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## Form 990-PF

## Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2010 Treated as a Private Foundation Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2010, or tax year beginning NOV 2011 DEC 2010 , and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number 58-2288287 THE HAGLER FOUNDATION, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 770-382-8911 235 PIEDMONT CAMP ROAD City or town, state, and ZIP code C If exemption application is pending, check here BREVARD, NC 28712-7660 D 1 Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 594, 113. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part I | Analysis of Revenue and Expenses (b) Net investment (d) Disbursements (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) charitable purposes (cash basis only) expenses per books N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 11,368 Dividends and interest from securities 11,368. STATEMENT 5a Gross rents b Net rental income or (loss) -17,968 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns
a and allowances

Less Cost of goods sold Gross profit or (loss) O Ö Spiher income 3 2012 Total. Add lines 1 through -6,600 11,368 Compensation of officers, directors, trustee 15 Pension plans, employee benefits 16a Legal fees 1,175 0. 1,175. STMT 2 **b** Accounting fees 3 c Other professional fees STMT 344 344 17 Interest 0 0. 210 18 STMT 4 19 Depreciation and depletion 20 Occupancy 56 0 56. Travel, conferences, and meetings 22 Printing and publications 1,012 0 012. 23 Other expenses STMT 5 24 Total operating and administrative <u>2,243.</u> 2,797 344 expenses. Add lines 13 through 23 22,253 22,253. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 25,050 344 24,496. Add lines 24 and 25 Subtract line 26 from line 12: -31,650a Excess of revenue over expenses and disbursements 11,024 b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see the instructions.

C Adjusted net income (if negative, enter -0-)

Form 990-PF (2010)

N/A

| 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    | 444,390. |
| 2 Enter amount from Part I, line 27a   | 2    | -31,650. |
| 3 Other increases not included in line 2 (itemize)   | 3    | 0.       |
| 4 Add lines 1, 2, and 3  | 4    | 412,740. |
| 5 Decreases not included in line 2 (itemize)   | 5    | 0.       |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line | 30 6 | 412,740. |

6

7

110.

29,400.

24,496.

Form 990-PF (2010)

7 Add lines 5 and 6

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.

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

|             | 990-PF (2010) THE HAGLER FOUNDATION, INC. 58-2288  | 287           | F        | age 4       |
|-------------|--|---------------|----------|-------------|
|             | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see  | instru        | ction    | ns)         |
| 1a          | Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.                            |               |          |             |
|             | Date of ruling or determination letter (attach copy of letter if necessary-see instructions)   |               | _        |             |
| b           | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%   |               | 2        | 20.         |
|             | of Part I, line 27b  |               |          |             |
|             | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).                     |               |          | _           |
|             | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                    |               |          | 0.          |
|             | Add lines 1 and 2  |               |          | 20.         |
|             | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                  |               | 2        | 0.          |
|             | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-   |               |          | <u> 20.</u> |
|             | Credits/Payments:  |               |          |             |
|             | 2010 estimated tax payments and 2009 overpayment credited to 2010  6a  |               |          |             |
|             | Exempt foreign organizations - tax withheld at source  Toward with an least on far extension of time to the (Form 9969)                      |               |          |             |
|             | Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6d                             |               |          |             |
|             | Backup withholding erroneously withheld  Total credits and payments. Add lines 6a through 6d  7  |               |          | 0.          |
|             | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8   |               |          | <u> </u>    |
|             | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  SEE STATEMENT 7  9  |               | 2        | 20.         |
|             | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |               |          | <u> </u>    |
|             | Enter the amount of line 10 to be: Credited to 2011 estimated tax  |               |          | <del></del> |
|             | rt VII-A Statements Regarding Activities   |               |          |             |
|             | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | T             | Yes      | No          |
|             | any political campaign?  | 1a            |          | X           |
| b           | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for 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.   |               |          |             |
| C           | Did the foundation file Form 1120-POL for this year?   | 10            | _        | X           |
| d           | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |               |          |             |
|             | (1) On the foundation. ▶ \$ 0 . (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. ► \$ 0 .   |               |          |             |
| 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>X</u>    |
| 4a          | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a            | ļ        | _X_         |
|             | If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  | 4b            | <u> </u> |             |
| 5           | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5             |          | _X_         |
|             | If "Yes," attach the statement required by General Instruction T.  |               |          |             |
| 6           | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |               |          |             |
|             | By language in the governing instrument, or  | 1             | 1        |             |
|             | 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?  | 7             | X        |             |
| 0 -         | If "Yes," complete Part II, col. (c), and Part XV.   | }             |          |             |
| ŏа          | Enter the states to which the foundation reports or with which it is registered (see instructions)   |               |          |             |
| <b>k</b>    | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                  | 1             |          |             |
| U           | of each state as required by General Instruction G? If "No," attach explanation  | 86            |          | 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      | 100           |          |             |
| 3           | 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            |          | X           |
| _ <u></u> _ |  | m <b>99</b> 0 | -PF (    |             |

