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Form **990-PF**

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

OMB No	1545-0052
20	110

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

For cal	endar year 2010, or tax year beginning	, 2010	, and ending		<u> </u>	
G Che		al Return of a former po	· · · ·			al return
Alama a	Amended return	Address of	change Nan		hange	
	foundation	mmanay 192 6/0		A	Employer identification num 34-1848698	nder
	A L. AND DENNIS B. HASLINGER FAMILY FO and street (or P O box number if mail is not delivered to str		Room/suite	В	Telephone number (see the	instructions)
2524	IRA ROAD				(330) 761-104	10
City or to	own	State	ZIP code	С	If exemption application is	pending, check here 🕨 🔲
Akro			44333	D	1 Foreign organizations, chec	_
H C	theck type of organization: X Section 501 Section 4947(a)(1) nonexempt charitable to	(c)(3) exempt private for	oundation orivate foundation		2 Foreign organizations meet here and attach computation	ing the 85% test, check
I Fa		counting method X C		E	If private foundation status	
	from Part II, column (c), line 16)	Other (specify)		F	under section 507(b)(1)(A), If the foundation is in a 60	
► \$		column (d) must be on	cash basis.)		under section 507(b)(1)(B)	
Part	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investmer	nt	(c) Adjusted net	(d) Disbursements
	columns (b), (c), and (d) may not neces-	expenses per books	income		income	for charitable purposes
	sarily equal the amounts in column (a) (see the instructions).)	1				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)		-			
	2 Ck X if the foundn is not req to att Sch B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities	85,632.	85,63	2.		
	5a Gross rents b Net rental income					
R	b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10	65,687.	L-6a Stmt			
R E V	b Gross sales price for all assets not on line to assets not on line 6a 1,253,041.	05,007.				
E N	7 Capital gain net income (from Part IV, line 2)		65,68	7.		
N U	8 Net short-term capital gain					
Ĕ	9 Income modifications 10a Gross sales less returns and					
	allowances					
	b Less Cost of goods sold					
	c Gross profit/(loss) (att sch) 11 Other income (attach schedule)					
	Tr Other income (attach schedule)			ç-	13-6-37	
	12 Total. Add lines 1 through 11	151,319.	151,31	<u>. ę</u>	Naci - Vini	<u></u>
	13 Compensation of officers, directors, trustees, etc			1	1 1011 0 0 001) <u>`</u>
	14 Other employee salaries and wages 15 Pension plans, employee benefits			1.	NOV 2 & 201	C
A	16a Legal fees (attach schedule)			11 1	9	.ti
A D M	b Accounting fees (attach sch)	6,345.		J.	4 - " 11 41	
I N	c Other prof fees (attach sch)	17,412.				- +
O P E R A	17 Interest . 18 Taxes (attach scheduleXsee instr.) See Line 18 Stm:	3 226				
Ř Ř	18 Taxes (attach schedule)(see instr.) See Line 18 Stmt 19 Depreciation (attach	3,226.				
T	sch) and depletion					
N Ý G E	20 Occupancy 21 Travel, conferences, and meetings .					
A E N X D P	22 Printing and publications					
NP	23 Other expenses (attach schedule)	7.000				
N S	See Line 23 Stmt 24 Total operating and administrative	7,028.	·		 	<u>-</u>
E S	expenses. Add lines 13 through 23	34,011.				
	25 Contributions, gifts, grants paid	400,500.				
	26 Total expenses and disbursements. Add lines 24 and 25	434,511.	ł			
	27 Subtract line 26 from line 12:				† 	
	a Excess of revenue over expenses and disbursements	-283,192.	1			
	b Net investment income (if negative, enter -0-)	203,192.	151,31	9.		
	C Adjusted net income (if negative, enter -0-)					
BAA F	or Paperwork Reduction Act Notice, see the	instructions.		TEE	A0301 07/23/10	Form 990-PF (2010)

Form	990-	PF (2010) SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, I	NC. C/O SANDR	34-18	
Darl	-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
Fait		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	4,328,935.	227,841.	227,841.
	2	Savings and temporary cash investments			
	3	Accounts receivable			<u> </u>
		Less: allowance for doubtful accounts			
	4	Pledges receivable			-
	_	Less: allowance for doubtful accounts			
	_	Grants receivable			<u> </u>
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
A	7	Other notes and loans receivable (attach sch)			
S		Less: allowance for doubtful accounts			
A S E T		Inventories for sale or use Prepaid expenses and deferred charges	9,376.	27,420.	27,420.
T S			9,3/6.	21,420.	27,420.
3		Investments — U.S. and state government obligations (attach schedule)			
		Investments — corporate stock (attach schedule)			
		: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis .			
		Less: accumulated depreciation (attach schedule)			
	_	Investments – mortgage loans	1 224 224		F 405 550
	13	Investments — other (attach schedule) L-13 Stmt	1,336,804.	5,497,552.	5,497,552.
	14	Land, buildings, and equipment basis Less accumulated depreciation			
		(attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers —	5,675,115.	5,752,813.	5,752,813.
$\overline{}$	17	see instructions. Also, see page 1, item I) Accounts payable and accrued expenses	5,6/5,115.	5,752,613.	5,752,613.
Ī	18	· · · · · · · · · · · · · · · · · · ·			
A B	19	Deferred revenue			i .
ŀ	20	Loans from officers, directors, trustees, & other disqualified persons			1
Ī	21	Mortgages and other notes payable (attach schedule)			į
Ţ	22	Other liabilities (describe Accrued Fed Excise Tax)	624.	0.	
Ė	22	Tatal liabilities (add lines 17 through 22)	624.	^]
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ➤ X	024.	<u> </u>	-
	1	and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	5,674,491.	5,752,813.	
E U		Temporarily restricted	0,0,0,000	07.027020	1
D		Permanently restricted			1
A B S A E L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			
ŚÑ	28	Paid-in or capital surplus, or land, building, and equipment fund		<u>, 1 </u>	;
O E	29	Retained earnings, accumulated income, endowment, or other funds			'
RS	30	Total net assets or fund balances (see the instructions)	5,674,491.	5,752,813.	1
	31	Total liabilities and net assets/fund balances (see the instructions)	5,675,115.	5,752,813.]
Par	t III	Analysis of Changes in Net Assets or Fund Balance		07.027020.	<u>. </u>
	Total	net assets or fund balances at beginning of year – Part II, colum			5 684 401
_		of-year figure reported on prior year's return)	1	5,674,491.	
		r amount from Part I, line 27a .	3	-283,192.	
		increases not included in line 2 (itemize) UNREALIZED GAT lines 1, 2, and 3	.na	<u>3</u>	361,514. 5,752,813.
		ases not included in line 2 (itemize)		5	3,732,813.
		net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b) line		5,752,813.
<u> </u>	. 5.01	(into 1 minus line o)	, 00 (5), 11110		

