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

OMB No 1545-0052

2016

Depa ment of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For ca	endar year 2016 or tax year beginning	, 2016,	and ending		
	HAWKINS FAMILY FOUNDATION W. BROAD STREET, SUITE 300		В	Employer identification num 81-6730473 Telephone number (see inst	ructions)
	E, ID 83702		_	(208) 376-852	22
	[ <del></del> ]		С	If exemption application is	pending, check here
<b>G</b> Ch	eck all that apply: $X$ Initial return	Initial return of a form Amended return	ner public charity	1 Foreign organizations, chec	k here
U Ch	Address change eck type of organization X Section 50	Name change 1(c)(3) exempt private for	nundation.	2 Foreign organizations meet here and attach computation	ing the 85% test, check
	Section 4947(a)(1) nonexempt charitable	trust Other taxable p	rivate foundation E	If private foundation status under section 507(b)(1)(A)	was terminated
(fre	m Part II, column (c), line 16)	counting method: Ca Other (specify)	ash X Accrual F		·
<u> </u>	3,130,310:(, a.c.,	, column (d) must be on	cash basis)	under section 507(b)(1)(B)	, check here
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	(see instructions).)				(cash basis only)
	1 Contributions, gifts, grants, etc , received (attach schedule)	3,136,548.	. 112 A M W 18 18		artiates
	2 Check ► if the foundation is not required to attach Sch. E		WAR WAR		CANA TARICAN
	3 Interest on savings and temporary cash investments 4 Dividends and interest from securities				
	5 a Gross rents			<del> </del>	
	b Net rental income or (loss)				
R	6 a Net gain or (loss) from sale of assets not on line 10	· · · · · · · · · · · · · · · · · · ·			
R E V	b Gross sales price for all assets on line 6a			1 2 2 2 2 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3	
Ě	7 Capital gain net income (from Part IV, line 2)		60 60 60 60		
N U	8 Net short-term capital gain 9 Income modifications				
Ĕ	10 a Gross sales less returns and				
	allowances b Less Cost of				
	goods sold  C Gross profit or (loss) (attach schedule).	1			
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	3,136,548.	0	0.	
	13 Compensation of officers, directors, trustees, etc.		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
A	16 a Legal fees (attach schedule)			<del></del>	
N I N	C Other professional fees (attach, sch)				
O J					
ŖF	18 Taxes (attach scheduleXsee instrs) V % 0 2017	Ö	<u> </u>		\$ for \$ 0.00 \$ 2.1
ŢŢ	schedule) and depletion	(b)			
N V	20 Occupancy 21 Travel, conferences, and meetings. N., U.T.	. 3			
A E	22 Printing and publications				
, E					-
	24 Total operating and administrative expenses Add lines 13 through 23				
- - -	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.		·	* * * * * * * * * * * * * * * * * * * *	
,	Add lines 24 and 25	0.	0	0.	0.
3	27 Subtract line 26 from line 12: a Excess of revenue over expenses	<u> </u>	1		, ,
,)	and disbursements	3,136,548.		* * * * * * * * * * * * * * * * * * * *	
	b Net investment income (if negative, enter -0-)	, ,	C		
	C Adjusted net income (if negative, enter -0-)	1	<u> </u>	0.	<u> </u>