|  | NC  |                                   | <u> 58-22882</u>   | 87 Page 6                             |
|--|---|-----------------------------------|--|---------------------------------------|
| Part VII-B   Statements Regarding Activities for Which F                                   | orm 4720 May Be F                             | Required (continu                 | ueď)   |                                       |
| 5a During the year did the foundation pay or incur any amount to:                          |   |                                   |  |                                       |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section            | n 4945(e))?                                   | Ye                                | s X No   |                                       |
| (2) Influence the outcome of any specific public election (see section 4955); o            | r to carry on, directly or indire             | ectly,                            |  |                                       |
| any voter registration drive?  |   | ☐ Ye                              | s X No   |                                       |
| (3) Provide a grant to an individual for travel, study, or other similar purposes          | ?   | ☐ Ye                              | s X No   |                                       |
| (4) Provide a grant to an organization other than a charitable, etc., organization         |   |                                   |  |                                       |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?   |   | ☐ Ye                              | s X No   |                                       |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,        | or educational purposes, or f                 | or                                |  |                                       |
| the prevention of cruelty to children or animals?  | ,   |                                   | s X No   |                                       |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und     | der the exceptions described i                | n Regulations                     |  |                                       |
| section 53 4945 or in a current notice regarding disaster assistance (see instru           |   | Ū                                 | N/A  | 5b                                    |
| Organizations relying on a current notice regarding disaster assistance check h            |   |                                   |  |                                       |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for        |   | ined                              |  |                                       |
| expenditure responsibility for the grant?  |   | [ / A                             | s No   |                                       |
| If "Yes," attach the statement required by Regulations section 53 494                      |   | •                                 |  |                                       |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to      |   |                                   |  |                                       |
| a personal benefit contract?   | • • •   | Ye                                | s X No   |                                       |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract?                    |                                   |  | 6b X                                  |
| If "Yes" to 6b, file Form 8870.  |   |                                   |  |                                       |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s       | shelter transaction?                          | ☐ Ye                              | es 🗶 No  |                                       |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu  |   |                                   | N/A  | 7b                                    |
| Information About Officers, Directors, Trust   |   | nagers, Highly                    |  |                                       |
| Part VIII Paid Employees, and Contractors  |   |                                   |  |                                       |
| List all officers, directors, trustees, foundation managers and their                      | <del>,</del>                                  | T                                 |  |                                       |
| (-) Name and address   | (b) Title, and average hours per week devoted | (c) Compensation<br>(If not paid, | (d) Contributions to<br>employee benefit plans                 | (e) Expense<br>account, other         |
| (a) Name and address   | to position                                   | enter -0-)                        | and deferred<br>compensation                                   | allowances                            |
| WILLIAM S. HAGLER  | PRESIDENT                                     |                                   |  |                                       |
| 235 PIEDMONT CAMP ROAD   |   |                                   |  |                                       |
| BREVARD, NC 287127660  | 0.00  | 0.                                | 0.   | 0.                                    |
|  | ]   |                                   |  |                                       |
|  |   |                                   |  |                                       |
|  |   | <u></u>                           |  |                                       |
|  |   |                                   |  |                                       |
|  |   |                                   |  |                                       |
|  |   |                                   |  |                                       |
|  |   |                                   |  |                                       |
|  | _   |                                   |  |                                       |
|  | <u> </u>                                      |                                   |  | <u> </u>                              |
| 2 Compensation of five highest-paid employees (other than those in                         |   | enter "NONE."                     | (d) Contributions to   | (a) Eypanea                           |
| (a) Name and address of each employee paid more than \$50,000                              | (b) Title, and average<br>hours per week      | (c) Compensation                  | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense account, other allowances |
|  | devoted to position                           |                                   | compensation   | allowances                            |
| NONE   | _   |                                   |  |                                       |
|  |   |                                   |  | ļ                                     |
|  | 4   | 1                                 |  |                                       |
|  | +   |                                   |  |                                       |
|  | 4   |                                   |  |                                       |
|  |   |                                   | -  |                                       |
|  | -   |                                   |  |                                       |
|  |   | _                                 |  | ļ <u> </u>                            |
|  | 4   |                                   |  |                                       |
|  |   |                                   | <u> </u>   |                                       |
| Total number of other employees paid over \$50,000   |   | <u> </u>                          | <u> </u>   | 000 DE (0040)                         |
|  |   |                                   | Form   | 990-PF (2010)                         |

Total. Add lines 1 through 3

| P  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four   | ndations, s  | ee instructions )  |
|----|---|--------------|--------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:   |              |                    |
| а  | Average monthly fair market value of securities   | _1a          | 599,479.           |
| b  | Average of monthly cash balances  | 1b           | 599,479.<br>2,190. |
| C  | Fair market value of all other assets   | 1c           |                    |
| d  | Total (add lines 1a, b, and c)  | 1d           | 601,669.           |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and  |              | <del></del>        |
|    | 1c (attach detailed explanation) 1e 0 •   |              |                    |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2            | 0.                 |
| 3  | Subtract line 2 from line 1d  | 3            | 601,669.           |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4            | 9,025.             |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  | 5            | 592,644.           |
| 6  | Minimum investment return. Enter 5% of line 5   | 6            | 29,632.            |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.) | d certain    |                    |
| 1  | Minimum investment return from Part X, line 6   | 1            | 29,632.            |
| 2a | Tax on investment income for 2010 from Part VI, line 5  |              |                    |
| b  | Income tax for 2010. (This does not include the tax from Part VI.)  |              |                    |
| C  | Add lines 2a and 2b   | 2c           | 220.               |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   | 3            | 29,412.            |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4            | 0.                 |
| 5  | Add lines 3 and 4   | 5            | 29,412.            |
| 6  | Deduction from distributable amount (see instructions)  | 6            | 0.                 |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | 7            | 29,412.            |
| P  | art XII Qualifying Distributions (see instructions)   |              |                    |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |              |                    |
| а  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26  | 1a           | 24,496.            |
| b  | Program-related investments - total from Part IX-B  | 1b           | 0.                 |
| 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  |   | 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            | 24,496.            |
| 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  | 5            | 0.                 |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6            | 24,496.            |
|    | Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation of   | malified for | the section        |

