-financed property			<u> </u>		-
_	tal income or (loss) from personal					
proper						
	nvestment income			14	1.	_
	(loss) from sales of assets other					
	ventory			18	<1,142.>	
	ome or (loss) from special events				, =	
	profit or (loss) from sales of inventory					
11 Other r	•					
	CHOLARSHIP REFUNDS					4,900.
		-				· · · · · · · · · · · · · · · · · · ·
e		-				
	al. Add columns (b), (d), and (e)	-	. 0		27,144.	4,900.
	Add line 12, columns (b), (d), and (e)			' -		4,900. 32,044.
	sheet in line 13 instructions to verify calculations.)					
Part X		to the Acco	mnlishment of F	yemnt P	urnoses	
Fait A	VI-D	to the Acco	mpilarine it of E			
Line No.	Explain below how each activity for which inc	•	` '	I-A contribut	ed importantly to the accomp	olishment of
	the foundation's exempt purposes (other that					
11A_	REFUNDS FROM SCHOLARSH	IPS WILI	BE USED FO	OR FUT	URE SCHOLARSI	HIPS
					<u> </u>	

623621 11-23-16

Form 990-PF (2016) HANSEN-FURNAS FOUNDATION, INC. 36-6049894

Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	-			g with any other organization		on 501(c) of	Yes	No
	` '	,, , , , ,		7, relating to political organ	izations?			
a Hallslei (1) Cas	s from the reporting found:	audii to a nunchaniai	ne exempt org	jamzanon oi.			1a(1)	X
	er assets						1a(2)	X
٠.	ansactions							
	es of assets to a noncharita	ble exempt organizat	ion				1b(1)	X
` '	chases of assets from a no						1b(2)	X
(3) Ren	ital of facilities, equipment,	or other assets	-				16(3)	X
(4) Reii	mbursement arrangements						1b(4)	X
(5) Loa	ns or loan guarantees						1b(5)	X
(6) Peri	formance of services or me	mbership or fundrais	ing solicitatio	ns			1b(6)	X
c Sharing	of facilities, equipment, ma	uling lists, other asse	ts, or paid em	ployees			1c	X
	-		-	dule. Column (b) should alv	=	=		
				ed less than fair market valu	e in any transaction	or sharing arrangement,	show in	
	(d) the value of the goods,			avamet organization	(4) 5			
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	n of transfers, transactions, and	d sharing arrangemen	nts
			N/A					
					-			
					 			
					+			
					 			
- t			_					
				-	<u> </u>			
					1			
							_	
	-							
			 					
							_ 	
		1						
	•	•	-	or more tax-exempt organi	zations described		□ vaa 😨	No
	n 501(c) of the Code (other		(3)) or in Secu	10H 52//			YesX	_ NO
D II TES,	complete the following sch (a) Name of org			(b) Type of organization		(c) Description of relation	nship	
	N/A		. ——	(a) type of organization		(4) Bassinpusir or radius		
				 -				
··								
				accompanying schedules and st taxpayer) is based on all informations		i	May the IRS discuss t	his
Sign	- Con - ne th	Rock	Dara (otta tian	1.5/17			eturn with the prepara hown below (see ins	er br)?
Here	(WWW ()	V: MUMBUM	}	///////	PUNC	10t/	X Yes	No !
Si	gnature of officer or trustee		/ 	Date /	Title			
	Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check If PTIN	I	
Paid	TILL M DO	VIE ODA	TTT T 14	DOWLE OD	11 (00 (17)	self- employed	11146714	
Preparer	JILL M. BO		<u> ЛТТТ W</u>	. BOYLE, CP	11/09/17	Firm's EIN ► 36-3	01246734	
Use Only	Thin shallo	TCH DDF				FILM S EIN > 30-3	110001	
	Firm's address ▶ 14	15 W. DIR	אוי אט	SIITTE 400		 		
		PERVILLE,		563-2349		Phone no. 630-5	566-8400	
							Form 990-PF	(2016)
								,

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

н	ANSEN-FURNAS FOUNDATION, INC.	36-6049894
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-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	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	
For an organization sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Z, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals Complete Parts I, II, and III	
year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it also, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Found from 1990, and 1990-EZ or on its Found from 1990, and 1990-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

HANSEN-FURNAS	FOUNDATION,	INC.

HANSE.	N-FURNAS FOUNDATION, INC.	36	-6049894
Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LETO M. FURNAS TRUST P.O. BOX 159 BATAVIA, IL 60510	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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)

Employer identification number

HANSEN-FURNAS FOUNDATION, INC.

36-6049894

Part II	Noncash Property (See instructions) Use duplicate copies of Property	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
			990 990-F7 or 990-PF) (2016)

ame of organiz	ation	Employer identification number						
IANSEN-F	FURNAS FOUNDATION, INC.			36-6049894				
<u> </u>	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col	umos (a) through (e) and the t	ollowing line entry. For	organizations				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,00	0 or less for the year (Enter	this info once) - \$				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
_								
-								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			ip of transferor to transferee				
			<u> </u>					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		·····						
-								
	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4			ip of transferor to transferee				
-			***					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	(5): 5:555 6: 5::	(-,		(4,				
-				-				
	(a) Transfer of aith							
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			nip of transferor to transferee				
-								
-			- <u>-</u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I		<u>.</u>						
\ <u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
								