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4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Enter qualifying distributions from Part XII, line 4

400,500.

Form	990-PF (2010) SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDR 34-184869	8	Р	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instruc	ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary — see instr.)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V,		3,0	<u> 26.</u>
	check here ► ☐ and enter 1% of Part I, line 27b			
С	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
9	foundations only. Others enter -0-) Add lines 1 and 2		2 0	26
J A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		3,0	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		3 N	26.
6	Credits/Payments:		<u> </u>	20.
а	2010 estimated tax pmts and 2009 overpayment credited to 2010			
	Exempt foreign organizations — tax withheld at source 6b			
	: Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d 7	2	0,4	46.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	7,4	20.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax			
Par	t VII-A Statements Regarding Activities		₁	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		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			
c	Did the foundation file Form 1120-POL for this year?	1c	1	x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$	4		
ť	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . ▶ \$			
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 incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	_	<u>x</u>
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	\dashv	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	-	<u>x</u> _
6	If 'Yes,' attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1	
Ū	By language in the governing instrument, or 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, column (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
	OH - Ohio			
t	o 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 <i>General Instruction G? If 'No,' attach explanation</i>	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' 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	10		<u>x</u>
BAA		Form 990 -	-PF (2010)

Form	990-PF (2010) SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDR 34-1	848698	}	Р	age 5
	t VII-A Statements Regarding Activities (Continued)				
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		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	-	13	х	
	Website address LSEIKEL@SEIKEL.COM				
14		(330)	<u> 761-</u>	-104	70 [_]
	Located at > 686 W. MARKET STREET AKRON OH ZIP + 4 > 4430	3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	- 1		_	\Box
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>		V	N-
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over bank, securities, or other financial account in a foreign country?	a	16	Yes X	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country Cayman Islands				
Par	t 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
1 a	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? . Lyse	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? Yes	X No	ĺ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No	ł		
	(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)?	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)	X No			1
t	If any answer is 'Yes' to 1a(1)-(6), did any 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 the instructions)? Organizations relying on a current notice regarding disaster assistance check here		1 b		
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 2010?	-	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 $4942(j)(5)$)	ļ			
ā	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	X No			
	If 'Yes,' list the years ▶ 20, 20, 20				
	Are there any years listed in 2a for which the foundation is not 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 the instructions.)	ļ	2b		
C	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	► 20 , 20 , 20 , 20				
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes	X No			
t	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation				
	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 2010)	ļ	3Ь		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could		ĺ		
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of		-,-		
BAA	the tax year beginning in 2010?		4b	0.05	(2010)