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus                         | (b)<br>Years prior to 2009 | (c)<br>2009 | ( <b>d)</b><br>2010       |
|--|---------------------------------------|----------------------------|-------------|---------------------------|
| 1 Distributable amount for 2010 from Part XI,  |                                       |                            |             |                           |
| line 7   |                                       |                            |             | 29,412.                   |
| 2 Undistributed income, if any, as of the end of 2010  |                                       |                            |             |                           |
| a Enter amount for 2009 only   |                                       |                            | 21,499.     |                           |
| b Total for prior years:   |                                       |                            |             |                           |
|  |                                       | 0.                         |             |                           |
| 3 Excess distributions carryover, if any, to 2010:   |                                       |                            |             |                           |
| <b>a</b> From 2005   |                                       |                            |             |                           |
| <b>b</b> From 2006   |                                       |                            |             |                           |
| c From 2007  |                                       |                            |             |                           |
| d From 2008  |                                       |                            |             |                           |
| e From 2009  | 0.                                    |                            |             |                           |
| f Total of lines 3a through e  |                                       |                            | ·           | <del></del>               |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 24,496.  |                                       |                            |             |                           |
| a Applied to 2009, but not more than line 2a   |                                       |                            | 21,499.     |                           |
| <b>b</b> Applied to undistributed income of prior  | · · · · · · · · · · · · · · · · · · · |                            | 21,300      | <del></del>               |
| years (Election required - see instructions)   |                                       | 0.                         | Ì           |                           |
| c Treated as distributions out of corpus   |                                       |                            |             |                           |
| (Election required - see instructions)   | 0.                                    |                            |             |                           |
| d Applied to 2010 distributable amount   |                                       |                            | <del></del> | 2,997.                    |
| e Remaining amount distributed out of corpus   | 0.                                    |                            |             |                           |
| 5 Excess distributions carryover applied to 2010   | 0.                                    |                            |             | 0.                        |
| (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  | 0.                                    |                            |             |                           |
| <b>b</b> Prior years' undistributed income. Subtract   |                                       | _                          |             |                           |
| line 4b from line 2b   |                                       | 0.                         |             |                           |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |                                       | 0.                         |             |                           |
| 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 instr.   |                                       |                            | 0.          |                           |
| f Undistributed income for 2010. Subtract  |                                       |                            |             |                           |
| lines 4d and 5 from line 1. This amount must   |                                       |                            |             |                           |
| be distributed in 2011   |                                       |                            |             | 26,415.                   |
| 7 Amounts treated as distributions out of  |                                       |                            |             |                           |
| corpus to satisfy requirements imposed by  | _                                     |                            |             |                           |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.                                    |                            |             | <del></del>               |
| 8 Excess distributions carryover from 2005   | _ }                                   |                            |             |                           |
| not applied on line 5 or line 7  | 0.                                    |                            |             | <del></del>               |
| 9 Excess distributions carryover to 2011.  |                                       |                            |             |                           |
| Subtract lines 7 and 8 from line 6a  | 0.                                    |                            |             | <del></del>               |
| 10 Analysis of line 9:   | }                                     |                            |             |                           |
| a Excess from 2006   |                                       |                            |             |                           |
| b Excess from 2007   |                                       |                            |             |                           |
| c Excess from 2008   |                                       |                            |             |                           |
| d Excess from 2009   |                                       |                            |             |                           |
| e Excess from 2010   |                                       |                            |             | Form <b>990-PF</b> (2010) |

