Form 990-PF

Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2017

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

		lar year 2017 or tax year beginning $06/16/17$, and also industrian	and ending 12/	31/17	A Emple	oyer identification number	
		S FAMILY FOUNDATION INC			82	-1882629	
		d street (or P 0 box number if mail is not delivered to street address)		Room/suite		hone number (see instruction	s)
		MARIETTA ST , state or province, country, and ZIP or foreign postal code			5/	4-233-1296	
		H_BEND IN 46601			C If exer	mption application is pending,	check here
G C	heck a	all that apply X Initial return Initial retu	rn of a former public	charity	D 1. Fo	oreign organizations, check he	ere 🔰 🗍
		Final return Amended	return		2 Fc	oreign organizations meeting l	he
		Address change Name cha	ange	,	1	% test, check here and attact	
H C	heck t	ype of organization X Section 501(c)(3) exempt private	e foundation	o i	E If priva	ate foundation status was terr	minated under
			le private foundation		1	n 507(b)(1)(A), check here	> [_
I Fa	ir mar	ket value of all assets at J Accounting method	X Cash A	ccrual	F If the i	foundation is in a 60-month te	rmination
en	d of ye	ear (from Part II, col (c), Other (specify)	_		under	section 507(b)(1)(B), check h	nere ►
	e 16) l	\$ 2,070,757 (Part I, column (d) must	be on cash basis.)				
Pa	ırt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	estment/	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,000,00	0			(cash basis only)
F	2	Check ▶ ☐ if the foundation is not required to attach-Sch-B-	,				
þ	3	Interest on savings and temporaly-cash-investments					
<u></u>	4		12,19	0	10,519		
Revenue	5a	Dividends and interest from securities Gross rents Net rental income or (loss) One of the securities of the securitie					
ત્ર <u>જ</u>	b	Net rental income or (loss)					
i n	6a	Net gain or (loss) from sale of assets not on line 10					
) A	b	Gross sales price for all assets on line 6a OGDEN, UT	<u> </u>				
ૢૻૡૻ	7	Capital gain net income (from Part IV, line 2)			0		
で う う	8	Net short-term capital gain	 .			0	
)	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11 12	Other income (attach schedule)	1,012,19	<u> </u>	10 510		
	13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	1,012,19	0	10,519	0	
es	14	Other employee salaries and wages		-			-
ů	15	Pension plans, employee benefits		<u> </u>			
sesuedx	16a	Legal fees (attach schedule) SEE STMT 1	6,58	3	1,317		5,266
Ш	b	Accounting fees (attach schedule)	7,30		,_,		3,200
Operating and Administrative	c	Other professional fees (attach schedule) STMT 2	85	0			850
rat	17	Interest					
ist	18	Taxes (attach schedule) (see instructions)					
in.	19	Depreciation (attach schedule) and depletion					
١du	20	Occupancy					
d A	21	Travel, conferences, and meetings					
ā	22	Printing and publications				, <u>-</u>	
ЭG	23	Other expenses (att sch) STMT 3	22	2	44		177
atir	24	Total operating and administrative expenses.					
ē		Add lines 13 through 23	7,65		1,361	0	6,293
Q	25	Contributions, gifts, grants paid	30,47			· · · · · · · · · · · · · · · · · · ·	30,475
	26	Total expenses and disbursements. Add lines 24 and 25	38,13	0	1,361	0	36,768
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	974,06	0	0 1 5		
	b	Net investment income (if negative, enter -0-)		-	9,158		
	C	Adjusted net irncome (if negative, enter -0-)	1	1		0	I

HAYFOUQ90PF Form 990-PF (2017) HAYES FAMILY FOUNDATION INC 82-1882629 Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Part II (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 78,006 78,006 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts Pledges receivable ▶ 4 Less allowance for doubtful accounts > 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (att. schedule) 0 Less: allowance for doubtful accounts ▶ 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U.S. and state government obligations (attach schedule) SEE STMT 4 b Investments - corporate stock (attach schedule) 1,896,054 1,992,751 C Investments - corporate bonds (attach schedule) 11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 15 Other assets (describe >) 16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) 1,974,060 2,070,757 17 Accounts payable and accrued expenses