Part VIII - Statements Regarding Activities for Which Form 4720 May Be Required (continued)			INGER FAMILY FOUNDATION,		34-184	8698	Page 6
(a) Carry on propagation, or otherwise attempt to influence legislation (section 4945(c))? (b) Influence the outcome of any spectic routile celebran foar section 495(b), or to carry on, directly or infrarectly, any voter regislation drive? (c) Provide a grant to an individual for fravel, study, or other similar purposes? (d) Provide a grant to an individual for fravel, study, or other similar purposes? (e) Provide a grant to an individual for fravel, study, or other similar purposes? (f) Provide a grant to an individual for fravel, study, or other similar purposes? (g) Provide a grant to an individual for fravel, study, or other similar purposes? (g) Provide a grant to an individual for fravel, study, or other similar purposes? (g) Provide a grant to an individual for fravel, study, or other similar purposes? (g) Provide a grant to an individual for fravel, study, or other similar purposes? (g) Provide a grant to an individual for fravel, study, or other similar purposes? (g) Provide a grant to an individual for fravel, study, or other similar for fravel, study, or a personal benefit contract? (g) Provide any purpose of the foundation, during the year, pay premiums, directly or indirectly, to pay premiums (g) Provide in countation, during the year, pay premium, directly or indirectly, or a personal benefit contract. (g) Name and address of the foundation and provide and study to the transaction? (g) Provide in countation and study proceeds or have any net income attributable to the transaction? (g) Name and address of the study proceeds or have any net income attributable to the transaction? (g) Name and address of the study proceeds or have any net income attributable to the transaction? (g) Name and address of the study proceeds or have any net income attributable to the transaction? (g) Name and address of the study provided to the study provided to the study provided to position of the provided to the study provided ton	Part VII-B Statements Regard	ing Activit	<u>ies for Which Form</u>	1 4720 May Be Req	uired (continued)		
Col Influence the outcome of any special public election (dees section 4955), or to carry on, directly or indirectly, any volent registration drive? Ves X No	5a During the year did the foundation	n pay or incur	any amount to:				1
on, directly or indirectly, any votar registration drive? 3) Provide a grant to an individual for travel, study, or other similar purposes? (6) Provide a grant to a modulate for travel, study, or other similar purposes of (0, 0), or section 490(0)? (2) exempts a mistructions) (7) Provide for any purpose other than religious, charitable, etc., organization described in section 59(a)(1); (2), or (3), or section 490(0)(2)? (2) exempts a mistructions) (8) Provide for any purpose other than religious, charitable, etc., organization described in section 59(a)(1); (2), organization of crushly to incline or animals? (9) Provide for any purpose other than religious, charitable, etc., organization described in section 53, 494 or in a current notice regarding disable assistance check here etc., organization section 53, 494 or in a current notice regarding disable assistance check here (9) Cragnizations relying on a current notice regarding disable assistance check here (1) If the animal relation of the statement required by Regulations section 53, 4945-5(a) (8) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal brenit continual treatment required by Regulations section 53, 4945-5(a) (8) All Provides of the foundation of ceave any proceeds or have any net income attributable to the transaction? Yes No (8) No fine from 3877 (9) All Foundation of the foundation receive any proceeds or have any net income attributable to the transaction? Yes No (9) No fine and address PRESIDENT No No (1) Title and werenowers of the devoted to position No No No No No No No	(1) Carry on propaganda, or othe	erwise attemp	t to influence legislation	(section 4945(e))?	∐ Yes X	No	٠ ا
(e) Provide a grant to an organization other than a chinatable, etc. organization described in section 594(b)(2), (2), or (3), or section 594(b)(2) (2) (see instructions) (b) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? b) If any answer is "Nes" to 50,(10), did any of the transactions fall to quality under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance by the company of the stansactions fall to quality under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance to the company of the stansactions fall to quality under the exceptions described in Regulations section 34,945.6(c) (c) If the answer is "Nes" to question 58(4), does the foundation of the grant? c) If the foundation despenditure responsibility for the grant? (c) If the foundation during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (d) If "Yes" is 0, the Form 850.7 (a) If "Yes" is 0, the Form 850.7 (a) If yes" is 0, the Form 850.7 (b) If yes, got 6, the Form 850.7 (c) If the foundation cever way proceeds or have any net income attributable to the transaction? (e) Name and address (f) It is all officers, directors, trustees, foundation managers and their compensation (see instructions). (g) Name and address (g) Name and address (g) Time the foundation excellent proposation of the proposation of the proposation of the highest paid employees (other than those included on line 1—see instructions). If none, enter "MONE" (c) Compensation of the highest paid employees (other than those included on line 1—see instructions). If none, enter "MONE" (c) Papers and deferred compensation of the highest paid employees (other than those included on line 1—see instructions). If none, enter "MONE" (c) Papers and deferred compensation of the highest paid employees (c) Paper	(2) Influence the outcome of any on, directly or indirectly, any	specific publ voter registra	ic election (see section attion drive?	4955), or to carry	Yes X	No	
in section 506(a)(1), (2), or (3), or section 4940((3)(2)* (see instructions)	(3) Provide a grant to an individu	al for travel,	study, or other similar p	urposes?	Yes X	No	
described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance the see of the state because it maintained expenditure responsibility for the grant? If Yes, attach the statement required by Regulations section 53.4945-5(d) But the Goundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? But the state during the law year, was the foundation and presonal benefit contract? If Yes, do die foundation receive any proceeds or have any net income attributable to the transaction? The Yes to 60, the Farm 8570. The Yes to 70, the Yes to 80. Th	(4) Provide a grant to an organiz in section 509(a)(1), (2), or (3)	ation other th 3), or section	ian a charitable, etc, org 4940(d)(2)? (see instru	janization described ctions)	Yes X	No	1
described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answers: 'Ne's to quistion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes, attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 6b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? 17 Yes' to 6b, file Form 8870. 17 As At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 17 Yes' to 6b, file Form 8870. 18 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 19 Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 10 List all officers, directors, frustees, foundation managers and their compensation (See instructions). 10 Did the foundation frust of the transaction of the transaction? 11 List all officers, directors, frustees, foundation managers and their compensation (See instructions). 12 List all officers, directors, frustees, foundation managers and their compensation (See instructions). 13 As any time during the tax year, was the foundation managers and their compensation (See instructions). 14 Cy Compensation (G) Contributions to employee benefit of not paid, enter -0) on the file of the allowances of the paid enter -0 on the file of the paid enter -0 on the file of the paid enter -0 on the pa					Yes X	No	