023581 12-07-10

| Form 990-PF (2010) THE HAG:                                  | LER FOUNDAT                                      | ION, INC.  |                             |                         | -2288287 Page 10         |
|--|--|--|-----------------------------|-------------------------|--------------------------|
| Part XIV   Private Operating Fo                              | oundations (see in                               | structions and Part V                            | II A, question 9)           | N/A                     | <del></del>              |
| 1 a if the foundation has received a ruling or               | determination letter that                        | t it is a private operating                      | 1                           |                         |                          |
| foundation, and the ruling is effective for                  | 2010, enter the date of                          | the ruling                                       | <b>&gt;</b>                 |                         |                          |
| b Check box to indicate whether the found                    | ation is a private operatii                      | ng foundation described                          | ın section                  | 4942(j)(3) or           | 4942(j)(5)               |
| 2 a Enter the lesser of the adjusted net                     | Tax year   |  | Prior 3 years               |                         |                          |
| income from Part I or the minimum                            | (a) 2010   | (b) 2009   | (c) 2008                    | (d) 2007                | (e) Total                |
| investment return from Part X for                            |  |  |                             |                         |                          |
| each year listed   |  |  |                             |                         |                          |
| b 85% of line 2a   | ··-··  |  |                             |                         |                          |
| c Qualifying distributions from Part XII,                    |  |  | ,                           | <del> </del> -          | <del></del>              |
| line 4 for each year listed                                  |  |  |                             |                         |                          |
| •  |  | <del>                                     </del> | <del> </del>                | <del>-</del>            |                          |
| d Amounts included in line 2c not                            |  |  |                             |                         |                          |
| used directly for active conduct of                          |  | 1  |                             | 1                       | İ                        |
| exempt activities  |  | ļ  |                             |                         |                          |
| e Qualifying distributions made directly                     |  |  |                             |                         |                          |
| for active conduct of exempt activities.                     |  | <b>\</b>   |                             |                         |                          |
| Subtract line 2d from line 2c                                |  |  | ļ                           |                         |                          |
| 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)                               |  |  | <u> </u>                    |                         |                          |
| 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)                                    |  | <del> </del>                                     |                             |                         |                          |
| (2) Support from general public and 5 or more exempt         |  |  |                             |                         |                          |
| organizations as provided in                                 |  |  |                             |                         |                          |
| section 4942(j)(3)(B)(iii)                                   |  | ļ  |                             |                         |                          |
| (3) Largest amount of support from                           |  |  |                             |                         |                          |
| an exempt organization                                       |  | ļ  | <u> </u>                    | <del></del>             |                          |
| (4) Gross investment income                                  |  |  |                             |                         |                          |
| Part XV Supplementary Info                                   |  |  | if the foundation           | on had \$5,000 o        | r more in assets         |
| at any time during t   | he year-see the                                  | instructions.)                                   |                             |                         |                          |
| 1 Information Regarding Foundation                           | n Managers:                                      |  |                             |                         |                          |
| a List any managers of the foundation wh                     |  |  | ntributions received by t   | he foundation before t  | he close of any tax      |
| year (but only if they have contributed n                    | nore than \$5,000). (See                         | section 507(d)(2).)                              |                             |                         |                          |
| WILLIAM S. HAGLER  |  |  |                             |                         |                          |
| b List any managers of the foundation wh                     | o own 10% or more of the                         | he stock of a corporation                        | n (or an equally large por  | rtion of the ownership  | of a partnership or      |
| other entity) of which the foundation ha                     | s a 10% or greater intere                        | est.   | ,                           |                         |                          |
| NONE   |  |  |                             |                         |                          |
| 2 Information Regarding Contributi                           | ion, Grant, Gift, Loan                           | Scholarship etc. F                               | Programs:                   |                         |                          |
| Check here ► X if the foundation of                          |  |  |                             | s not accept unsolicite | d requests for funds. If |
| the foundation makes gifts, grants, etc.                     |  |  |                             |                         |                          |
| a The name, address, and telephone num                       | <del>`                                    </del> |  |                             |                         | , -                      |
| a The hame, address, and telephone num                       | Dei Of the person to who                         | ini applications stiouto o                       | e audicoscu.                |                         |                          |
|  |  |  |                             |                         |                          |
|  |  |  | 1 - 11 - 1 - 1 - 1 - 1      |                         |                          |
| b The form in which applications should be                   | e submitted and informa                          | ation and materials they                         | should include:             |                         |                          |
|  | <del></del>                                      |  |                             |                         |                          |
| c Any submission deadlines:                                  |  |  |                             |                         |                          |
| <del></del>  |  |  |                             | <del></del>             |                          |
| d Any restrictions or limitations on award                   | s, such as by geographic                         | al areas, charitable field                       | s, kınds of institutions, o | r other factors:        |                          |
|  |  |  |                             |                         |                          |
|  |  |  | <del></del>                 |                         |                          |
| 023801 12-07-10  |  |  |                             |                         | Form 990-PF (2010)       |

| 990-PF (2010) THE HAGLER P rt XV   Supplementary Information | OUNDATION, INC.  n (continued)   |                                      | • 58-2288                        | 3287 Pag    |
|--|--|--------------------------------------|----------------------------------|-------------|
| Grants and Contributions Paid During the                     |  | Payment                              |                                  |             |
| Recipient  Name and address (home or business)               | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount      |
| Paid during the year   | or substantial contributor   | recipient                            |                                  | <del></del> |
| r ard during the year  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
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|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
| CDD CMAMENTAM O  |  |                                      |                                  |             |
| SEE STATEMENT 9 Total  | <u> </u>   |                                      | <b>▶</b> 3a                      | 22,2        |
| Approved for future payment                                  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
| NONE   |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
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| Part XVI-A | Analysis of Income-Prod | ducing Activities |
|------------|-------------------------|-------------------|
|            | •                       |                   |

