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THE HAGEDORN FAMILY CHARITABLE FUND, INC
formerly The P & M Hagedorn Char. Fund 20-3027918

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

- | | | Yes | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |


[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b. If "Yes," complete the following schedule

[illegible]

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration is prepared for me by taxpayer or fiduciary is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee		Date	Title
	Preparer's signature 		Date	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours if self-employed) JOEL E. SAMMET & CO., LLP 60 BROAD STREET, SUITE 3600 NEW YORK, NY 10004			Preparer's SSN or PTIN EIN Phone no 212-269-8628
	address, and ZIP code			

Form 990-PF (2007)

THE HAGEDORN FAMILY CHARITABLE FUND, INC

20-3027918

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	Amount
INTEREST THRU MELLON BANK	11,340.
Total to Form 990-PF, Part I, line 3, Column A	11,340.

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
DIVIDENDS THRU MELLON BANK	45,914.	32,915.	12,999.
Total to Form 990-PF, Part I, line 4	45,914.	32,915.	12,999.

Form 990-PF Taxes Statement 3

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
EXCISE TAXES	2,000.	0.		0.
FOREIGN TAX	17.	0.		0.
Form 990-PF, Pg 1, line 18	2,017.	0.		0.

Form 990-PF Other Expenses Statement 4

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
INVESTMENT FEES	3,668.	1,834.		1,834.
PROFESSIONAL FEES	4,172.	2,086.		2,086.
COMPUTER EXPENSES	9,320.	0.		9,320.
SCCELLANEOUS EXPENSE	4.	0.		4.
Form 990-PF, Pg 1, line 23	17,164.	3,920.		13,244.

THE HAGEDORN FAMILY CHARITABLE FUND, INC20-3027918

Form 990-PF	Other Investments	Statement	5
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<u>Description</u>	<u>Valuation Method</u>	<u>Book Value</u>	<u>Fair Market Value</u>
SEE SCHEDULE ATTACHED	COST	689,455.	719,271.
Total to Form 990-PF, Part II, line 13		689,455.	719,271.

Form 8868 (Rev 4-2008)

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy		
Type or print	Name of Exempt Organization THE HAGEDORN FAMILY CHARITABLE FUND, INC formerly The P & M Hagedorn Char. Fund	Employer identification number 20-3027918
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 353 PEACHTREE BATTLE AVENUE NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30305-4064	

Check type of return to be filed (File a separate application for each return):

- | | | | | | |
|--------------------------------------|---|--|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- The books are in the care of **THE FOUNDATION**
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3 month extension of time until **November 15, 2008**
- 5 For calendar year **2007**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
INFORMATION FROM THIRD PARTY SOURCES IS STILL UNAVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	516.
8b If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	1,739.
8c Balance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____
Form 8868 (Rev 4-2008)