18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			1,000,000
20	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ►)		
23	Total liabilities (add lines 17 through 22)		0	1,000,000
	Foundations that follow SFAS 117, check here	▶ □		
3	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
2	Temporarily restricted			
26	Permanently restricted			
5	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	► X		
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			974,060
30	Total net assets or fund balances (see instructions)		0	974,060
31	Total liabilities and net assets/fund balances (see			

Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 2 Enter amount from Part I, line 27a 2 974,060 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 974,060 4 5 Decreases not included in line 2 (itemize) ▶ 5 974,060 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

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1,974,060

instructions)

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

7

7 Add lines 5 and 6

Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions	,			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1_1_			183
	here ▶ and enter 1% of Part I, line 27b	İ			
С -	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	į			
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	ļ		0
3	Add lines 1 and 2	3	ļ		183
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	ļ	·	183
6	Credits/Payments.				
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	{			
b	Exempt foreign organizations – tax withheld at source The point with production for extension of time to file (Form 2069)	ł			
C	Tax paid with application for extension of time to file (Form 8868) 6c	1	1		
d 7	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d	7			
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	 	/-	183 /
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 		<u> </u>
11	Enter the amount of line 10 to be Credited to 2018 estimated tax	11	 		<u> </u>
	rt VII-A Statements Regarding Activities	<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	Instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		ĺ		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$		1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		_ 2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				47
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	177	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		_4a	 	
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	 ^	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		5	+	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
U	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			-	
	conflict 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 Pa	art XV	· ·		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		 	+	
	IN			}	
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			-	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		d8	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1	
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"				7/
	complete Part XIV		_ 9		X /
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT	5_	10		<u>L_</u>
			Form (990-PF	(2017)

orm	990-PF (2017) HAYES FAMILY FOUNDATION INC 82-188262	9_				P	age 5
Pa	rt VII-A Statements Regarding Activities (continued)						
						Yes	No
1	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		X
2	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 applic	ation?	>		13	X	
	Website address ► N/A						
14	The books are in care of ► ANNE HAYES Tele	phone	no 🕨	574-2	233-	129	6
	814 MARIETTA ST						
	Located at ▶ SOUTH BEND IN	ZI	P+4 ▶	4660	L		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			,			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year		▶ [15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority					Yes	No
	over a bank, securities, or other financial account in a foreign country?				16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of						
	the foreign country ▶				<u> </u>		<u> </u>
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required						
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.					Yes	No
1a	During the year, did the foundation (either directly or indirectly)	_		E		ļ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	\sqcup	Yes	X No	İ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	 1			1		
	disqualified person?	X	Yes	∐ No	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	\sqcup	Yes	X No	1	}	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			(FE)	-		
	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			इं टी	Ì		
	termination of government service, if terminating within 90 days)	\Box	Yes	X No			
b	If any answer is "Yes" to 1a(1)(6), did any of the acts fail to qualify under the exceptions described in Regula	itions			١		₹.
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions			. [1b_		X
	Organizations relying on a current notice regarding disaster assistance, check here			▶ [_]			
С	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 2017?				1c	 	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)))	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		Van	X No	}	1	}
	6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ▶ 20 , 20 , 20 , 20		Yes	X No	}	1	}
b	If "Yes," list the years ► 20 , 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				}		
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					[İ
	all years listed, answer "No" and attach statement – see instructions)			n/a	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			11/ 21	20	 	
·	► 20 , 20 , 20 , 20						i
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				}		}
va	at any time during the year?	\Box	Yes	X No	1	}	1
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or		165	110	}	}]
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the				1		[
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of holdings acquired by gift or bequest, or (3) the lapse of holdings acquired by gift or bequest.	f			{	1	1
	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 2017)			N/A	3b		[
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	es?		/	4a	 	x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it				\	1	
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2		,		4b	1	x
					Form 9	90-PI	