| Enter gross amounts unless otherwise indicated.  | Unrelate                | d business income        |  | by section 512, 513, or 514   | (e)                               |
|--|-------------------------|--------------------------|--|-------------------------------|-----------------------------------|
| 1 Program service revenue:   | (a)<br>Business<br>code | ( <b>b)</b><br>Amount    | (C)<br>Exclu-<br>sion<br>code                    | (d)<br>Amount                 | Related or exempt function income |
| •  | Code                    |                          |  |                               |                                   |
| a<br>b   | _                       |                          |  |                               |                                   |
| C  |                         |                          |  | -                             |                                   |
| d  |                         |                          | <del>                                     </del> |                               |                                   |
| е  | [ ·                     |                          |  |                               |                                   |
| f  |                         |                          |  |                               | <del></del>                       |
| 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   | 11,368.                       |                                   |
| 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  |                         |                          |  |                               |                                   |
| 8 Gain or (loss) from sales of assets other  |                         | 1                        | T  |                               |                                   |
| than inventory   |                         |                          | 18   | -17,968.                      | <del></del>                       |
| 9 Net income or (loss) from special events   |                         |                          |  |                               | <del>-</del>                      |
| 10 Gross profit or (loss) from sales of inventory  |                         |                          |  |                               |                                   |
| 11 Other revenue:  | ı                       | <u> </u>                 |  |                               |                                   |
| a  | _                       |                          |  |                               |                                   |
| b  | _                       |                          |  |                               |                                   |
| c  | _                       |                          |  |                               |                                   |
| d  | _                       |                          |  |                               |                                   |
| e  |                         |                          |  |                               | <del></del> -                     |
| 12 Subtotal. Add columns (b), (d), and (e)   |                         |                          | ).   | -6,600.                       |                                   |
| 13 Total. Add line 12, columns (b), (d), and (e)   |                         |                          |  | 13                            | -6,600                            |
| (See worksheet in line 13 instructions to verify calculations                            | 5.)                     |                          |  |                               |                                   |
| Part XVI-B Relationship of Activitie   | s to the Acc            | omplishment of           | Exempt   | Purposes                      |                                   |
|  |                         |                          |  |                               | aliah mana af                     |
| Explain below how each activity for which in the foundation's exempt purposes (other the |                         |                          |  | ted importantly to the accomp | DIISTIMENT OF                     |
| wite foundation's exempt purposes (other to  | nan by providing it     | inus for such purposes). |  |                               |                                   |
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| Part A                |                    | irmation Re<br>impt Organ          |                            | sters 10 a         | and Transactions                                 | and Relation                                     | nsnips with Nonc                  | naritable           | €         |          |
|-----------------------|--------------------|------------------------------------|----------------------------|--------------------|--|--|-----------------------------------|---------------------|-----------|----------|
| 1 Did t               |                    |                                    |                            | of the followin    | ng with any other organiza                       | tion described in s                              | ection 501(c) of                  |                     | Yes       | No       |
|                       |                    | -                                  |                            |                    | 27, relating to political orga                   |  | 000001 30 1(0) 01                 |                     |           |          |
|                       |                    |                                    | lation to a noncharitat    |                    |  | umzations  |                                   | ł                   |           | ľ        |
|                       | Cash               | roporting round                    | ation to a noncharitat     | on onompror        | gamzanon oi.                                     |  |                                   | 1a(1)               | ţ         | x        |
|                       | Other assets       |                                    |                            |                    |  |  |                                   | 1a(2)               |           | X        |
|                       | er transactions:   |                                    |                            |                    |  |  |                                   |                     |           |          |
| (1)                   | Sales of assets    | s to a noncharita                  | able exempt organizat      | ion                |  |  |                                   | 16(1)               |           | X        |
| (2)                   | Purchases of       | assets from a no                   | oncharitable exempt o      | rganization        |  |  |                                   | 1b(2)               |           | X        |
| (3)                   | Rental of facili   | ties, equipment,                   | or other assets            |                    |  |  |                                   | 1b(3)               |           | X        |
| (4)                   | Reimburseme        | nt arrangements                    | 3                          |                    |  |  |                                   | 1b(4)               |           | X        |
| (5)                   | Loans or loan      | guarantees                         |                            |                    |  |  |                                   | 1b(5)               |           | X        |
| (6)                   | Performance of     | of services or me                  | embership or fundrais      | sing solicitatio   | ons  |  |                                   | 1b(6)               | ļ         | X        |
| c Shai                | ring of facilities | s, equipment, ma                   | ailing lists, other asse   | ts, or paid em     | ployees  |  |                                   | 1c                  | L         | <u> </u> |
|                       |                    | -                                  |                            |                    | edule. Column (b) should                         |  |                                   |                     | sets,     |          |
|                       | •                  |                                    |                            |                    | red less than fair market va                     | alue in any transac                              | tion or sharing arrangeme         | nt, show in         |           |          |
|                       | <del></del>        | unt involved                       | other assets, or serv      |                    |  | (4) =  |                                   |                     |           |          |
| (a) Line no           | (a) Aillo          | unt mvolveu                        | (c) Name of                |                    | e exempt organization                            | (u) Descrip                                      | otion of transfers, transactions, | and sharing ar      | rangeme   | nts      |
|                       | -                  |                                    |                            | N/A                |  | <del></del>                                      |                                   |                     |           |          |
|                       |                    |                                    |                            |                    |  |  |                                   |                     |           |          |
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|                       |                    |                                    |                            |                    |  |  |                                   |                     |           |          |
|                       | <u> </u>           |                                    | <u> </u>                   |                    |  |  |                                   |                     |           |          |
|                       |                    | •                                  | -                          |                    | e or more tax-exempt orga                        | inizations describe                              | d                                 |                     | <u> </u>  | ٦        |
|                       |                    | •                                  | er than section 501(c)     | )(3)) or in sec    | tion 5277  |  |                                   | Yes                 | LX        | No       |
| <u><b>b</b> 11 'Y</u> | es, complete       | he following sch<br>(a) Name of or |                            |                    | (b) Type of organization                         | . 1  | (c) Description of relat          |                     |           |          |
|                       |                    | N/A                                | ganization                 |                    | (b) Type of Organization                         |  | (c) Description of relat          | ionsnip             |           |          |
|                       | <del></del>        | N/A                                |                            | <del></del>        | <del> </del>                                     | <del></del>                                      | <del></del>                       | ···                 |           |          |
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|                       |                    |                                    |                            |                    | ding accompanying schedules                      |  |                                   | nd belief, it is tr | ue, corre | ct,      |
| Sign                  | and complete       | Declaration of prep                | parer (other than taxpayer | or fiduciary) is b | pased on all information of which                | ch preparer has any kr                           | nowledge                          |                     |           |          |
| Here                  | W.                 | Man                                | n AHa                      | gler               | 0/4  | 1/2  | mes                               |                     |           |          |
|                       | Signatu            | re of officer or tr                | ustee                      |                    | Date   |  | Title                             |                     |           |          |
|                       | Print/T            | ype preparer's n                   | name                       | Preparer's s       | signature  | Date   | Check If P                        | TIN                 |           |          |
|                       |                    |                                    |                            |                    | ,  | 5/201  | self- employed                    |                     |           |          |
| Paid                  |                    | SE KELLE                           |                            | pre                | Keece  | 5/29/12  |                                   |                     |           |          |
| Prepa                 |                    | name 🕨 MOC                         | ORE STEPHE                 | NS TII             | LLER LLC   |  | Firm's EIN                        |                     |           |          |
| Use C                 |                    |                                    |                            |                    | <del></del>                                      |  |                                   |                     |           |          |
|                       | Firm's             |                                    |                            |                    |  | 325  |                                   |                     |           | _        |
|                       |                    | ΡĄ                                 | <u> LANTA, GA</u>          | 30342              | <u> </u>   |  | Phone no. 40                      | <u>4-256-</u>       |           |          |
|                       |                    |                                    |                            |                    |  |  |                                   | Form <b>990</b>     | J-PF (    | 2010)    |

