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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

2011

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

		<u> </u>	ax year beginning	, 2011	, and ending			
Name of f			HASLINGER FAMILY FO	UNDATION, INC. C/OS	SANDRA HASLINGER	Α	Employer identification nur 34-1848698	mber
Number a	nd stree		er if mail is not delivered to stre		Room/suite	В	Telephone number (see the (330) 761-104	
City or to					ZIP code	С	If exemption confusition is	nonding shook boss >
Akro				<del></del>	44333		If exemption application is	pending, check here
G Che	ск ап	that apply	Initial return	Initial Return of a fore Amended return	mer public charity	D	1 Foreign organizations, chec	k here
			Address change	Name change			2 Foreign organizations meet	ang the 85% test, check
H C	_	ype of organiza		(c)(3) exempt private for		1	here and attach computation	
<u> </u>			nonexempt charitable tr		private foundation	E	If private foundation status under section 507(b)(1)(A)	
		ket value of all asset rt II, column (c), line		ounting method $X$ C Other (specify)	ash Accrual	_		
<b>►</b> \$		5,202,		column (d) must be on		F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part I		nalysis of Re		(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
	COL	( <b>penses</b> (The lumns (b), (c), a	total of amounts in and (d) may not neces-	expenses per books	income		income	for charitable
	sai	rıly equal the an	nounts ın column (a)					purposes (cash basis only)
	(56	ee instructions)., Contributions, aifts.	grants, etc, received (att sch)					
		Ck ► X if the fo	oundn is <b>not</b> req to att Sch B				· · · · · · · · · · · · · · · · · · ·	
	3		ings and temporary					I
	4	Dividends and inter		136,004.	136,00	)4.		
		Gross rents	•					
_	_	Net rental income or (loss)	-		L-6a Stmt			
R E		Net gain/(loss) from Gross sales price to	sale of assets not on line 10	49,643.			<u> </u>	
٧	7	assets on line 6a	or all1,160,410. ome (from Part IV, line 2)		49,64	1 3		
E N		Net short-term			45,0	· .	8,149.	
U E	9	Income modific	ations					
	10a	Gross sales less returns and allowances						1
2 <b>012</b>	b	Less Cost of goods sold					·	
<b>®</b>	С	Gross profit/(loss)	(att sch)					
<b>20</b>	11	Other income (	(attach schedule)					
<u> </u>	12	Total. Add lines	s 1 through 11	185,647.	185,64	17	8,149.	
2	13		ficers, directors, trustees, etc	100,047.	103,04	<u> </u>	0,143.	<u>'</u>
		Other employee sal	•					
		• •	employee benefits				<u> </u>	
		Legal fees (attach s Accounting fees (at	•	6,500.				
M-N-S		Other prof fees (at		17,758.				
်း ရှိ		Interest	•		Г			
E T			see instrs) See Line 18 Stimt	3,913.			RECEIVED	
Ŷ A	19	Depreciation (a sch) and deplet				Γ		က္ပ
N G E		Occupancy				77	NOV 2 1 2012	
_			ences, and meetings		<del> </del>	4		الخال
A E N X D P		Printing and pu Other expenses	s (attach schedule)		<del>  -  </del>		OCDEN UT	Ια
Ë		See Line 23 St	tmt	8,201.	L		OGDEN, UT	
S	24	Total operating	g and administrative I lines 13 through 23	36,372.				
S	25	Contributions, gifts		407,500.				
	26		s and disbursements.	443,872.				
	27			443,072.				
	а	Excess of reve	enue over expenses	-258,225.				
	ь		ome (if negative, enter -0-)	230,223.	185,64	47.		
			ne (if negative, enter -0-)				8,149.	,