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Part VII-B State	ments Regardir	g Activities for Which	Form 4720 May Be F	Required (cont	inued)		
5a During the year did th	e foundation pay or	incur any amount to					
(1) Carry on propaga	inda, or otherwise at	tempt to influence legislation	(section 4945(e))?	\Box	res X No		
(2) Influence the out	come of any specific	public election (see section 4	1955), or to carry on,	_			
directly or indirec	tly, any voter registra	ation drive?			res X No		
- (3) Provide a grant to	an individual for tra	vel, study, or other similar pu	rposes?		∕es X No		
(4) Provide a grant to	an organization oth	er than a charitable, etc , org	anization described in	_	_		
section 4945(d)(4)(A)? See instruction	ns		\sqcap	res 🗓 No		
(5) Provide for any p	urpose other than re	ligious, charitable, scientific,	literary, or educational	_			
		elty to children or animals?		\Box	res X No		
b If any answer is "Yes	* to 5a(1)-(5), did an	y of the transactions fail to qu	ualify under the exceptions of	described in			
		nt notice regarding disaster a			N/A	5b	
		regarding disaster assistance			▶ 🗍		
		oes the foundation claim exe				1 1	
because it maintaine			•	N/A 🗍 🔻	res No		
		Regulations section 53 4945	–5(d)			1	- 1
		e any funds, directly or indire	·				
on a personal benefit			<i></i>	Π,	res X No	1	
·		remiums, directly or indirectly	. on a personal benefit conf	— J		6b	X
If "Yes" to 6b, file For			,				
		oundation a party to a prohibi	ted tax shelter transaction?		res X No	[
•		oceeds or have any net incor		ليسا	N/A	7b	
		icers, Directors, Trust				ees.	
	ontractors	, , ,	,	g,g,		•	
		oundation managers and t	heir compensation. See in	structions.			
			(b) Title, and average	(c) Compensation	(d) Contributions to	T	
	(a) Name and ad	dress	hours per week	(If not paid,	employee benefit plans and deferred		ense account, r allowances
			devoted to position	enter -0-)	compensation	Olinei	anowances
ANNE HAYES		SOUTH BEND	OFFICER				
814 MARIETTA ST		IN 46601	1.00		l c	<u> </u>	
CHARLES S. HAYES		SOUTH BEND	OFFICER				
814 MARIETTA STREE	r	IN 46617	1.00	0) c	,	(
CHARLES C. HAYES		SOUTH BEND	OFFICER				
814 MARIETTA STREET	r	IN 46617	1.00	0	l c	,	C
	<u></u>						
				}			
2 Compensation of five "NONE."	/e highest-paid em	oloyees (other than those in	ncluded on line 1 - see ins	structions). If non	e, enter		
			0.3 T % d - · ·	T	(d) Contributions to	T	
(a) Name and a	ddress of each employee pa	aid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,
,.,	,,,		devoted to position	(.,,	plans and deferred compensation	other	r allowances
NONE				 	·	 	
			}	1	l .		
				 			
•						1	
						+	
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				 	 	†	
•				1			
						\top	
•				1	Į		
Total number of other emp	loyees paid over \$50	0,000			<u> </u>	,	
<u>-</u>							

Part VIII Information About Officers, Directors, Trustees, Foundation	ation Managers, Highly Paid Er	mployees,
and Contractors (continued)	ALL THE STATE OF T	
3 Five highest-paid in dependent contractors for professional services. See instruc		
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
NONE		
		
•		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information su organizations and other beneficiaries served, conferences convened, research papers produced, etc	ch as the number of	Expenses
1 N/A		
2	}	
2		
3	İ	
·	İ	
4		
·		
	l	
Part IX-B Summary of Program-Related Investments (see instruc	ctions)	
Describe the two largest program-related investments made by the foundation during the lax year on lines 1 and 2 1 N/A		Amount
1 N/A		
2		
·		
All other program-related investments. See instructions		
3	1	
Total. Add lines 1 through 3		
rotal. Aud lines i tillough s		