CONTINUATION FOR 990-PF, PART IV 58-2288287 PAGE THE HAGLER FOUNDATION, INC. Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold - Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co (mo., day, yr.) (mo., day, yr) D - Donation 1a 153 SHRS OF MERCK & CO INC NEW COM 12/19/0012/15/10 b 13.827 SHRS OF AMERICAN CAP WRLD GR & INC C VARIOUS 06/20/11 <u>c 13.7</u>63 SHRS OF AMERICAN CAP WRLD <u>GR</u> 04/27/0706/29/11 & 08/26/9308/05/11 d 200 SHRS OF BRISTOL MYERS SQUIBB CO VARIOUS 09/15/11 e 208 SHRS OF COUSINS PROPERTIES INC 02/16/0109/15/11 500\_SHRS OF FORD MOTOR CO g 250 SHRS OF LOUSIANA PACIFIC CORP 12/19/00/09/15/11 04/27/0711/23/11 166.389 SHRS OF AMERICAN CAP WRLD GR & INC m n (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 5.518. 2,128. 3,390. a 594. 900. 306. b 500. 592. -92. 5,402. 10,890. -5,488. ď 1,347. 3,979. -2,632.е 5,170. 14,162. -8,992. 1,502. 3,810. -2,308. 7,152. 5,000. -2,152.h m П 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 3,390. а 306. b -92. C -5,488. d -2,632.-8,992. -2,308. -2,152.m n 0

023591 05-01-10 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

2

-17,968.

N/A

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

| 'ORM 990-PF DIVIDEND                                    | S AND INTER                  | EST FROM                    | SECUR        | RITIES                       | STATEMENT            | 1        |
|---|------------------------------|-----------------------------|--------------|------------------------------|----------------------|----------|
| SOURCE  | GROSS                        | AMOUNT                      |              | TAL GAINS                    | COLUMN (A)<br>AMOUNT |          |
| SANK OF AMERICA FAIR FUND -<br>REFUND<br>RORGAN STANLEY |                              | 11.<br>11,357.              |              | 0.                           | 1<br>11,35           | 1.<br>7. |
| OTAL TO FM 990-PF, PART I, I                            | N 4                          | 11,368.                     |              | 0.                           | 11,36                | 8.       |
| ORM 990-PF  | ACCOUNTI                     | NG FEES                     |              |                              | STATEMENT            | 2        |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVE<br>MENT INC |              | (C)<br>ADJUSTED<br>NET INCOM |                      |          |
| ACCOUNTING FEES   | 1,175.                       |                             | 0.           |                              | 1,17                 | 5.       |
| TO FORM 990-PF, PG 1, LN 16B                            | 1,175.                       |                             | 0.           |                              | 1,17                 | 5.       |
| ORM 990-PF C  | THER PROFES                  | SIONAL FE                   | ES           |                              | STATEMENT            | <br>3    |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVE<br>MENT INC |              | (C)<br>ADJUSTED<br>NET INCOM |                      |          |
| INVESTMENT FEES   | 344.                         |                             | 344.         |                              |                      | 0.       |
| ro form 990-pf, pg 1, ln 16C                            | 344.                         |                             | 344.         |                              |                      | 0.       |
| FORM 990-PF   | TAX                          | ŒS                          | <del> </del> |                              | STATEMENT            | 4        |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVE<br>MENT INC |              | (C)<br>ADJUSTED<br>NET INCOM |                      |          |
| EXCISE TAXES  | 210.                         | <u> </u>                    | 0.           |                              | <del></del>          | 0.       |
| TO FORM 990-PF, PG 1, LN 18                             | 210.                         |                             | 0.           |                              | <del></del>          | 0.       |

|  | OTHER E                      | OTHER EXPENSES                |     |   | STATEMENT            |  |
|--|------------------------------|-------------------------------|-----|---|----------------------|--|
| ESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVES<br>MENT INCO |     | (C)<br>ADJUSTED<br>NET INCOM  |                      |  |
| OMPUTER REPAIR<br>FFICE SUPPLIES   | 162.<br>850.                 |                               | 0.  | ,   | 16<br>85             |  |
| O FORM 990-PF, PG 1, LN 23   | 1,012.                       |                               | 0.  |   | 1,01                 | 2.   |
| ORM 990-PF   | CORPORAT                     | E STOCK                       |     |   | STATEMENT            | 6  |
| ESCRIPTION   |                              |                               | вос | OK VALUE  | FAIR MARKET<br>VALUE | •  |
| LTRIA GROUP NNALY CAPITAL MNGMT INC MERICAN FUNDS CAPITAL WORLD ERKSHIRE HATHAWAY LACKSTONE GROUP LP RISTOL MYERS SQUIBB OCA-COLA OUSINS PROPERTIES XXON MOBIL ORD MOTOR COMPANY OME DEPOT NTEL CRAFT FOODS OUISIANA-PACIFIC ERCK & CO | GROWTH & IN                  | ICOME                         |     | 2,140.<br>6,329.<br>90,129.<br>87,200.<br>11,537.<br>27,225.<br>85,367.<br>0.<br>11,154.<br>0.<br>12,210.<br>10,671.<br>2,209.<br>0.<br>16,691.<br>13,040.<br>37,008.<br>4,916. |                      | 25.<br>10.<br>10.<br>10.<br>10.<br>10.<br>10.<br>10.<br>10 |
| FIZER<br>HILIP MORRIS INTERNATIONAL<br>OTAL TO FORM 990-PF, PART I   | I, LINE 10B                  | -                             |     | 417,826.  | 594,11               |  |