Part		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
rait	. 18   1	Dalalice Sheets	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-	bearing	227,841.	26,655.	26,655.
	2	Savings and tempora	ary cash investments			
1	3	Accounts receivable				:
		Less: allowance for o	doubtful accounts		_	
	4	Pledges receivable	<b>&gt;</b>			
		Less: allowance for o	toubtful accounts			
	5	Grants receivable				
	6	Receivables due from offici disqualified persons (attac	ers, directors, trustees, and other th schedule) (see instructions)			
	7	Other notes and loans reco	ervable (attach sch)			
A		Less: allowance for o	doubtful accounts			
š	8	Inventories for sale of	or use .			
S S E T	9	Prepaid expenses ar	nd deferred charges	27,420.	23,707.	23,707.
s	10 a	Investments – US a obligations (attach se	and state government chedule)		<del>1 1</del>	
	t	Investments — corporate :	stock (attach schedule)		· ·	
		: Investments — corporate I	bonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			_ ,
		Less accumulated depreci (attach schedule)	ation •			
	12	Investments - morto	gage loans .			
	13	Investments - other	(attach schedule) L-13 Stmt	5,497,552.	5,151,819.	5,151,819.
	14	Land, buildings, and	equipment: basis			
		Less accumulated deprecedant (attach schedule)	<b>▶</b>			
		Other assets (describ				
1		see the instructions	completed by all filers — Also, see page 1, item l)	5,752,813.	5,202,181.	5,202,181.
ī	17		ad accrued expenses			
A	18	Grants payable				!
В	19	Deferred revenue				<u> </u> -
Ļ	20		tors, trustees, & other disqualified persons			
Ť	21		s payable (attach schedule)			<u> </u>
Ĺ	22	Other liabilities (desc	cribe	0.	<del></del>	<u> </u>
E S	23		lines 17 through 22) llow SFAS 117, check here	0.		
		and complete lines 2	24 through 26 and lines 30 and 31.			E !
N F E U T N	24	Unrestricted .		5,752,813.	5,202,181.	
ŦŇ	25	Temporarily restricte				-
n	26	Permanently restrict				-
A B S L A N		Foundations that do and complete lines 2	not follow SFAS 117, check here 27 through 31.			<u> </u>
TA	27	Capital stock, trust p	orincipal, or current funds			_
SN	28	Paid-in or capital surplus,	or land, building, and equipment fund			,
O E R S	29	Retained earnings, accum	ulated income, endowment, or other funds .		· <del>-</del> ·	
RS	30		und balances (see instructions)	5,752,813.	5,202,181.	<u></u>
	31	Total liabilities and (see instructions)	net assets/fund balances	5,752,813.	5,202,181.	
Parl	<u> </u>		ges in Net Assets or Fund Balanc		5,202,101.	.l
1	Tota end-	I net assets or fund ba	alances at beginning of year – Part II, colun d on prior year's return)	nn (a), line 30 (must agre	ee with	5,752,813.
		er amount from Part I,			2	-258,225.
		increases not included in li		INS	3	200,220.
4		lines 1, 2, and 3		<del></del>	<del>-</del> <del>3</del>	5,494,588.
		ases not included in line 2 (	(itemize) . ► UNREALIZED LOS	SSES	5	292,407.
			alances at end of year (line 4 minus line 5)		<del>-</del>	5,202,181.
RAA			TEEA0200	07/14/11		Form 990-PF (2011)