а	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	36,768
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	} }	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	36,768
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	5	(
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,768

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

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34,337

Excess from 2014
Excess from 2015
Excess from 2016

Excess from 2017

AYFO	U990PF	-				
orm	990-PF (2017) HAYES FAMILY	FOUNDATION	INC	82-1882	629	· Page 10
Pa	rt'XIV Private Operating For	ındations (see in	structions and Pa	rt VII-A, question	9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ting		1
	foundation, and the ruling is effective for	2017, enter the date o	f the ruling	>		
þ	Check box to indicate whether the found	ation is a private opera	ting foundation descri	bed in section	4942(j)(3) or 4	942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a				/	
С	Qualifying distributions from Part XII,]	7	
	line 4 for each year listed					
ď	Amounts included in line 2c not used directly			مر المراجع		
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	·		/		
3	Complete 3a, b, or c for the		,1			
	alternative test relied upon:		/			
а	"Assets" alternative test – enter		,′			1
	(1) Value of all assets				1	
	(2) Value of assets qualifying under		_ ′			
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test enter 2/3		<i></i>			
	of minimum investment return shown in		/		-{	
	Part X, line 6 for each year listed		<u>/</u>			
С	"Support" alternative test – enter	<i>y</i> /				
	(1) Total support other than gross	1			1	
	investment income (interest,	1				
	dividends, rents, payments on securities loans (section	1	}	Ì		
	512(a)(5)), or royalties)				}	
	(2) Support from general public		<u> </u>			
	and 5 or more exempt					
	organizations as provided in				1	
	section 4942(j)(3)(B)(III)			<u> </u>	 	
	(3) Largest amount of support from	1	ļ	,		
	an exempt organization					
	(4) Gross investment income					
Pa	art XV Supplementary Inform			the foundation	had \$5,000 or mo	ore in assets at
	any time during the y		tions.)			
1	Information Regarding Foundation Ma	_				
а	List any managers of the foundation who					
	before the close of any tax year (but only	of they have contribut	ed more than \$5,000)	(See section 507(d)	(2))	
	SEE STATEMENT 6	1001				
b	List any managers of the foundation who		•		ge portion of the	
	ownership of a partnership or other entity) of which the foundal	ion has a 10% or grea	iter interest		
	N/A		- 			
2	Information Regarding Contribution, (
	Check here ► X if the foundation only					
	unsolicited requests for funds. If the four		ants, etc , to individua	ls or organizations ur	nder other conditions,	
	complete items 2a, b, c, and d See instr					
а	The name, address, and telephone number	per or email address of	t the person to whom	applications should b	e addressed	
	N/A					
						
b	The form in which applications should be N/A	submitted and inform	nation and materials th	ey should include:		
С	Any submission deadlines					
	N/A					

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors N/A

Part XV Supplementary Information (c				
3 Grants and Contributions Paid During th	e Year or Approved for F	uture Payment	·,	
- 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		
a . Paid during the year SOUTH BEND MUSEUM OF ART 120 S ML KING DRIVE)			
SOUTH BEND IN 46601			GENERAL	1,500
UNIVERSITY OF NOTRE DAME PO BOX 368 NOTRE DAME IN 46556			GENERAL	280
Holld Bind III 40000			CENTRE	200
NOTRE DAME COLLEGE PREP 7655 DEMPSTER STREET NILES IL 60714			GENERAL	250
PENN HS EARLY COLLEGE ACA 56100 N BITTERSWEET RD MISHAWAKA IN 46545	DEMY		GENERAL	200
SOUTH BEIND PARKS FOUNDATION	ÍA			
321 E WALTER ST SOUTH BEND IN 46614	STUDEBAI	ER FOUNTAIN	COMMITTEE	25,000
FISCHOFF NATL CHAMBER MUSI 303 BROWNSON HALL NOTRE DAME IN 46556	c assoc		GENERAL	100
ART INSTITUTE CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO IL 60603			GENERAL	105
EDWARDSBURG SPORTS COMPLEX 27655 US 12 EDWARDSBURG MI 49112			GENERAL	1,290
MILITARY HONOR PARK AND MU PO BOX 3356 SOUTH BEND IN 46619	SEUM		GENERAL	1,500
SOUTH BEND HERITAGE FOUNDA	TION			
803 LINCOLN WAY WEST SOUTH BEND IN 46616			GENERAL	250
Total			▶ 3a	30,475
b Approved for future payment N/A				
,				
Total .			▶ 3b	5 990-PF (2013

Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)	
4			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program ser						
	a						
	·						
	d						
	f						
	g Fees an	d contracts from government agencies					
2		dues and assessments					
3	Interest on s	avings and temporary cash investments					
4	Dividends ar	nd interest from securities	900099	1,671	14	10,519	
5	Net rental in	come or (loss) from real estate					
	a Debt-fina	anced property					
		-financed property					
		come or (loss) from personal property			<u> </u>		
	Other invest	•					
	•	s) from sales of assets other than inventory			L		·
		or (loss) from special events					
	-	or (loss) from sales of inventory			ļ		
11	Other revenu			<u> </u>			
			<u> </u>				
42	e	d columns (b), (d), and (e)		1,671		10,519	0
		ne 12, columns (b), (d), and (e)	L	1,0,1	<u> </u>	13	12,190
		in line 13 instructions to verify calculations)					
	art XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt Pu	ırpose		
	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	column (e) of Part XVI-	A contrib	outed importantly to the	
	N/A	, , , , , , , , , , , , , , , , , , ,				., (
							
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							_
							
							
							
							
							
							

rar	τχνιι	Information Reg	_	ansters to an	a i ransactio	ns and Relations	nips Wit	n Noncha	ritable		
1	Did the ara	Exempt Organiz		ie in any of the fell	lowing with con-	ther organization does	ribad			Yes	No
٠.		501(c) (other than sect		-	•	_	ribea			162	140
	organizatio		1011 30 1(0)(3)	organizations) or	in section 527, it	siating to political					
a.	Transfers f	rom the reporting found	dation to a no	ncharitable exemp	pt organization o	f					
	(1) Cash	•							1a(1)		<u> </u>
1	(2) Other a	assets							1a(2)		<u>X</u>
b	Other trans	sactions									
	(1) Sales	of assets to a nonchard	able exempt	organization					1b(1)		<u>X</u>
		ises of assets from a n			on				1b(2)		<u>X</u>
		of facilities, equipment		sets					1b(3)		X
		ursement arrangement	S						1b(4)		X
		or loan guarantees							1b(5)		X
		mance of services or m							1b(6)		X
	-	facilities, equipment, n	-						[1c		<u>X</u>
		er to any of the above									
		e goods, other assets,	_	-	_						
	<u>Value in an</u> i) Line no	y transaction or sharing									
<u>4\v</u>	<u> </u>	(b) Amount involved	(c) Name	e of noncharitable exemp	pt organization	(a) Description (or transfers, tra	insactions, and sh	aring arrangeme	its	
<u> </u>	<u> </u>				 						
	- ·		.								
		 	ļ								
			<u> </u>								
			1								
			 								
									<u> </u>		
						-1					
			ĺ								
									-		
2a	Is the foun	dation directly or indire	ctly affiliated	with, or related to,	one or more tax	exempt organizations					
		in section 501(c) (other	•			1. 3.			☐ Ye	s X	No
		omplete the following so		· · · · //						<u> </u>	1
		(a) Name of organization		(b) Type of o	organization		(c) Descript	tion of relationship)		
N	I/A					-		-			
							•				
		enalties of perjury, I declare the and complete Declaration of						ny knowledge an	d belief, it is true	,	
	Loneu,	and complete Decial attorn of	preparer (other t	nan taxpayer) is baseu	on an information of	willow preparer has any know	neuge	May the	IRS discuss this re	turn	
Sign		~ .\							preparer shown be		ا ۵۰۰
lere			101		. 1	17-10		See instr	uctions X	Yes	No
		Uhre No	1es		لا الد	-10-18 -10-18	OFFI	CER			
	Sig	nature of officer or trustee			Date		Title				
	Print/	Type preparer's name			Preparer's signatur	е			Date	Check	\Box "
لدنور	ł				1	1 1		.	chilon	self-em	" ريا ployed
aid	LAUF	REN S. DAVIS				w A. Je		P	81/151		
repa	I Erron's		EN DAVI		CPAS, P	<u> </u>	I	PTIN	P00032	824	1
Jse C	Firm's	address ► 5439						Firm's EIN	35-199		
		SOUT	H BEND,	IN 466	35-2002			Phone no	574-27	2-1	680
									Form 99	0-PF	/2017)