| ECIPIENT NAME AND ADDRESS   | RECIPIENT RELATIONSHIP<br>AND PURPOSE OF GRANT |           | AMOUNT |
|---|--|-----------|--------|
| OYS AND GIRLS CLUB OF RANSYLVANIA COUNTY OO. BOX 1360 BREVARD, NC 28712     | NONE<br>GENERAL PURPOSE                        | 501(C)(3) | 200.   |
| REVARD MUSIC CENTER OO. BOX 312 BREVARD, NC 28712                           | NONE<br>GENERAL PURPOSE                        | 501(C)(3) | 9,000. |
| CAROLINA MOUNTAIN LAND CONSERVANCY 347 CASE STREET HENDERSONVILLE, IC 28792 | NONE<br>GENERAL PURPOSE                        | 501(C)(3) | 2,000. |
| OGWOOD ALLIANCE OBOX 7645 ASHEVILLE, NC 28802                               | NONE<br>GENERAL PURPOSE                        | 501(C)(3) | 1,000. |
| FREE REIN CENTER<br>163 BARCLAY FARM ROAD BREVARD,<br>1C 28712              | NONE<br>GENERAL PURPOSE                        | 501(C)(3) | 400.   |
| JOY OUTREACH CHURCH 3180 HENDERSONVILLE HWY PISGAH FOREST, NC 28768         | NONE<br>GENERAL PURPOSE                        | 501(C)(3) | 450.   |

| THE HAGLER FOUNDATION, INC.  |                         | •         | 58-2288287 |
|--|-------------------------|-----------|------------|
| UDDY SNEAKERS .O. BOX 146 BREVARD, NC 28712                              | NONE<br>GENERAL PURPOSE | 501(C)(3) | 1,400.     |
| C CTV<br>01 AUGUSTA HWY GREENVILLE, SC<br>9203                           | NONE<br>GENERAL PURPOSE | 501(C)(3) | 203.       |
| IERRA CLUB P.O. BOX 421042 PALM COAST, L 32142                           | NONE<br>GENERAL PURPOSE | 501(C)(3) | 200.       |
| MITHSONIAN INSTITUTION O. BOX 96263 WASHINGTON, DC 0090                  | NONE<br>GENERAL PURPOSE | 501(C)(3) | 100.       |
| T. CLARE'S O. BOX 1705 BREVARD, NC 28712                                 | NONE<br>GENERAL PURPOSE | 501(C)(3) | 1,000.     |
| T. PAUL'S ENDOWMENT<br>05 REYNOLDS STREET AUGUSTA, GA<br>0901            | NONE<br>GENERAL PURPOSE | 501(C)(3) | 200.       |
| TEVE O' NEIL NATURE PROGRAM<br>600 GOLDEN ROAD LAKE TOXAWAY,<br>IC 28747 | NONE<br>GENERAL PURPOSE | 501(C)(3) | 700.       |
| 'ANNER HOSPICE CARE '10 DIXIE STREET CARROLLTON, GA                      | NONE<br>GENERAL PURPOSE | 501(C)(3) | 300.       |
| HE NATURE CONSERVANCY 316 PATTON AVE # A ASHEVILLE, IC 28806             | NONE<br>GENERAL PURPOSE | 501(C)(3) | 1,000.     |
| THE PHINIZY SWAMP  TO BOX 2404 AUGUSTA, GA 30903                         | NONE<br>GENERAL PURPOSE | 501(C)(3) | 2,000.     |

| THE HAGLER FOUNDATION, INC.                                    |                         | 58        | 8-2288287 |
|--|-------------------------|-----------|-----------|
| NC TV<br>.O. BOX 600067 RALEIGH, NC<br>7675                    | NONE<br>GENERAL PURPOSE | 501(C)(3) | 200.      |
| NITED METHODIST<br>00 S. COLUMBIA DR DECATUR, GA<br>0030       | NONE<br>GENERAL PURPOSE | 501(C)(3) | 400.      |
| NITED WAY .O. BOX 53 BREVARD, NC 28712                         | NONE<br>GENERAL PURPOSE | 501(C)(3) | 1,000.    |
| &L UNIVERSITY<br>04 N. WASHINGTON STREET<br>EXINGTON, VA 24450 | NONE<br>GENERAL PURPOSE | 501(C)(3) | 500.      |
| OTAL TO FORM 990-PF, PART XV, L                                | INE 3A                  |           | 22,253.   |

JUN to reclare 4.15.

Form **8868** 

(Rev Japuary 2011)

