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DLN: 93491204003208

2016

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

				nding 08-31-2017			
Name of foundation HEES FAMILY FOUNDATION				A Employer identification number 38-3368989			
Number and street (or P O box number if mail is a 8192 SHADYBROOK DRIVE SE	not delivered to street address)	Room/suite		B Telephone number (see instructions) (616) 534-9691			
City or town, state or province, country, and ZIP or foreign postal code ADA, MI 49301				C If exemption application is pending, check here			
G Check all that apply ☐ Initial return ☐ Final return ☐ Address char	D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation						
H Check type of organization ✓ Section ☐ Section 4947(a)(1) nonexempt charitab	501(c)(3) exempt private f	oundation private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ □			
I Fair market value of all assets at end of year (from Part II, col (c), line 16)▶\$ 394,437		☐ Cash ☑ Accr	ual	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here □			
Part I Analysis of Revenue and of amounts in columns (b), (c), and	-	(a) Revenue and expenses per	(b)	Net investment (c) Adjusted net for charitable			
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For	m 990-	PF (2016)						Page 2
Pä	art II	Balance Sheets	Attached schedules and	d amounts in the descriper amounts only (See i	tion column	Beginning of year		f year
_	1	Cash—non-interest	<u></u>	al allibulits only (See I		(a) Book Value 50	(b) Book Value 51	(c) Fair Market Value
	2		prary cash investment		_	109,603		
	3		e ►		· · · ·	103,003	03,030	
			r doubtful accounts					
	4		►		·			_
	"		r doubtful accounts					
	5				• ⊢			
	6		• • • • • • • • • om officers, directors,					
	•		is (attach schedule) (s	,				
	١,		, , , , , ,	·	<u> </u>			
	7		ans receivable (attach r doubtful accounts 🟲					
					- L			
ets	8		e or use		_			
Assets	9		and deferred charges		⊢			_
⋖	10a		and state governmer	- '	· · ·	257.000	M. 1	
	b		orate stock (attach so		⊢	267,390	302,390	330,756
	C		orate bonds (attach s	•				
	11		, buildings, and equip		I			
			depreciation (attach		-			
	12		tgage loans		⊢			
	13		er (attach schedule)		L			
	14		nd equipment basis 🕨					
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Form 990-PF ((2016)	Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)	
1a . Eremnt	concreting foundations described in section (0.10/4)/3) sheet/hours	_
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Form 990-PF (2016)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	_
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	D
Iotal. Add lines 1 through 3	Form 990-PF (2016)

Forn	n 990-PF (2016)		Page 8
Pai	rt X Minimum Investment Return (All domestic foundations must complete this part Foreign foundation	ns,see II	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	302,032
b	Average of monthly cash balances	1b	110,764
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	412,796
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d	3	412,796
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	nstructions),	4	,6_19?
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14			
	•		
	1 Contributions, gifts, grants, etc , received (attach schedule)		
	2 Check ► ✓ If the foundation is not required to attach		
	Sch B		
	Interest on savings and temporary cash investments		

5,312

14,805

Form **990-PF** (2016)

(d)

Page 9

orm	99	0-PF	(2	016)
Pa	rt	XII		Une

990-PF (20	016)	
rt XIII	Undistributed Income	(see instructions)

b Total for prior years

a From 2011. **b** From 2012. . . . c From 2013. . . d From 2014. e From 2015.

c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must

6 Enter the net total of each column as

be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

9 Excess distributions carryover to 2017.

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. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

(a)

Corpus

0

0

(b)

Years prior to 2015

(c)

2015

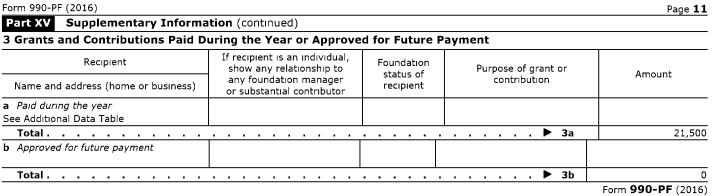
16,188

16,188

- a Enter amount for 2015 only.

 - Excess distributions carryover, if any, to 2016
- f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$
- a Applied to 2015, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions).

THE ORGANIZATION BE RECOGNIZED AS A CHARITABLE ORGANIZATION UNDER THE INTERNAL REVENUE CODE



Enter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	(e) Related or exempt	
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
	nd contracts from government agencies					
	ship dues and assessments st on savings and temporary cash					
	nents			14	79	
	ds and interest from securities			14	11,868	
	tal income or (loss) from real estate					
	inanced property					
	ntal income or (loss) from personal property					
	vestment income.					
Gain oi	r (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events					
Other r	rofit or (loss) from sales of inventory evenue a					
	tvende u					
с						
d						
е						
е			0	1	11,947 3	
e Subtota Total. A e worksh	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculatio	ns)			11,947 3	
e Subtota Total. A e worksh art XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	11,947
e Subtota Total. A e worksh art XVI ne No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which	ns) e Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	11,94
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e Subtota Total. A e worksh art XVII	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	11,94
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e Subtota Total. A e worksh art XVI ne No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	11,947

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	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
111	Exempt Organizations