Form 990-PF (2011) SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDR

34-1848698

Page 2

Part IV   Capital Gains and	Losses for Tax on Investmen	it income				
(a) List and descri 2-story brick wareho	be the kınd(s) of property sold (e g., r use, or common stock, 200 shares ML	eal estate, .C Company)	(b) How ac P — Purc D — Dona	hase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 2366.8640 SH LAUDUS MONDRIAN EMMKT P					10/06/11	12/12/11
	1190.7590 SH PIMCO EMRG LOCAL BD FD P					04/19/11
	PRICE INST INTL BD FD		P		11/17/10 Various	04/19/11
	MRG MKT SMALL CAP FD		P	_	10/06/11	12/12/11
e See Columns (a) thru (d)	ING INI DIRIBE OIL 12		<u>-</u>		10/00/11	12/12/11_
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa			(h) Gain or (e) plus (f) m	
a 20,000		1	8,864.			1,136.
b 13,000	1		2,958.			42.
c 4,215			4,054.			161.
d 19,953	· · ·		9,285.			668.
e See Columns (e) thru (l	<del></del>		5,606.			47,636.
	ving gain in column (h) and owned by					
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	1 (1)		l) Gains (Colu ain minus column (k an -0-) <b>or</b> Losses (fr	<), but not less
a						1,136.
b	<u>"</u>					42.
<b>c</b> 0	. 0.		0.			161.
d	-					668.
e See Columns (i) thru (	0.		0.			47,636.
2 Capital gain net income or (ne	If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		49,643.
in Part I line 8						
(For optional use by domestic prival If section 4940(d)(2) applies, leave Was the foundation liable for the se If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable am alify under section 4940(e). Do not co	1940(a) tax on net investme nount of any year in the bas mplete this part.	nt income.	)	Yes	8,149. X No
Part V ** Qualification Under (For optional use by domestic prival If section 4940(d)(2) applies, leave Was the foundation liable for the se If 'Yes,' the foundation does not qua	te foundations subject to the section 4 this part blank.  ction 4942 tax on the distributable arr	1940(a) tax on net investme nount of any year in the bas mplete this part.	nt income.	<b>me</b>	Yes	
Part V ** Qualification Under (For optional use by domestic prival If section 4940(d)(2) applies, leave Was the foundation liable for the se If 'Yes,' the foundation does not qua	te foundations subject to the section 4 this part blank. ction 4942 tax on the distributable am alify under section 4940(e). Do not co	1940(a) tax on net investme nount of any year in the bas mplete this part.	nt income. e period? g any entri	me )	Yes  (d)  Distributior  umn (b) divided	X No
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave  Was the foundation liable for the self 'Yes,' the foundation does not qual  1 Enter the appropriate amount  (a)  Base period years Calendar year (or tax year	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not coun each column for each year, see the (b)  Adjusted qualifying distributions	nount of any year in the bas mplete this part.  e instructions before making (c)  Net value of noncharitable-use as	nt income. e period? g any entri	me )	(d) Distribution	X No
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave Was the foundation liable for the self 'Yes,' the foundation does not qualification of the self that is a section of the self of	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not coun each column for each year, see the	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as	e period? g any entri sets 5,090.	me )	(d) Distribution	X No n ratio by column (c))
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave Was the foundation liable for the self 'Yes,' the foundation does not qual 1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853.	nount of any year in the bas mplete this part. e instructions before making (c) Net value of noncharitable-use as	e period? g any entri sets 5,090. 3,079.	me )	(d) Distribution	X No n ratio by column (c)) 0.073960 0.344256
Part V  Qualification Under (For optional use by domestic privation of the section 4940(d)(2) applies, leave  Was the foundation liable for the section of t	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not con each column for each year, see the (b)  Adjusted qualifying distributions	nount of any year in the bas mplete this part.  e instructions before making (c)  Net value of noncharitable-use as  5,41  7,00  8,90	e period? g any entri sets 5,090. 3,079. 3,611.	me )	(d) Distribution	X No ratio by column (c)) 0.073960
Part V  Qualification Under (For optional use by domestic private If section 4940(d)(2) applies, leave Was the foundation liable for the se If 'Yes,' the foundation does not qual 1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853. 460,000. 959,500.	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as 5,41  7,00  8,90  10,30	e period? g any entri sets 5,090. 3,079. 3,611. 5,728.	me )	(d) Distribution	x No  n ratio by column (c))  0.073960  0.344256  0.051664  0.093104
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave  Was the foundation liable for the self 'Yes,' the foundation does not qual  Enter the appropriate amount  (a)  Base period years Calendar year (or tax year beginning in)  2010  2009  2008  2007	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853. 460,000.	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as 5,41  7,00  8,90  10,30	e period? g any entri sets 5,090. 3,079. 3,611.	me )	(d) Distribution	X No  Pratio by column (c))  0.073960 0.344256 0.051664 0.093104 0.218476
Part V  Qualification Under (For optional use by domestic privation of the section 4940(d)(2) applies, leave Was the foundation liable for the section of th	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853. 460,000. 959,500.	nount of any year in the bas mplete this part. e instructions before making (c) Net value of noncharitable-use as  5,41 7,00 8,90 10,30 4,43	e period? g any entri sets 5,090. 3,079. 3,611. 5,728.	me ) es. (coli	(d) Distribution	x No  n ratio by column (c))  0.073960  0.344256  0.051664  0.093104
Part V  Qualification Under (For optional use by domestic private If section 4940(d)(2) applies, leave Was the foundation liable for the se If 'Yes,' the foundation does not qual 1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006  2 Total of line 1, column (d) 3 Average distribution ratio for the number of years the foundation	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853.  460,000.  959,500.  970,000.	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as  5,41  7,00  8,90  10,30  4,43  tal on line 2 by 5, or by the 5 years	e period? g any entri sets 5,090. 3,079. 3,611. 5,728.	me ) es. (coli	(d) Distribution umn (b) divided	x No  n ratio by column (c))  0.073960  0.344256  0.051664  0.093104  0.218476  0.781460  0.156292
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave  Was the foundation liable for the se of the self t	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853.  460,000.  959,500.  970,000.	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as  5,41  7,00  8,90  10,30  4,43  tal on line 2 by 5, or by the 5 years	e period? g any entri sets 5,090. 3,079. 3,611. 5,728.	es. (coli	(d) Distribution umn (b) divided	x No  n ratio by column (c))  0.073960 0.344256 0.051664 0.093104 0.218476 0.781460 0.156292 5,074,542.
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave Was the foundation liable for the self 'Yes,' the foundation does not quate of the self 'Yes,' the foundation does not quate of the self 'Yes,' the foundation does not quate of the self 'Yes,' the foundation does not quate of the self 'Yes,' the foundation of the self 'Yes,' the self 'Yes,' the foundation of the self 'Yes,' the foundation of the self 'Yes,' the self 'Yes	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853.  460,000.  959,500.  970,000.	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as  5,41  7,00  8,90  10,30  4,43  tal on line 2 by 5, or by the 5 years	e period? g any entri sets 5,090. 3,079. 3,611. 5,728.	es. (coli	(d) Distribution umn (b) divided	X No  n ratio by column (c))  0.073960  0.344256  0.051664  0.093104  0.218476  0.781460  0.156292  5,074,542.  793,110.
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave Was the foundation liable for the self 'Yes,' the foundation does not qualificate amount  (a)  Base period years Calendar year (or tax year beginning in)  2010  2009  2008  2007  2006  2 Total of line 1, column (d)  3 Average distribution ratio for the self amount (d)  4 Enter the net value of nonchalification options (d)  5 Multiply line 4 by line 3	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500.  2,410,853.  460,000.  959,500.  970,000.	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as  5,41  7,00  8,90  10,30  4,43  tal on line 2 by 5, or by the 5 years	e period? g any entri sets 5,090. 3,079. 3,611. 5,728.	es. (cold	(d) Distribution umn (b) divided	X No  n ratio by column (c))  0.073960 0.344256 0.051664 0.093104 0.218476 0.781460 0.156292 5,074,542. 793,110. 1,856.
Part V  Qualification Under (For optional use by domestic private if section 4940(d)(2) applies, leave.  Was the foundation liable for the set if 'Yes,' the foundation does not quate.  Base period years Calendar year (or tax year beginning in).  2010 2009 2008 2007 2006  Total of line 1, column (d).  Average distribution ratio for the number of years the foundation.  Enter the net value of nonchation.  Multiply line 4 by line 3.  Enter 1% of net investment in Add lines 5 and 6.	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500. 2,410,853. 460,000. 959,500. 970,000.  the 5-year base period – divide the total has been in existence if less than 5 aritable use assets for 2011 from Part accome (1% of Part I, line 27b)	nount of any year in the bas implete this part.  e instructions before making (c)  Net value of noncharitable-use as  5,41  7,00  8,90  10,30  4,43  tal on line 2 by 5, or by the 5 years	e period? g any entri sets 5,090. 3,079. 3,611. 5,728.	me ) es. (coli	(d) Distribution umn (b) divided	x No  n ratio by column (c))  0.073960 0.344256 0.051664 0.093104 0.218476  0.781460 0.156292 5,074,542. 793,110. 1,856. 794,966.
Part V  Qualification Under (For optional use by domestic privation of section 4940(d)(2) applies, leave Was the foundation liable for the self 'Yes,' the foundation does not qualificate amount  Base period years Calendar year (or tax year beginning in)  2010 2009 2008 2007 2006  Total of line 1, column (d)  Average distribution ratio for the self in t	this part blank.  ction 4942 tax on the distributable amalify under section 4940(e). Do not come each column for each year, see the (b)  Adjusted qualifying distributions  400,500. 2,410,853. 460,000. 959,500. 970,000.  the 5-year base period – divide the total has been in existence if less than 5 aritable use assets for 2011 from Part accome (1% of Part I, line 27b)	sount of any year in the bas mplete this part. e instructions before making (c) Net value of noncharitable-use as  5, 41 7,00 8,90 10,30 4,43  tal on line 2 by 5, or by the 5 years  X, line 5	e period? gany entri sets 5,090. 3,079. 3,611. 5,728. 9,848.	me ) es. (coli	(d) Distribution umn (b) divided	X No  n ratio by column (c))  0.073960  0.344256  0.051664  0.093104  0.218476  0.781460  0.156292  5,074,542.  793,110.  1,856.  794,966.  407,500.