Page 2

Part	11	Balance Sheets	column should be for end-of-year amounts only	Beginning of year	End	of year
1 all		Dalance Sheets	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash - non-interest	-bearing		31,548	31,548.
	2	Savings and tempor	ary cash investments		· · ·	
	3	Accounts receivable	<b>-</b>	,		
		Less: allowance for	doubtful accounts -			**************************************
	4	Pledges receivable		\$	** , , , , , ,	
		Less. allowance for	doubtful accounts >		**************************************	
	5	Grants receivable			<del></del>	
	6	Receivables due from offic	cers, directors, trustees, and other			<del></del> _
	Ĭ	disqualified persons (atta	ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)	8 4 5 2 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	YA WARANAN I	A Property Carry
Ą		Less: allowance for	doubtful accounts			
Š	8	Inventories for sale	or use			
A S E T	9	Prepaid expenses a	nd deferred charges			
Ś	10 a	a Investments – U S obligations (attach s	and state government			
	,	b Investments — corporate				
	l	c Investments — corporate	•		· · · · · · · · · · · · · · · · · · ·	
	1	Investments - land	,		2 a 1 5 5 6 7 7 7 7 8 8 7 7	_ 0000V1 _A000200-000 1 A011
	] ''	equipment, pasiz	, buildings, and			
		Less: accumulated depred (attach schedule)	ciation $lacktrian$			
	12	Investments - mort	gage loans.			
	13	Investments - othe	r (attach schedule)			
	14	Land, buildings, and	d equipment basis► 3,105,000.	Right Control		
		Less: accumulated depret (attach schedule)	Ciation See Stmt 1 ►	- Prince	3,105,000	
	15				3,103,000	3, 103, 000.
	16	Total assets (to be see the instructions	completed by all filers — Also, see page 1, item I)	0.	3,136,548	3,136,548.
Ļ	17	Accounts payable a	nd accrued expenses			
A	18	Grants payable				
В	19	Deferred revenue				
- 1	20	Loans from officers, direct	ctors, trustees, & other disqualified persons			
Ī	21	Mortgages and other note	es payable (attach schedule)			
T	22	Other liabilities (des	scribe ► )	)		
Ė	22	Tatal liabilities (ada	d lines 17 through 22)			
	23		d lines 17 through 22)  bllow SFAS 117, check here	0.		<u>D.</u>
		and complete lines	24 through 26 and lines 30 and 31.	-		
NF	24	Unrestricted	•		3,136,548	3.
ΕU	25	Temporarily restrict				
D	26	•	_			
A B A L A		Foundations that d and complete lines	o not follow SFAS 117, check here 27 through 31.			
EL	27	Capital stock, trust	principal, or current funds			
SN	28	Paid-in or capital surplus	s, or land, bldg, and equipment fund			
ΟE	29	Retained earnings, accum	nulated income, endowment, or other funds			
ŔŜ	30		fund balances (see instructions)	0.	3,136,548	3.1 47 2 41 1
	31	Total liabilities and (see instructions)	net assets/fund balances	0		
Day	 	<u> </u>	nges in Net Assets or Fund Baland	0.	3,136,54	5. [** 3 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
rar			· <del></del>			
1	Tota end	al net assets or fund t -of-year figure reporte	palances at beginning of year — Part II, colled on prior year's return).	lumn (a), line 30 (must a	agree with	0.
2	Ente	er amount from Part I	, line 27a			3,136,548.
3	Other	r increases not included in 1	ine 2 (Itemize).			3
4		lines 1, 2, and 3	· · · = <del>-</del> <del>-</del> <del>-</del> -			3,136,548.
5		eases not included in line 2				5
6	Tota	al net assets or fund b	palances at end of year (line 4 minus line 5	b) - Part II, column (b),	line 30	<b>6</b> 3,136,548.