Schedure 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

HAYES FAMILY	FOUNDATION INC	82-1882629
Organization type (check or	ne)	
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	
	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	
Note: Only a section 501(c)(instructions.	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	: See
General Rule		
<u> </u>	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 r property) from any one contributor. Complete Parts I and II. See instructions for determinations.	
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa that received from any one contributor, during the year, total contributions of the greater of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts	rt II, line of (1)
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an ne year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, sciential al purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	ific,
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an ever, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were recein exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the stothis organization because it received nonexclusively religious, charitable, etc., contributions during the year.	erved
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

PAGE 1 OF 1

Page 2

Name of organization

HAYES FAMILY FOUNDATION INC

Employer identification number

HAYES	S FAMILY FOUNDATION INC	82	-1882629	
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	CHARLES S HAYES 814 MARIETTA STREET SOUTH BEND IN 46614	\$ 1,000,000	Person X Payroll Noncash X (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
	•	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
	·	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
	· ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

Name of organization

Employer identification number

me of organization HAYES FAMILY FOUNDATION INC			Employer identification number 82–1882629	
Part II	Noncash Property (see instructions). Use duplicate	e copies of Part II if addition	nal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	2019 SHARES GE COMMON STOCK			
	•	\$ 52,070	07/27/17	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	1000 SH JPMORGANCHASE COM STOCK			
		\$ 91,550	07/27/17	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	2000 SH RIO TINTO PLC SPONS ADR			
	•	s 91,740	07/27/17	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	1000 SHARES APPLE COMMON STOCK			
		\$ 150,560	07/27/17	
(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	
	•			
	•	\$		

HAYFOU990PF HAYES FAMILY FOUNDATION INC

Federal Statements 82-1882629 FYE: 12/31/2017

Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

Charitable Purpose	\$ 5,266	\$ 5,266	
Adjusted Net		0	sional Fees
Net Investment	1,317	1,317	orm 990-PF, Part I, Line 16c - Other Professional Fees
\undersity \undersity	\$	\$	rt I, Line 16
Total	6,583	6,583	990-PF, Pa
	တ	w.	Statement 2 - Form
Description	LEGAL SERVICES	TOTAL	Statem

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Charitable Purpose	\$ 850	\$
Adjusted Net	S	\$
Net Investment	φ.	\$
Total	850	850
	φ.	\$
Description	FILING FEES	TOTAL

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	\$ 177	\$ 177
Adjusted Net	w	\$
Net Investment	\$	\$
Total	\$ 222	\$ 222
Description	EXPENSES OFFICE AND ADMIN	TOTAL

HAYFOU990PF HAYES FAMILY FOUNDATION INC Federal Statements FYE: 12/31/2017

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Statement 5 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

	City, State, Zip	SOUTH BEND IN 46617
	Address	814 MARIETTA STREET
Name		CHARLES S. HAYES

SOUTH BEND IN 46617

HAYFOU990PF HAYES FAMILY FOUNDATION INC

82-1882629

Federal Statements

FYE: 12/31/2017

Statement 6 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount
CHARLES S. HAYES - NONCASH CHARLES S. HAYES - CASH	\$	385,920 614,080
TOTAL	\$ <u></u>	1,000,000