c If the answer is "Yes" to question 5a(4), does the foundation clarm exemption from the tax because it maintained expenditure responsibility for the grant? 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 5 Did the foundation during the year, was the foundation a party to a prohibited tax shelter transaction? 7 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 Tax At any time during the tax year, was the foundation and transaction? 7 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9 Tex Yes No 6 D X X Yes No 7 To No 1 List all officers, Directors, frustess, foundation managers and their compensation (see instructions). 1 List all officers, directors, frustess, foundation managers and their compensation (see instructions). 1 List all officers, directors, frustess, foundation managers and their compensation (see instructions). 1 List all officers, directors, frustess, foundation managers and their compensation. 1 List all officers, directors, frustess, foundation managers and their compensation. 1 List all officers, directors, frustess, foundation managers and their drawance for not provided to position. 1 List all officers, directors, frustess, foundation managers and their compensation. 1 List all officers, directors, frustess, foundation managers and their compensation. 1 List all officers, directors, frustess, foundation managers and their compensation. 1 List all office	described in Regulations section 53.4945 or in a current notice regarding disaster assistance						
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Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No	tax because it maintained expend	liture respons	sibility for the grant?		Yes	No	
on a personal benefit contract? bit Mr. Yes' to 6b, file Form 8870. 7a At any time during the year, pay premiums, directly or indirectly, on a personal benefit contract? #Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average house per week devoted to position which and the propose benefit plans and deferred compensation. SANDRA L. HASLINGER 2524 TRA RD ARRON OH 44333 O.00 O. O. O. DOUGLAB HABLINGER 776 N. HAMSTOWN RD ARRON OH 44333 O.00 O. O. DOUGLAB HABLINGER 3150 OAK HILL ROAD PRENITISULA TRANSURER/ TRUSTEE ARRON OH 44264 O.00 O. O. O. 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (b) Title and average house per week devoted to position O. O. O. O. O. O. O. O. O. O	If 'Yes,' attach the statement requ	uired by Regu	lations section 53 4945	·5(d)			
## Yes' to 66, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No	on a personal benefit contract?	,		3, 13,			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No 7b bifyes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average fours per week devoted to position SANDRA L HASLINGER SECRETARY / TRUSTEEE AKRON OH 44333 DOUGLAS HASLINGER 715 N. HAMETOMN RD AKRON OH 44333 DEINITER S. HASLINGER 3150 OAK HILL ROAD PENNINSULA OH 44264 0.00 0.00 1 C. Ompensation (d) Contributions to employee should be paid only the first plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter 'NONE' (a) Name and address of each employee fours per week devoted to position O	, , ,	ar, pay premi	ums, directly or indirectl	y, on a personal benefit	contract?	· 6b	X
Display Disp	•	vas the found	ation a party to a prohib	oited tax shelter transact	uon? Yes X	No	:
Tulst all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average hours per week devoted to position (ff not paid, enter -0) (d) Contributions to employee benefit plans and deferred compensation (b) Title and average hours per week devoted to position (ff not paid, enter -0) (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (ff not paid, enter -0) (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee account, other allowances (d) Contributions to employee account, other allowances (e) Expense account, other allowances (f) Contributions to employee to the plans and deferred compensation (f) Contributions to employee to the allowances (f) Contributions to employee to the allowances (g) Contributions to employee to the allowance of the allowances (g) Contributions to employee to the allowance of the allowances (g) Contributions to employee to the allowance of the allowances (g) Contributions to employee to the allowance of the allowances (g) Contributions to employee to the allowance of the allowances (g) Contributions to employee to the allowance of the							- '
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(a) Name and address (b) Tille and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation PRESIDENT SECRETARY / TRUSTEE AKRON OH 44333 0.00 0.00 0.00.00.00.00.00.00.00.00.00.0							
Compensation of five highest-paid employee souther allowances Compensation	1 List all officers, directors, trustee	es, foundatio					
2524 IRA RD AKRON OH 44333 0.00 0. 0. 0. 0. DOUGLAS HASLINGER 776 N. HAMETOWN RD AKRON OH 44333 0.00 0. 0. 0. 0. JENNIFER S. HASLINGER 3150 OAK HILL ROAD PENNINSULA OH 44264 0.00 0. 0. 0. 0. See Information about Officers, Directors, Trustees, Etc. 2 Compensation of five highest-paid employee hours per week devoted to position NONE (a) Name and address of each employee hours per week devoted to position O Total number of other employees paid over \$50,000	(a) Name and address		hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred	(e) Expens other all	se account, lowances
AKRON	SANDRA L HASLINGER						-
DOUGLAS HASLINGER 776 N. HAMETOWN RD AKRON OH 44333 0.00 0. 0. 0. 0. JENNIFER S. HASLINGER 3150 OAK HILL ROAD PENNINSULA OH 44264 0.00 0. 0. 0. 0. 0. See Information about Officers, Directors, Trustees, Etc. 10. 0. 0. 0. 0. 0. 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1 see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position (b) Title and average hours per week devoted to position NONE 0							
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JENNIFER S. HASLINGER 3150 OAK HILL ROAD PENNINSULA OH 44264 0.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0			SECRETARY/TRUSTEE				
TREASURER/ TRUSTEE PENNINSULA OH 44264 O.00 O. O. O. O. O. O. 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 NONE (b) Title and average devoted to position (c) Compensation O O O O O O O O O O O O O O O O O O O		44333	0.00	0.	0.		0.
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2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 O O Total number of other employees paid over \$50,000				0.	0.		0.
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 (f) Compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (h) Total number of other employees paid over \$50,000	See Information about Officers, Directors,	, irustees, Etc	†				
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 (f) Compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (h) Total number of other employees paid over \$50,000				0.	0.		0.
paid more than \$50,000 hours per week devoted to position employee benefit plans and deferred compensation NONE O Total number of other employees paid over \$50,000 hours per week devoted to position employee benefit plans and deferred compensation O None	2 Compensation of five highest-pa	aid employee	s (other than those incl	uded on line 1— see ins	structions). If none, ente	r 'NONE.'	
NONE O O Total number of other employees paid over \$50,000 None		nployee	hours per week	(c) Compensation	employee benefit plans and deferred		
O	NONE				compensation		
O	0						
O	0						
O							
Total number of other employees paid over \$50,000 . ▶ None	0				-		
Note: Humber of other employees paid over \$50,000	0		-				-
		over \$50,000		<u> </u>	<u> </u>		