## Application for Extension of Time To File an Exempt Organization Return ► File a separate application

|   | artment of the Treasury nal Revenue Service ► File a separate application for each return.    |  |             |   |          |                        |                 |
|---|---|--|-------------|---|----------|------------------------|-----------------|
| • If you a                                | If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box |  |             |   |          | <b>&gt;</b>            |                 |
| • If you a                                | are filing for an Add   | itional (Not Automatic) 3-Month Ext                  | ension, c   | omplete only Part II (on page 2 of this     | form)    | •                      |                 |
| •   | •   |  |             | ic 3-month extension on a previously fil    | -        | m 8868                 |                 |
|   | •   |  |             | 3 month automatic extension of time to      |          |                        | oration         |
|   |   |  |             | ion of time. You can electronically file Fo |          |                        |                 |
| •   |   |  |             | Form 8870, Information Return for Trans     |          |                        |                 |
|   | •   |  |             | see instructions) For more details on the   |          |                        |                 |
|   |   | lick on e-file for Charities & Nonprofits            | si ioimat ( | see instructions) To more details in        |          | 17 19 17 "             | orm,            |
| Part I                                    |   | 3-Month Extension of Time                            | Only gul    | amit avigual (no capies pended)             | 4        | <del>// U U -</del>    |                 |
|   |   |  |             | nth extension check this box and com        | Diete    |                        |                 |
|   | •   | e rom 990-1 and requesting an auton                  | iatic o mo  | THE EXTENSION CHECK THIS DOX AND COM        | piere    | _                      | [ <del></del> ] |
| Part I only                               |   | den 1100 O Starel and ambien DEM                     | ·           |   |          |                        |                 |
|   | corporations (includ<br>ome tax returns   | ding 1120-С tilers), partnersnips, нЕмі              | Cs, and tr  | rusts must use Form 7004 to request an      | exten    | sion of time           |                 |
| Type or                                   | Name of exemp   | t organization                                       |             |   | Empl     | oyer identification    | number          |
| orint                                     | THE HAGL  | ER FOUNDATION, INC.                                  |             |   | 5        | 8-2288287              |                 |
| File by the<br>due date for<br>iling your |   | and room or suite no If a P O box, so MONT CAMP ROAD | e instruct  | tions                                       |          |                        | _               |
| eturn See<br>nstructions                  |   | st office, state, and ZIP code. For a fo             | reign add   | ress, see instructions                      |          |                        |                 |
|   | T DIE VAKU,   | 110 20/12 /000                                       |             |   |          |                        |                 |
| Enter the                                 | Return code for th  | e return that this application is for (file          | a separa    | te application for each return)             |          |                        | 0 4             |
| Applicati                                 | on  |  | Return      | Application                                 |          |                        | Return          |
| s For                                     |   |  | Code        | is For                                      |          |                        | Code            |
| Form 990                                  | )   |  | 01          | Form 990-T (corporation)                    |          |                        | 07              |
| Form 990                                  |   |  | 02          | Form 1041-A                                 |          | <del></del>            | 08              |
| Form 990                                  |   |  | 01          | Form 4720                                   |          |                        | 09              |
| Form 990                                  |   |  | 04          | Form 5227                                   |          |                        | 10              |
|   | T (sec 401(a) or 4  | 108(a) trust)  | 05          | Form 6069                                   |          |                        | 11              |
|   | O-T (trust other than   | <del></del>  | 06          | Form 8870                                   |          |                        | 12              |
| Gilli 330                                 | y 1 (trade dirior trial   | WILLIAM S. HAGI                                      |             | 10,1110070                                  |          |                        | <u> </u>        |
| • The he                                  | noks are in the cari  |  |             | OAD - BREVARD, NC 28                        | 712      | -7660                  |                 |
| Talant                                    | none No. > 770  | -382-8911  |             | FAX No ►                                    |          |                        |                 |
|   |   | not have an office or place of business              | on the Ur   |   |          |                        |                 |
|   | -   | im, enter the organization's four digit              |             |   | e ie foi | r the whole group, o   | hack this       |
| box ►                                     |   |  | ı           | ich a list with the names and EINs of all   |          |                        |                 |
|   |   |  |             | to file Form 990-T) extension of time unt   |          | ers tile exterision is | 101             |
| 1 116                                     | JULY 15,  |  |             | tion return for the organization named a    |          | The extension          |                 |
|   | <del></del>   | <del></del>  | t Organiza  | don return for the organization hamed a     | DOVE     | THE extension          |                 |
| 15 1                                      | or the organization  calendar year  |  |             |   |          |                        |                 |
|   | Calendar year   |  |             | d ending NOV 30, 2011                       |          |                        |                 |
|   | LAL tax year begin  | ining DBC 1, 2010                                    | , an        | dending 100 30, 2011                        |          | <b>-</b> ·             |                 |
|   |   |  | L I         |   |          |                        |                 |
| 2 If th                                   | <del>-</del>  | I in line 1 is for less than 12 months, c            | neck reas   | on: L Initial return L Fina                 | l retun  | n                      |                 |
| Ĺ   | ∴ Change in acco  | unting period  |             |   |          |                        |                 |
|   |   |  |             |   |          |                        |                 |
| 3a If th                                  | his application is fo   | or Form 990-BL, 990-PF, 990-T, 4720,                 | or 6069, e  | nter the tentative tax, less any            |          |                        | •               |
|   | refundable credits  | <del></del>  |             |   | 3a       | \$                     | 0.              |
|   | • •   | r Form 990-PF, 990-T, 4720, or 6069,                 | -           |   |          |                        | _               |
| est                                       | ımated tax paymer   | nts made Include any prior year overp                | ayment a    | llowed as a credit.                         | 3b       | \$                     | 0.              |
| c Ba                                      | lance due, Subtrac  | ct line 3b from line 3a. Include your pa             | yment wit   | th this form, if required,                  | . 7      |                        | <del>-</del>    |
| by  | using EFTPS (Elec   | tronic Federal Tax Payment System)                   | See instru  | ctions.                                     | 3c       | \$                     | 0.              |
| Caution.                                  | If you are going to   | make an electronic fund withdrawal                   | vith this F | orm 8868, see Form 8453-EO and Form         | 8879-    | O for payment inst     | ructions        |
|   |   | duction Act Notice, see Instructions                 |             |   |          | Form 8868 (Re          |                 |
|   | •   | ·  |             |   |          |                        | ,               |
| 023841<br>01-16-12                        |   |  |             |   |          |                        |                 |