	Losses for Tax on Investment		(b) Hamana	(6) 6:	(4) 5
(a) List and describ 2-story brick ware	ne the kınd(s) of property sold (e g , re house, or common stock, 200 shares	MLC Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
b					
<u>c</u>					
d			<del></del>		
e	(f) Depreciation allowed	(g) Cost or other ba	SIS	(h) Gain or	(loss)
(e) Gross sales price	(or allowable)	plus expense of sa		(e) plus (f) m	inus (g)
a					
<u>b</u>	<del>                                     </del>				
d d		<del> </del>			
e					
Complete only for assets sho	owing gain in column (h) and owned b	y the foundation on 12/31	/69	(I) Gains (Col	(h)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col (J), If any		ain minus col (k), t an -0-) <b>or</b> Losses (f	out not less
a					
b					
C		<del></del>			
d e		<del></del>		<del></del>	
	If gain, also	enter in Part I, line 7		T	
2 Capital gain net income or (r	If (loss), ent	er -0- in Part I, line 7	2		
, -	r (loss) as defined in sections 1222(5)	_			
If gain, also enter in Part I, I in Part I, Ine 8	ine 8, column (c) (see instructions) If	(loss), enter -0-	3		
·	er Section 4940(e) for Reduce	d Tax on Net Investn			
	foundations subject to the section 4940			N/A	
If section 4940(d)(2) applies, leave	this part blank				
				П.,	<b>□</b> 1
	section 4942 tax on the distributable a ualify under section 4940(e). Do not c	• •	oase period?	Yes	∐ No
	n each column for each year, see the ins		v entries		
(a)	(b)	(c)		(d)	<del></del>
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	ssets	Distribution (col. (b) divided	ratio by col (c))
• 2015					
2014					
2013					
2012 2011	<del> </del>				
4011					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for number of years the foundat	the 5-year base period — divide the tion has been in existence if less than	otal on line 2 by 5, or by 5 years	the		
4 Enter the net value of nonch	arıtable-use assets for 2016 from Par	t X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions	from Part XII, line 4		8		·
If line 8 is equal to or greater t Part VI instructions	han line 7, check the box in Part VI, line	1b, and complete that part	using a 1% tax	rate See the	

	6/304/3			age 4
Part VI & Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — sec 1 a Exempt operating foundations described in section 4940(d)(2), check here               and enter 'N/A' on line 1.	Instruction	1S)	<del>, , .</del>	^ 22
The state of the s			1	
Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)				_
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,	1			<u>0.</u>
check here □ and enter 1% of Part I, line 27b	1	,		Ĵ
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			<u> </u>	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	1 _ 1			
foundations only Others enter -0-)	2			0.
3 Add lines 1 and 2	3			0.
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			0.
6 Credits/Payments.				G
a 2016 estimated tax pmts and 2015 overpayment credited to 2016		for the		7 3° 43° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3
<b>b</b> Exempt foreign organizations — tax withheld at source  6b				
c Tax paid with application for extension of time to file (Form 8868)		***;-		
d Backup withholding erroneously withheld		a (* ) ( ) ( )		
7 Total credits and payments. Add lines 6a through 6d	7			0.
8 Enter any <b>penalty</b> 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			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10			
11 Enter the amount of line 10 to be. Credited to 2017 estimated tax	P. 11			
Part VII-A Statements Regarding Activities				
1 a 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 a		Х
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
(see Instructions for the definition)?		1 ь	İ	X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published		13.	. 37	337
or distributed by the foundation in connection with the activities			35 86	
c Did the foundation file Form 1120-POL for this year?		1 c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		A 1977	<b>3</b>	<del>11</del>
(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0		13.	, ,
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
foundation managers. •\$ 0.		<u> </u>		<u>2": I</u>
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	· 557	X
If 'Yes,' attach a detailed description of the activities.		35.0	<i>₹:</i>	4.3
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		<u>₹</u>	<u> 2. 2.</u>	<u> </u>
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?		4 a		_X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		4 b	N	/ <u>A</u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
If 'Yes,' attach the statement required by General Instruction T		130	10.5	8,3
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
<ul> <li>By language in the governing instrument, or</li> </ul>				
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			7. 2.	3
with the state law remain in the governing instrument?		6	_X	
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	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)				78. 3 , - 5
ID			3 54	* *
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			<u> </u>	, .
(or designate) of each state as required by General Instruction $G^2$ if 'No,' attach explanation		8 b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete the complete in the second section of the section 4942(j)(3) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)?	or 4942(J)(5)	)		<u></u>
for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' compli	ete Part XIV	/ 9	<u> </u>	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
and addresses See Statemen		10	X	010
BAA	F	orm 990	J-PF (2	.016)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_ <del></del>
	Website address N/A			
14		<u>) 376</u>	<u>-852</u>	2
15	Located at 855 W. BROAD STREET, SUITE 300 BOISE ID ZIP + 4 83702  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	- N/Ā		ΤТ.
	and enter the amount of tax-exempt interest received or accrued during the year . 15	***	•	∐ N/A
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.			
Pai	t:VII-B∰ Statements Regarding Activities for Which Form 4720 May Be Required		150 mg/s/	<u> </u>
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	\$7.J	Yes	No
1 8	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? $\qquad \qquad \qquad \boxed{X}$ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination			
	of government service, if terminating within 90 days )			
!	b If any answer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	<b>3</b>		1
,	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	4		
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20		73	
	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer 'No' and attach statement — see instructions).  c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2 b	N	/ A
	► 20 , 20 , 20			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business			
J	enterprise at any time during the year?  Yes X No.	, 14.		1
	b If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation		5	
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or			
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	3 b	NT	/A
		30	1 1N	/ A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	<u></u>	Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could	1	·	
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4 b		X
BA		Form 99		