Part: VIII Information About Officers, Directors, Trustees, Foundation Managers and Contractors (continued)	s, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of	f service (c) Compensation
NONE	(c) compensation
Total number of others receiving over \$50,000 for professional services	▶ None
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of 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 life	nes 1 and 2. Amount
1	
2	
All other program-related investments. See instructions 3	
Total. Add lines 1 through 3	>
BAA	Form 990-PF (2010)

Form 990-PF (2010) sandra L. and dennis B. Haslinger family foundation, inc. c/o sandr 3	4-18486	98 Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1a	5,497,553.
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	5,497,553.
e 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	
3 Subtract line 2 from line 1d	3	5,497,553.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	82,463.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,415,090.
6 Minimum investment return. Enter 5% of line 5	6	270,755.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations (see instructions) (see instruc		
1 Minimum investment return from Part X, line 6	1 %9-1	<u> 270,755.</u>
2a Tax on investment income for 2010 from Part VI, line 5 2a 3,026		
b Income tax for 2010. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	3,026.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	267,729.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	<u> 267,729.</u>
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	267,729.
Part XII - Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	400,500.
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, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3Ь	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	400,500.

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.

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

BAA

Form **990-PF** (2010)

400,500.

Part XIII Undistributed Income (see instructions)

·	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				267 720
2 Undistributed income, if any, as of the end of 2010:				267,729.
a Enter amount for 2009 only			0.	
b Total for prior years. 20, 20, 20				
3 Excess distributions carryover, if any, to 2010				
a From 2005 1,318,500 .				
b From 2006 760,592 .			:	
c From 2007 510,220.				
d From 2008 16,945 .				
e From 2009 2,334,835.	4 044 000			
f Total of lines 3a through e	4,941,092.	- . .	· · · · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 400,500.				
a Applied to 2009, but not more than line 2a				
• •				
b Applied to undistributed income of prior years (Election required — see instructions)			:	
 Treated as distributions out of corpus (Election required — see instructions) 				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus	400,500.			
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	E 241 E02			
	5,341,592.			
b Prior years' undistributed income Subtract line 4b from line 2b		o.		
c Enter the amount of prior years' undistribut-		<u> </u>		
ed 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 — see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2011				267,729.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
•				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	1,318,500.			
,				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	4,023,092.			
10 Analysis of line 9:				
a Excess from 2006 760,592.				
b Excess from 2007 510,220.				
c Excess from 2008 16,945.				
d Excess from 2009 2,334,835.				
e Excess from 2010 400,500.				5 000 BE (0010)

Form 990-PF (2010) SANDRA L. AND DENNIS B. HAS	LINGER FAMILY FOUND	DATION, INC. C/O SAN	DR	34-1848698	Page 10
Part XIV Private Operating Foundation				· · · · · · · · · · · · · · · · · · ·	N/A
1a If the foundation has received a ruling or do is effective for 2010, enter the date of the r	uling				1
b Check box to indicate whether the foundation	-	ating foundation des T		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1.0000	Prior 3 years	4.5.000	
investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
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					
 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 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					
Part XV Supplementary Information assets at any time during the	(Complete this e year — see in	part only if the structions.)	organization h	ad \$5,000 or more	e in
Information Regarding Foundation Manag List any managers of the foundation who h close of any tax year (but only if they have SANDRA L. HASLINGER	ave contributed mo contributed more t	han \$5,000) (See so	ection 507(d)(2).)	-	
 b List any managers of the foundation who o a partnership or other entity) of which the f NONE 				ly large portion of the	ownership of
2 Information Regarding Contribution, Gran Check here if the foundation only m requests for funds If the foundation makes complete items 2a, b, c, and d	akes contributions	to preselected chari	table organizations		
a The name, address, and telephone number SANDRA L. HASLINGER, C/O S 686 W. MARKET STREET AKRON	•	PANY, INC	ould be addressed:		
b The form in which applications should be s SEE STATMENT OF GRANT OR O			=	е	
c Any submission deadlines: AUGUST 1					14
d Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charitab	le fields, kinds of in	stitutions, or other fac	tors:

Part XV | Supplementary Information (continued

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager or contribution recipient substantial contributor Name and address (home or business) a Paid during the year AKRON ART MUSEUM FBO SCHOOL TOUR 70 EAST MARKET STREET PROGRAM AND/OR AKRON OH 44308 509 (A) (1) BUILDING CAMPAIGN 7,000. AKRON-CANTON REGIONAL FOODBANK FBO CAPITAL 350 OPPORTUNITY PARKWAY CAMPAIGN AND/OR 509 (A) (1) OPERATING ENDOWMENT FUND AKRON 44307 15,000. AKRON CHILDREN'S HOSPITAL FOUNDATION HASLINGER PEDIACTRIC ONE PERKINS SQURAE PALLIATIVE CARE CENTER 509(A)(1) ENDOWED CHAIR FUND AKRON 210,000. OH 44308 THE AKRON URBAN LEAGUE FBO CAPITAL 440 VERNON ODOM BLVD. CAMPAIGN OH 44307 509 (A) (1) 5,000. BOYS & GIRLS CLUBS OF THE WESTERN RESERVE PROGRAMMING AT 889 JONATHAN AVE. THE ELLER CLUB AKRON OH 44306 509 (A) (1) 25,000. CROWN POINT ECOLOGY CENTER SCHOLARSHIPS TO PO BOX 484 3220 IRA RD. SUMMER FARM AND 509(A)(1) SCIENCE SCHOOL BATH 0. OH 44210-0484 CUYAHOGA VALLEY NATIONAL PARK ASSOC SCHOLARSHIPS TO 1403 HINE HILL ROAD THE ENVIRONMENTAL **PENNINSULA** OH 44264 509(A) (1) EDUCATION CENTER 5,000. GRANDPARENTS AGAINST SEX PREDATORS GENERAL OPERATING 233 QUAKER SQUARE EXPENSES AKRON 5,000. OH 44308 509(A)(1) ITHACA CHILDREN'S GARDEN PHASE ONE OF 615 WILLOW AVE. GARDEN DEVELOPMENT **ITHACA** NY 14850 19,000. 509 (A) (1) See Line 3a statement 109,500. **Total** 3a 400,500. **b** Approved for future payment Total 3Ь