	_							

FORM 990-PF INTERE	ST ON SAVI	NGS AND TE	MPORAI	RY CASH	INVEST	ments s	TATEMENT 1	
SOURCE	REV			(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
INTEREST INCOME CAS	Н		3,554.		522.		3,554.	
TOTAL TO PART I, LI		3,554.		522.		3,554.		
FORM 990-PF	DIVIDENDS	S AND INTE	REST I	ROM SEC	URITIES	s s	TATEMENT 2	
GROSS SOURCE AMOUNT		CAPITA GAINS DIVIDEN	5	(A) REVENUE PER BOOK		(B) INVEST-		
DIVIDEND INCOME INVESTMENTS	24,731	•	0.	24,73	 1.	23,371.	24,731.	
TO PART I, LINE 4 24,731.		•	0.	24,731.		23,371.	371. 24,731.	
FORM 990-PF DESCRIPTION		OTHER	INCOME (A REVE	A) ENUE	(F NET IN MENT I	3) IVEST-	(C) ADJUSTED NET INCOME	
OTHER INCOME SCHOLARSHIP REFUNDS	_	1.		1.		0. 4,900.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =		4,901.		1.	4,900.	
FORM 990-PF	ACCOUNT	ING F	EES		S	TATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME	ADJ	(C) JUSTED INCOME	(D) CHARITABLE PURPOSES	
AUDIT AND ACCOUNTING FEES		11,605	-	0		0.	11,605.	
TO FORM 990-PF, PG 1, LN 16B		11,605	11,605.		0.		11,605.	

FORM 990-PF (OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES	4,660.	4,660.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	4,660.	4,660.	0.	0.	
FORM 990-PF	TAX	ES	S	гатемент 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	1,946.	0.	0.	1,946.	
FEDERAL EXCISE TAX FOREIGN TAXES	31. 0.	0. 463.	0.	0.	
TO FORM 990-PF, PG 1, LN 18 =	1,977.	463.	0.	1,946.	
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSE SCHOLARSHIP COMMITTEE FEES	14,317. 4,000.	0.	0.	14,317. 4,000.	
TO FORM 990-PF, PG 1, LN 23	18,317.	0.	0.	18,317.	

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 8
DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS PURSUANT TO SFAS 124	55,978.
TOTAL TO FORM 990-PF, PART III, LINE 3	55,978.

FORM 990-PF	OTHER INVESTMENT	S	STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NT LARGE CAP EQUITY SECURITIES	FMV	365,445.	365,445.
NT INTERNATIONAL DEVELOPED EQUI- SECURITIES NT INTERNATIONAL EMERGING EQUI-		129,856.	129,856.
SECURITIES	TI FMV	61,324.	61,324.
NT CORPORATE/GOVERNMENT FIXED	FMV		
INCOME		250,038.	250,038.
NT REAL ESTATE FUNDS	FMV	33,817.	33,817.
NT COMMODITIES	FMV	6,878.	6,878.
TOTAL TO FORM 990-PF, PART II,	LINE 13	847,358.	847,358.

	IST OF OFFICERS, D IND FOUNDATION MANA	STATEMENT 10		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JOANNE B. HANSEN 2S502 HEATON DRIVE BATAVIA, IL 60510	PRESIDENT 2.00	0.	0.	0
THOMAS F. CAUGHLIN 729 GREENBRIER TERRACE CRYSTAL LAKE, IL 60014	VICE PRESIDENT 2.00	1,000.	0.	0
JAMES HANSEN 822 BRYANT AVENUE WINNETKA, IL 60093	DIRECTOR 2.00	0.	0.	0
RICHARD W. HANSEN 2S502 HEATON DRIVE BATAVIA, IL 60510	DIRECTOR 2.00	0.	0.	0
KIRSTEN HANSEN BARKLEY 2938 NORTH LAKEWOOD CHICAGO, IL 60657	DIRECTOR 2.00	1,000.	0.	0
ROBERT F. PETERSON 562 CARRIAGE DRIVE BATAVIA, IL 60510	SECRETARY/TREA 2.00	SURER 1,000.	0.	0
LISA HANSEN 720 LARRABEE, UNIT G 04 CHICAGO, IL 60610	DIRECTOR 2.00	1,000.	0.	0
SCOTT HANSEN 928 NORTH EUCLID AVENUE DAK PARK, IL 60302	ASST. SECRETAR 2.00	Y/TREASURER 1,000.	0.	0
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	5,000.	0.	0

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SCHOLARSHIP COMMITTEE, HANSEN-FURNAS FOUNDATION, INC. 28 S. WATER STREET, SUITE 310 BATAVIA, IL 60510

TELEPHONE NUMBER

(630)761-1390

FORM AND CONTENT OF APPLICATIONS

FORMS ATTACHED TO 2016 FORM 990, AVAILABLE UPON REQUEST

ANY SUBMISSION DEADLINES

APPLICATION FORM AND TRANSCRIPT DUE INTO FOUNDATION OFFICE BY $5:00\ \text{P.M.}$ MARCH 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS WILL BE GIVEN ONLY FOR FULL TIME UNDERGRADUATE STUDIES AT AN ACCREDITED COLLEGE OR UNIVERSITY. ONE POST GRADUATE SCHOLARSHIP IS AVAILABLE. PERMANENT OR HOME ADDRESS MUST BE WITHIN TWELVE MILES OF THE BATAVIA GOVERNMENT CENTER, BATAVIA, IL OR IN CLARKE COUNTY IOWA.