Part VII-B   Statements Regarding Activiti		4720 May Be Requ	uired (continued)	
5 a During the year did the foundation pay or incur	•	6- No - 4045(-)>2		
(1) Carry on propaganda, or otherwise attemp			Yes X	No
<ul><li>(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra</li><li>(3) Provide a grant to an individual for travel,</li></ul>	tion drive?			No No
•				NO   1 3   1 3
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions			Yes	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ling disaster assistance	otions	5 b N/A
Organizations relying on a current notice rega	rding disaster assistanc	e check here	▶ [	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible. If 'Yes,' attach the statement required by Region 1.	sibility for the grant?	,	N/A Yes	] No
6 a Did the foundation, during the year, receive ar on a personal benefit contract?		• •	s ∏Yes ∏	No
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal bene		6b X
<b>7a</b> At any time during the tax year, was the found	dation a party to a proh	ıbıted tax shelter transa	action? Yes X	No
b If 'Yes,' did the foundation receive any procee	ds or have any net inco	ome attributable to the t		N/A 76
Part VIII Information About Officers, Dand Contractors	irectors, Trustees,	Foundation Manag		
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GARY R. HAWKINS  855 WEST BROAD STREET STE 300  BOISE, ID 83702	Trustee 1.00	0.	0.	- 0 .
R. GAIL HAWKINS 855 WEST BROAD STREET STE 300 BOISE, ID 83702	Trustee 1.00	0.	0.	0.
				}
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instructio	ns). 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				
				† ·
				<del> </del>
		<del> </del>		
Total number of other employees and ever 650 000	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000	TEEA0306L 1	2/16/16		Form <b>990-PF</b> (2016)

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Form 990-PF (2016) THE HAWKINS FAMILY FOUNDATION

BAA

Form **990-PF** (2016)

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
		<del></del>
	<del></del>	
750,000 (		
Total number of others receiving over \$50,000 for professional services		•
Part X.A. Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	al information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	at the manual of	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see Instru	uctions)	<del></del>
Describe the two largest program-related investments made by the foundation during the	<del></del>	Amount
1		
-7		
N/A 2		
2		
All other program-related investments See instructions.		
3		
Total. Add lines 1 through 3		<b>^</b>   0

Part:X Minimum Investment Return (All domestic foundations must complesee instructions.)	te this part. Foreign f	oundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo a Average monthly fair market value of securities.	oses 1 a	
<b>b</b> Average of monthly cash balances	1 b	86.
c Fair market value of all other assets (see instructions)	1 c	8,507.
d Total (add lines 1a, b, and c)	1 d	8,593.
e Reduction claimed for blockage or other factors reported on lines 1a and	58.3	<u></u>
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	8,593.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	129.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part	V. line 4 5	8,464.
6 Minimum investment return. Enter 5% of line 5	6	423.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5)	) private operating fo	
and certain foreign organizations check here ► and do not compl		
1 Minimum investment return from Part X, line 6	. 1	423.
2a Tax on investment income for 2016 from Part VI, line 5		
b Income tax for 2016 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	423.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	423.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	line 1 7	423.
	<del></del>	
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b> Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et	c , purposes 2	
3 Amounts set aside for specific charitable projects that satisfy the:	<b>23</b>	
a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule) .	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Pa	art XIII, line 4	0.
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)	ne <b>5</b>	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calcula	iting whether the foundation	
qualifies for the section 4940(e) reduction of tax in those years	<del>-</del>	