Part XVI-A	Analysis	of Income	-Producing	Activities
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Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)	
a						
b						
C	<u> </u>					
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	85,632.		
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income			14			
8 Gain or (loss) from sales of assets other than inventory .			18	65,687.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory		· 				
11 Other revenue:						
a						
b		···				
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)				151,319.		
13 Total. Add line 12, columns (b), (d), and (e)				13	151,319.	
(See worksheet in line 13 instructions to verify calculation	ons)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions)
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	7-

34-1848698

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitab					
Exempt Organizations	Part XVII	Transfers To and Transaction	ns and Relationships V	With Nonch	aritable

		<u>F</u>										Vaa	NIa
de	escribe	organization direct d in section 501 (c to political organiz	c) of the Code (ot	ngage in ther than	any of the folk section 501(c)	owing with a i(3) organiz	any oth ations)	er organization or in section 52	7,			Yes	No.
a Tr	ansfer	s from the reporti	ng foundation to	a noncha	rıtable exemp	t organizatio	on of						- +
) Cast									_	a (1)		Х
•	•	er assets								1	a (2)		X
		insactions:											
• •	•	s of assets to a n									P (1)		X
• •	•	hases of assets f			ipt organizatio	n					b (2)		X
		al of facilities, eq		r assets	•						b (3)		X
	•	nbursement arran ns or loan guarant	_								b (4) b (5)		x
	•	ormance of service		un or fund	traising solicit:	ations			•		b (6)		x
•	•	of facilities, equip		•	•		S				c		x
• •	aing	or racingoo, equip	mont, maning no	313, 011101	assets, or par	a complete				<u> </u>			<u> </u>
th	e aood	swer to any of the is, other assets, o saction or sharing	r services given	by the rei	portina founda	ition. If the 1	foundat	ion received les	s than fair m	arket value	value o	of	
(a) Line		(b) Amount involved			table exempt orga			Description of tran			no arrano	gement	<u></u>
					, , , ,			,	,	,			
	_												
	_												
													
	-+												
	\dashv												
			-							 ,			
2a Is	the for	undation directly of the contract of the contr	or indirectly affilia	ated with,	or related to,	one or mor	re tax-e	xempt organizat	tions	Г	7v00	x	No.
		complete the follo		ulei ulaii	Section Sor(c))(3)) UI III SI	ecuoii c	027.		L	163	<u>r</u>	110
		Name of organiz			(b) Type of or	ganization		(0) Description	of relation	ship		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	<u></u>	· · · · · · · ·	,	,		<u>F</u>		
	Under p	enalties of perjury, I de and complete Declara	clare that I have exan	mined this re	turn, including acc	ompanying sch	edules an	d statements, and to	the best of my l	knowledge and	belief, it	is true	•
Sign		0	001	\	,					-			
Here		XA . ANA	. I Wash	lina o	н.		11	1-14-11	▶ PRESI	DENT			
	▼ Sig	nature of officer or trus	tee	<u> </u>		-	Date	1_1_1_	Title				
		Print/Type preparer's	name	T F	Preparer's signatur	е		Date	Check if	ıf PTII	N		
Paid		SEIKEL & C	:o.	8	SEIKEL &	co.		11/14/11	self-emplo	ш	2550	08	
Prepa	rer	Firm's name	SEIKEL &						Firm's EIN ►				
Use O				RKET S									
		Firm's address	AKRON			0	H 44	303-1449	Phone no	(330)	7 <u>61-</u> 1	L040)
BAA										Fo	rm 99 0	0-PF	(2010)