		18486		P	'age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstructi	ons)		
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 instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1		3,7	<u> 113.</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				
	foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		3,7	713.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		3,7	713.
	Credits/Payments:				
	2011 estimated tax pmts and 2010 overpayment credited to 2011 6a 17, 420.				
	Exempt foreign organizations – tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868) . 6c 0.				
	Backup withholding erroneously withheld . 6d	_			
7	Total credits and payments. Add lines 6a through 6d	7		17,4	<u> 120.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		13,	707.
	Enter the amount of line 10 to be Credited to 2012 estimated tax	11			
Par	t VII-A   Statements Regarding Activities			<b>Y</b>	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		16		v
			10		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publi or distributed by the foundation in connection with the activities.	ished			
	Did the foundation file Form 1120-POL for this year?		1 c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•	'		Α_
	(1) On the foundation \$ (2) On foundation managers \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or	)			
_	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				
4.	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If 'Yes,' has it filed a tax return on Form 990-T for this year?		4a 4b		Х
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
3	If 'Yes,' attach the statement required by General Instruction T		3		┢ˆ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
Ū	By language in the governing instrument, or		1		
		_			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that cor with the state law remain in the governing instrument?	iflict	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	Х	<del>                                     </del>
	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	OH - Ohio				
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) of each state as required by General Instruction G? If 'No,' attach explanation		8b	 X	_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4	1942(1)(5	)		
•	for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete	Part XIV	/ <u>9</u>		х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses.	mes 	. 10		х
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all years listed, answer 'No' and attach statement - see instructions )