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Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

`	<b>(a)</b> Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				2010
Inne 7  2 Undistributed income, if any, as of the end of 2016.	h .			423.
a Enter amount for 2015 only	, ,			,
<b>b</b> Total for prior years: 20 , 20 , 20	*		0.	·
3 Excess distributions carryover, if any, to 2016:		0.	, , , , , , , , , , , , , , , , , , , ,	
<b>a</b> From 2011	** *,		-2 , , , ,	15
<b>b</b> From 2012		* * * *		
<b>c</b> From 2013	) ,^ } ·			3 4 5 4
d From 2014	* **			
<b>e</b> From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part	<u> </u>			
XII, line 4 ► \$				
a Applied to 2015, but not more than line 2a				
			0.	
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus				
(Election required — see instructions)  d Applied to 2016 distributable amount	0.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2016	0.			
(If an amount appears in column (d), the				0.
same amount must be shown in column (a) )				
6 = 1 11				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c 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				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2016 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2017.				
7 Amounts treated as distributions out of				423.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	_			
•	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.		* * * * * * * * * * * * * * * * * * * *	.3.
9 Excess distributions carryover to 2017.		, ,		· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.	<u> </u>		ž
10 Analysis of line 9:  a Excess from 2012			,	
b Excess from 2013	,	1		
c Excess from 2014	İ	,	`	1
d Excess from 2015		-		
e Excess from 2016	-	-	4	
BAA				
				Form 990-PF (2016)

orm 990-PF (2016) THE HAWKINS FAMI				81-6730473	Page
Part XIV Private Operating Founda					N/A
1a If the foundation has received a ruling or determined is effective for 2016, enter the date of the	ruling				
<b>b</b> Check box to indicate whether the founda		erating foundation of		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a.					
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		<u> </u>			
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter					
(1) Value of all assets (2) Value of assets qualifying under			<del>                                     </del>		<del></del>
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)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			<u> </u>		
Part®XV Supplementary Information assets at any time during to Information Regarding Foundation Mana	he year – see i	nstructions.)	e toundation nad	\$5,000 or more	in
a List any managers of the foundation who has close of any tax year (but only if they have See Statement 3	ve contributed more	than 2% of the total of than \$5,000) (See	contributions received to section 507(d)(2) )	by the foundation befo	ore the
	100/	<del></del>			
b List any managers of the foundation who ow a partnership or other entity) of which the None	n 10% or more of the foundation has a	e stock of a corporate 10% or greater inte	ion (or an equally large rest	portion of the owner	ship of
2 Information Regarding Contribution, Grant, Check here ☐ If the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d	iakes contributions to	o preselected charital	ble organizations and c	•	
a The name, address, and telephone number	or e-mail address of	the person to whom	applications should be	addressed.	
See Statement 4					
b The form in which applications should be	submitted and infe	ormation and mater	ials they should inclu-	de.	
See Statement for Line 2a		<u> </u>			
c Any submission deadlines					
See Statement for Line 2a				,	
d Any restrictions or limitations on awards,	such as by geogra	aphical areas, charit	able fields, kinds of i	nstitutions, or other	factors
See Statement for Line 2a					
BAA	7	TEEA0310L 12/16/16		F	orm <b>990-PF</b> (20

3 Grants and Contributions Paid During the	ear or Approved for Fut	ure Payment	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	or substantial contributor			
Total			► 3a	
b Approved for future payment  Total			► 3t	