Pari	: XVII	Information Re Exempt Organi		ansi	fers To a	and Transa	ctio	ns and	Relatio	nships With No	ncharit	able		
1 Did	the or	ganization directly or in Code (other than sectio	directly engag	ge in	any of the	e following wi	th any	other or	ganızatıc	n described in sect	ion 501		Yes	No
		from the reporting foun							political	organizations				
												1a(1)		No
(2) Othe	rassets										1a(2)		No
b Other transactions														
•	•	s of assets to a nonchar		_								1b(1)		No
•	•	hases of assets from a r						• •				1b(2)		No
•	•	al of facilities, equipmer ibursement arrangemen	•					• •				1b(3) 1b(4)		No No
•		s or loan guarantees.							· · · ·			1b(5)		No
		rmance of services or m										1b(6)		No
c Sh	arıng o	f facilities, equipment, n	nailing lists, o	ther	assets, or	paid employ	ees.					1c		No
		wer to any of the above												
		ods, other assets, or ser nsaction or sharing arra										e		
		nouction of onaring arra				a, the value (90000, 0		, 01 001 1100	.,,,,,,			
(a) Lin	e No	(b) Amount involved	(c) Name of r	noncha	arıtable exe	empt organization	n	(d) Des	cription of	transfers, transaction	s, and shar	ıng arra	ngemen	its
2a Is	the fou	ndation directly or indire	ectly affiliated	with	, or relate	ed to, one or i	nore t	ax-exem	pt organ	zations				
		in section 501(c) of the	•		•	•					[Yes	✓ N	lo
b If	Yes," d	complete the following s	chedule											
		(a) Name of organization	n		(b) Type of orga	nızatıo	n		(c) Descriptio	n of relatio	nship		
									-					
		ler penalties of perjury,												
Sign		ny knowledge and belief ch preparer has any kno		rrect,	, and com	ipiete Deciara	ation o	of prepare	er (otner	than taxpayer) is t	oased on	all infor	matior	n or
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	<u>'</u>	Signature of officer or to	rustee			Date		, ,	tle		(see instr)? 'Y Y	es ⊔ N	lo
		Print/Type preparer's	name	Prepa	arer's Sıgı	nature		Date			PTIN			
										Check if self-		P00027	609	
D-:-		DEAN M ADAMS C	PA					2018-05-25		employed ▶ ☐				
Paid														
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Jac	Jilly		65 BROADMO	OR S	SE SUITE 2	210								
											Phone n	o (616) 698-2	2000
			RAND RAPIDS	, MI	49512536							•		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation RONALD D HEES BOARD MEMBER 1 00 8192 SHADYBROOK DR SE ADA, MI 49301 KATHLEEN HEES BOARD MEMBER 1 00 8192 SHADYBROOK DR SE ADA, MI 49301 DAVID HEES PRESIDENT/ TREASURER 8192 SHADYBROOK DR SE 2.00 ADA, MI 49301 DANIEL HEES VICE PRESIDENT 0 1 00 8192 SHADYBROOK DR SE ADA, MI 49301 MICHAEL HEES VICE PRESIDENT 1 00 8192 SHADYBROOK DR SE ADA, MI 49301 RONALD A HEES SECRETARY 2 00 8192 SHADYBROOK DR SE ADA, MI 49301 LAURA WEDDLE BOARD MEMBER 0 1 00 8192 SHADYBROOK DR SE

ADA, MI 49301

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
KNOXVILLE YOUTH ATHLETICS PO BOX 7204 KNOXVILLE, TN 37921			YOUTH SPORTS PROGRAMS	1,000
EMERALD CHARTER SCHOOLS PO BOX 3304 KNOXVILLE, TN 37927			GENERAL	3,000
HABITAT FOR HUMANITY KENT COUNTY 425 PLEASANT ST SW GRAND RAPIDS, MI 49503			PROVIDE LOW INCOME HOUSING	2,500
JUPITER MED CTR FOUNDATION 1210 SOUTH OLD DIXIE HWY BLDG EAST 1002 JUPITER, FL 33458			MEDICAL CARE	1,000
PUTNAM COUNTY HABITAT FOR HUMANITY 728 E 15TH ST			HOUSING ASSISTANCE	1,500

COOKEVILLE, TN 38501

За

Total . 21,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
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					
a Paid during the year							
NEXT STEP FOR LIFE INC PO BOX 97 MAPAVILLE, MO 63065			ASSIST INDIVIDUALS WITH DISABILITIES	2,500			
ONE GOAL FOUNDATION 149 S CANAL ST			PROVIDE SUPPORT TO ADOLESCENTS IN LIBERIA	4,000			
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Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
SALVATION ARMY PALM BEACH COUNTY 2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409		GENERAL SUPPORT	500

2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409			
SCRIPPS RESEARCH INSTITUTE 130 SCRIPPS WAY		RESEARCH	500
JUPITER. FL 33458			

SCRIPPS RESEARCH INSTITUTE 130 SCRIPPS WAY JUPITER, FL 33458		RESEARCH	500
Total	 		21,500

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TY 2016 Accounting Fees Schedule							
Name: HEES FAMILY FOUNDATION EIN: 38-3368989							
Category	Amou		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

925

ACCOUNTING FEES

DLN: 93491204003208

Name: HEES FAMILY FOUNDATION

EIN: 38-3368989

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MERRILL LYNCH

Name of Stock **End of Year Book End of Year Fair** Value Market Value 302,390 330.756

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TY 2016 Other Expenses Schedule					
Name:	HEES FAMILY FO	OUNDATION			
EIN: 38-3368989					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

Other Expenses Schedule				
Description	Re Ex			

DUES

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TY 2016 Other Professional Fees Schedule							
Name: HEES FAMILY FOUNDATION							
EIN: 38-3368989							
1							
Category	Amount	Net Investment	Adjusted Net	Disbursements			

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

INVESTMENT FEES

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DLI	N: 93491204003208	
TY 2016 Taxes Schedule						
	Name:	HEES FAMIL	Y FOUNDATION			
	EIN:	38-3368989				
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

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EXCISE TAX