Net Gain or Loss From Sale of Assets

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER 34-1848698

2010

Name

Employer Identification Number

Asset Inform	ation:	
Description of Pr	operty:	SCHWAB #XXX-2317
Date Acquired:	Various	How Acquired: Purchased
Date Sold.	11/17/10	Name of Buyer:
Sales Price:	324,5	08. Cost or other basis (do not reduce by depreciation) 303,982.
Sales Expense:		Valuation Method:
Total Gain (Loss)2	20,526. Accumulation Depreciation:
Description of Pr	roperty	SCHWAB #XXXX-2835
Date Acquired	Various	How Acquired: Donated
Date Sold [.]	09/17/10	Name of Buyer:
Sales Price:	436,9	81. Cost or other basis (do not reduce by depreciation) 425,537.
Sales Expense		Valuation Method.
Total Gain (Loss)1	11,444. Accumulation Depreciation:
Description of Pr	operty	Sandalwood Liquidaitng Invesment
Date Acquired	various	How Acquired: Purchased
Date Sold	12/31/10	Name of Buyer
Sales Price:	479,5	72. Cost or other basis (do not reduce by depreciation) 457,835.
Sales Expense:		Valuation Method
Total Gain (Loss)) 2	21,737. Accumulation Depreciation
Description of Pr	operty:	Capital Gains Distribution from Schwab 6118-2317
Date Acquired:	· ·	How Acquired. Purchased
Date Sold		Name of Buyer
Sales Price	11,9	80. Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method:
Total Gain (Loss))	L1,980. Accumulation Depreciation
Description of Pr		
Date Acquired:	-	How Acquired
Date Sold:		Name of Buyer:
Sales Price:		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method:
Total Gain (Loss))	Accumulation Depreciation
Description of Pr		
Date Acquired	_	How Acquired:
Date Sold.		Name of Buyer.
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense:		Valuation Method.
Total Gain (Loss)) —	Accumulation Depreciation
Description of Pr		
Date Acquired:	_	How Acquired.
Date Sold		Name of Buyer
Sales Price:		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method:
Total Gain (Loss)):	Accumulation Depreciation
Description of Pr		. Additional deproduction
Date Acquired		How Acquired:
Date Sold		Name of Buyer.
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method.
Total Gain (Loss)	٠	Accumulation Depreciation
rotal dalif (LUSS)	· —	

Form 990-PF,	Page	1, Part	I, Line	18
l ine 18 Stmt				

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
SCHWAB FOREIGN TAX EXP				
OHIO ANNUAL CHARITABLE FOUNDATIO	200.		·	
FEDERAL UNRELATED BUSINESS TAX	·	·		
FEDERAL EXISE TAX ON INVESTMENT	3,026.			

Total

3,226.

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
OTHER TRADE OR BUSINESS	7,028.			
1256 NET (GAIN) LOSS				
SEC 988 (GAIN) LOSS				
SEC 59 (E) EXPENDITURE			1	

Total

7,028.

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(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
Person X Business MYRIAM EVE HASLINGER 776 N. HAMNETOWN RD	TRUSTEE			
AKRON OH 44333	0.00	0.	0.	0.
Person X Business KIMBERLY M. HASLINGER 3133 BROADWAY APT. 3	TRUSTEE			
NEW YORK NY 10027	0.00	0.	0.	0.
Person X Business MELISSA A. HASLINGER				
4214 HIGH STREET	TRUSTEE			
RICHFIELD OH 44286	0.00	0.	0.	0.
Person X Business				
BENJAMIN G. HASLINGER				
383 MIDLINE ROAD	TRUSTEE			
FREEVILLE NY 13068	0.00	0.	0.	0.

Total

 Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
LA ESCUELITA			FUND SCHOOL	Person or
302 W. 91 STREET			SCHOLARSHIPS	Business
NEW YORK NY 10024		509 (A) (1)		5,000.
ONE OF A KIND PETS			ESTABLISH	Person or
1699 WEST MARKET STREET			CLANCY'S CRITICAL	Business
AKRON OH 44313		509 (A) (1)	CARE FUND	30,000.
OHIO FOUNDATION OF INDEPENDENT COLLEGES			SCHOLARSHIP FUND	Person or
250 E. BROAD STREET, SUITE 170			FBO AKRON AREA	Business
COLUMBUS OH 43215-37	22	509(A)(1)	STUDENTS	37,500.
MEDINA RAPTOR CENTER			REBUILD FLIGHT	Person or
10420 SPENCER LAKE ROAD			CAGES	Business
SPENCER OH 44275		509(A)(1)		0.
FRIENDS OF PS 1163			SPANISH LITERACY	Person or
299 RIVERSIDE DRIVE			PROJECT	Business
NEW YORK NY 10025		509(A)(1)		20,000.
STEWART'S CARING PLACE]	GENERAL OPERATING	Person or
2955 WEST MARKET STREET, SUITE R			EXPENSES	Business
AKRON OH 44333		509(A)(1)		0.
TUESDAY MUSICAL ASSOCIATION			SUPPORT OF 2009	Person or
198 HILL STREET			CONCERT SERIES	Business
AKRON OH 44325-05	0 1	509(A)(1)	 	0.
CUYAHOGA VALLEY SCENIC RAILROAD			ALL ABOARD BALL	Person or
1403 WEST HINE HILL ROAD				Business
PENNINSULA OH 44264		509(A)(1)		0.
FIRST PRESBYTRIAN CHURCH FOOD PANTRY				Person or
647 EAST MARKET STREET				Business
AKRON OH 44304		509(A)(1)	EMERGENCY FOOD FOR PEOPL	0.
WESTERN RESERVE LAND CONSERVANCY			OPERATION OF	Person or
PO BOX 314			AKRON FIELD	Business
NOVELTY OH 44072		509(A)(1)	OFFICE	8,000.
OAK CLINIC 3838 MASSILLON ROAD				Person or Business
			CENEDAL COMPANYO	6,000.
UNIONTOWN OH 44685		501 (C) (3)	GENERAL OPERATING	
PLANNED PARENTHOOD OF NEO				Person or Business
AKRON OH 44302			TOTOLE TO DOCCOSM	3,0 <u>00.</u>
<u> </u>		501 (C) (3)	TRIPLE T PROGRAM	3,000.

Total

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of Year			
Line 13 - Investments - Other:	Book Value	Fair Market Value		
SCHWAB 5240-8819	0.	0		
SCHWAB 6152-2835	1,301,746.	1,301,746		
SANDALWOOD LIQUIDATING	964,896.	964,896		
SCHWAB 6118-2317	2,446,432.	2,446,432		
AURORA OFFSHORE	784,478.	784,478		

Supporting Statement of:

Form 990-PF, p2/Line 9(b)

Description	Amount
Prepaid UBTI Prepaid Fed Excise Tax	10,000. 17,420.
Total	27,420.