Enter gross	s amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(-)
•	ram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
a						
b						
c						
d						
e						<u></u>
f		ļ	<del></del>			
-	and contracts from government agencies	<u> </u>	<u> </u>	<u> </u>		
	bership dues and assessments		<u>-</u>			
	st on savings and temporary cash investments lends and interest from securities			<del> </del>		
• • • •	rental income or (loss) from real estate:	180 6 4 80		22 3	873722	A \$ \$ & 3.1
	-financed property	3 4 L N/2 1	\$250 7388 55 82 185	** *	4 *** 7, 22° 32° ** 48°	
	debt-financed property	<del></del>		<del> </del>		<del></del>
	ental income or (loss) from personal property			<del> </del>		
	er investment income		<del></del>	<del> </del> -		<del></del>
	or (loss) from sales of assets other than inventory	<b> </b>		<del> </del>	<del> </del>	<del></del>
	income or (loss) from special events.				<del></del>	
	s profit or (loss) from sales of inventory		-			
	er revenue			1250		
a		200 CV 20 CM	*** * ** *** *** *** *** ***	1 W- 173	<u> </u>	1 4968 TB 44.0 775. 4 79 A
b		<del>                                     </del>		<u> </u>		
с						
d						
е						
12 Subt	total Add columns (b), (d), and (e)			N. I		
12 Subi	(5)	D 7 1885 6	<u> </u>	6%" ×46%		
13 Tota	II. Add line 12, columns (b), (d), and (e)	<u> </u>	<u> </u>		13	0.
13 Tota (See work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculati	ons)				0.
13 Tota (See work Part XV	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate [-B] Relationship of Activities to the	ons)	ishment of Exemp	t Purp	oses	

# Form 990-PF (2016) THE HAWKINS FAMILY FOUNDATION 81-6730473 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						Yes No
1 Did the o	rganization directly of	or indirectly engage f the Code (other th	in any of the following wit an section 501(c)(3) organ	h any other organization izations) or in section	on 527,	Yes No
_	o political organizati		charitable exempt organiza	etion of		
(1) Cash		Touridation to a none	chantable exempt organize	30011 01		1 a (1) X
(2) Othe						1 a (2) X
<b>b</b> Other tra	nsactions.					** ** ** ** ** ** ** ** ** ** ** ** **
1 - 7		charitable exempt or	=			1 b (1) X
~		n a noncharitable ex	, -			1 b (2) X
, ,	ai of facilities, equip ibursement arranger	ment, or other asset	ıs			1 b (3) X
` '	s or loan guarantees					1 b (4) X 1 b (5) X
` '	•		undraising solicitations			1 b (6) X
c Sharing	of facilities, equipme	ent, mailing lists, oth	ner assets, or paid employ	ees		1 c X
<b>d</b> If the an	swer to any of the al	hove is 'Yes.' compl	ete the following schedule	. Column <b>(b)</b> should ab	ways show the fair r	market value of
the goods	s, other assets, or sen	vices given by the rep	ete the following schedule orting foundation If the four column (d) the value of the	idation received less that	n fair market value in	id
	(b) Amount involved		aritable exempt organization		nsfers, transactions, and	
N/A			······································	<u> </u>	<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>
2 a Is the fou	indation directly or inc	directly affiliated with,	or related to, one or more to	ax-exempt organizations		
	a in section 501(c) o complete the followi	•	nan section 501(c)(3)) or in	section 52//		Yes X No
	Name of organization	<del></del>	(b) Type of organization		c) Description of rel	ationship
N/A		<del></del>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>_</u>	5, 2 cochpact of to	
Under p	enalties of perjury, I declar	e that I have examined this	return, including accompanying so	hedules and statements, and t	o the best of my knowledg	e and belief, it is true,
Sign correct,	and complete Declaration	of preparer (other than tax	payer) is based on all information	of which preparer has any kno-	vledge	May the IRS discuss
Here	1 711		11. 12.1	7 Trustee		this return with the preparer shown below
Signa	ture of officer or trystee	3//	Date	Trile		_ (see instructions)?   X Yes   No
	Print/Type preparer's nar	ne	Preparer's elementure	Date	Check If	PTIN
Paid	NEAL D. STUA	\RT	1 Warnt	(1/15/1	7 self-employed	P00292955
Preparer	Firm's name R	Richter Stuar	t & Todeschi, PA		Firm's EIN ► 82-0	
Jse Only			St.,Suite 260			
	1 B	oise, ID 8370	02		Phone no (208	336-7162
BAA						Form <b>990-PF</b> (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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization		Employer identification number	
THE HAWKINS FAMILY FOUNDATION		81-6730473	
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
· ·	4947(a)(1) nonexempt charitable trust not treated as a	private foundation	
i	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private treated as a	vate foundation	
	501(c)(3) taxable private foundation		
Check if your organization is covered by the General I	Rule or a Special Rule.		
Note. Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule and a	Special Rule See instructions.	
General Rule			
Y For an organization filing Form 990, 990-EZ.	or 990-PF that received, during the year, contributions to	taling \$5,000 or more (in money or	
property) from any one contributor. Complete	e Parts I and II See instructions for determining a contrib	utor's total contributions	
Special Rules			
For an organization described in section 501	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup	port test of the regulations	
under sections 509(a)(1) and 1/0(b)(1)(A)(vi), the received from any one contributor, during the	hat checked Schedule A (Form 990 or 990-EZ), Part II, line 13, e vear, total contributions of the greater of (1) \$5.000 or (2	. 16a, or 16b, and that <b>2</b> ) 2% of the amount on (i)	
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			
	(a)(7) (9) or (10) filing Form 000 or 000 F7 that recovered	forms and an analysis to a	
during the year, total contributions of more t	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received 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	•	
	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received religious, charitable, etc., purposes, but no such contributed.		
	e total contributions that were received during the year for		
charitable, etc., purpose. Don't complete any	y of the parts unless the <b>General Rule</b> applies to this orga	nization because	
it received nonexclusively religious, charitable	le, etc , contributions totaling \$5,000 or more during the ye	ear • • •	
Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF,			
Part I, line 2, to certify that it doesn't meet the f	1 D /F 000 000 F7		

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

THE HA	AWKINS FAMILY FOUNDATION		730473
	Contributors (see instructions) Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY R. AND R. GAIL HAWKINS  855 W. BROAD STREET, SUITE 300	\$3,136,548.	7 -
	BOISE, ID 83702	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Oncash Complete Part II for noncash contributions )
BAA	TEEA0702L 08/09/16	Schedule B (Form 9	190, 990-EZ, or 990-PF) (2016)

Page

1 of

1 of Part I

\* Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page

1 to

1 of Part II

Name of organization

Employer identification number

THE HAWKINS FAMILY FOUNDATION

81-6730473

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	AND		
		\$ 3,105,000.	12/31/16
(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
		- - - -	
		P	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
 		  \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		-	
		\$	
AA		edule B (Form 990, 990-E	

1 to

Relationship of transferor to transferee

1 of Part III

Name of organ	Ization KINS FAMILY FOUNDATION		Employer identification number 81 – 6730473	
		ne year from any one contributor. Contributor on the state of the stat	ns described in section 501(c)(7), (8), mplete columns (a) through (e) and usively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
	(6)	(6)	(d)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
	Transferee's name, addres	(e) Transfer of gift es, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	

(e) Transfer of gift

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Transferee's name, address, and ZIP + 4

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2016.

### **Federal Statements**

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#### THE HAWKINS FAMILY FOUNDATION

81-6730473

Statement 1 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book <u>Value</u>	Fair Market Value
Land	\$ 3,105,000. \$ 3,105,000.	<u>\$ 0.</u> \$	3,105,000. 3,105,000.	\$ 3,105,000. \$ 3,105,000.

Statement 2 Form 990-PF, Part VII-A, Line 10 **Substantial Contributors During the Tax Year** 

Name of Substantial Contributor Address of Substantial Contributor

GARY AND GAIL HAWKINS 855 BROAD STREET, SUITE 300 BOISE, ID 83702

Statement 3 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

GARY R. HAWKINS R. GAIL HAWKINS

Statement 4 Form 990-PF, Part XV, Line 2a-d **Application Submission Information** 

Name of Grant Program:

SHAUNA PATRICK-SHAW Name: Care Of: HAWKINS COMPANIES

Street Address: City, State, Zip Code: 855 W. BROAD STREET, SUITE 300

BOISE, ID 83702 (208) 908-5562 Telephone: SPATRICK@HCOLLC.COM E-Mail Address:

Form and Content: APPLICATION AVAILABLE UPON REQUEST

Submission Deadlines: N/A Restrictions on Awards: N/A