Supporting Statement of:

Form 990-PF, p8/Part X, Line 1a

Description	Amount
SANDALWOOD OVERSEAS LIQUIDATING	964,896.
BRECKINRIDGE # 61522835	1,301,746.
AURORA OFF SHORE	784,478.
SCHWAB FUNDING #61182317	2,446,433.
Total	5,497,553.

Form **8868**

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If you a	re filing for an Automatic 3-Month Extension, con	nplete only F	Part I and check this box .				► X		
-	re filing for an Additional (Not Automatic) 3-Mont			•		•			
Electronic (corporation request an Associated	inplete Part II unless you have already been grante filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which miling of this form, visit www irs gov/efile and click of	If you need automatic): Part I or Par ust be sent t	a 3-month automatic extension of time t 3-month extension of time You can elect t II with the exception of Form 8870, Info o the IRS in paper format (see instruction	o file (f tronica rmatioi	6 mon lly file n Retu	ths for a Form 88 Irn for Tr	368 to ansfers		
Part I:	Automatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).						
	on required to file Form 990-T and requesting an a			mplete	Part	l only	▶ 🗌		
All other co income tax	rporations (including 1120-C filers), partnerships, returns	REMICS, an	d trusts must use Form 7004 to request	an exte	nsion	of time	to file		
Type or print File by the due date for	Name of exempt organization			Emplo	yer ide	ntification i	number		
	SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER 34-1848698								
	Number, street, and room or suite number. If a P O box, see instructions								
filing your return See instructions	2524 IRA ROAD								
Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
	Akron OH 44333								
Enter the R	eturn code for the return that this application is for	r (file a sepa	rate application for each return)				04		
Application		Return Code	Application Is For				Return Code		
Form 990		01	Form 990-T (corporation)				07		
Form 990-E	L	02	Form 1041-A				08		
Form 990-E	Z	03	Form 4720				09		
Form 990-PF		04	Form 5227				10		
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069				11		
Form 990-T (trust other than above)			Form 8870				12		
Telepho If the or If this is check the external	ension is for	FAX No siness in the digit Group I k this box	Exemption Number (GEN) If						
until The e	est an automatic 3-month (6 months for a corpora Aug 15 , 20 11 , to file the exempt orgonatension is for the organization's return for calendar year 20 10 or tax year beginning , 20	ganization re	eturn for the organization named above						
	tax year entered in line 1 is for less than 12 month nange in accounting period	hs, check re	ason Initial return Fi	nal retu	irn				
3a 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.							2,352.		
b 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 C Balance due. Subtract line 3h from line 3a include your payment with this form if required by using							20,446.		
EFTP	ce due. Subtract line 3b from line 3a. Include your S (Electronic Federal Tax Payment System). See	instructions		, 3c	\$		0.		
Caution. If payment in:	you are going to make an electronic fund withdraw structions.	val with this	Form 8868, see Form 8453-EO and Forn	1 8879	EO fo	r			

Form 8868	Rev 1-2011) SANDRA L. AND DENNIS B. HASLINGER	FAMILY FOUN	NDATION, INC. C/O SANDRA HASLINGER	34-1848698	Page 2					
-	are filing for an Additional (Not Automatic) 3-Month				► X					
-	complete Part II if you have already been granted a			filed Form 8868						
	are filing for an Automatic 3-Month Extension, com									
Part II	Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the original (
	Name of exempt organization Employer identification number									
Type or										
print	SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER 34-1848698									
File by the	Number, street, and room or suite number If a P O box, see inst									
extended due date for										
filing the return See	2524 IRA ROAD	es soo instruction								
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions									
	Akron OH 44333									
Enter the F	Return code for the return that this application is for	(file a sepa	rate application for each return)		04					
Application Is For		Return Code	Application Is For		Return Code					
Form 990		01	¥° (†) ° · · ·		一门结果的,					
Form 990-	BL	02	Form 1041-A		08					
Form 990-	EZ	03	Form 4720		09					
Form 990-	PF	04	Form 5227		10					
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11					
	T (trust other than above)	06	Form 8870		12					
STOP! Do	not complete Part II if you were not already grante	d an automa	atic 3-month extension on a previou	ısly filed Form 8868.						
Teleph		FAX No ►	(330) 535-7253		. □					
	organization does not have an office or place of busi			16.11						
	is for a Group Return, enter the organization's four of				nis is for the					
•	· —	group, cneck	k this box ▶ ☐ and attach a list wi	th the names and Elivs	or all					
	the extension is for	Mar. 15	20.11							
4 I req	uest an additional 3-month extension of time until	WOA TO	, 20 <u>11</u> .	20						
5 For 6	calendar year 2010 , or other tax year beginning tax year entered in line 5 is for less than 12 month	y	, 20, and ending	Final return	 .					
	ctax year entered in line 5 is for less than 12 month. Change in accounting period.	is, check lea	ason [] initial return							
	e in detail why you need the extension Addit:	ional T	ime and information is	1						
	quired for a complete and accura									
	dried for a complete miss score	=	irn.	-						
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										
b 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										
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$										
			d Verification							
Under penaltic correct, and c	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying schi	edules and statements, and to the best of my ki	nowledge and belief, it is true,						
Signature >	ature Title Title									
BAA		FIFZ0502 11/15/10			Rev 1-2011)					