**b** If 'Yes,' did it have excess business holdings in 2011 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 2011).

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to

**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . . . . . .

<b>b</b> Did the foundation make any inv					
jeopardize its charitable purpose	that had not	been rem	oved from jeopard	dy before the fi	rst day of
the tax year beginning in 2011?					-

3b
4a X
4b X
Form 990-PF (2011)

2b

BAA

Form 990-PF (2011) SANDRA L. AND DENNIS B. HASLI			34-184	8698	Page 6
Part VII-B   Statements Regarding Activiti	<del></del>	4/20 May Be Requ	uired (continued)	<del></del>	
5a During the year did the foundation pay or incur	-				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	c election (see section of the desired control of the control of t	4955); or to carry	. Yes X	No	
(3) Provide a grant to an individual for travel,	•	·	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	anization described ctions) .	Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, i of cruelty to children o	literary, or r animals?	. Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to qual a current notice regardi	ualify under the exception ng disaster assistance	ns	5b	
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ 🗌		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exellibility for the grant?	mption from the	. Yes	No	
If 'Yes,' attach the statement required by Regu	lations section 53.4945-	5(d)			
6a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indir	ectly, to pay premiums	Yes X	No	_
<b>b</b> Did the foundation, during the year, pay premit	ums, directly or indirectl	y, on a personal benefit	contract?	6b	<u> </u>
If 'Yes' to 6b, file Form 8870					
7a At any time during the tax year, was the found				I I	-
b If 'Yes,' did the foundation receive any proceed				7b	
Part VIII Information About Officers, D and Contractors	irectors, I rustees,	Foundation Manag	jers, Highly Paid E	mployees,	•
-					
1 List all officers, directors, trustees, foundation				(a) Evpopeo	account
(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 other allow	
SANDRA L HASLINGER		-			
2524 IRA RD	PRESIDENT				
AKRON OH 44333	0.00	0.	0.		0.
DOUGLAS HASLINGER			•		
776 N. HAMETOWN RD	SECRETARY/TRUSTEE				
AKRON OH 44333	0.00	0.	0.		0.
JENNIFER S. HASLINGER					
3150 OAK HILL ROAD	TREASURER/ TRUSTEE	_	_		_
PENNINSULA OH 44264	0.00	0.	0.		0.
See Information about Officers, Directors, Trustees, Etc					
		_	•	•	^
2 Compensation of five highest-paid employee	c (ather than these incl	0.	0.	- 'NONE '	0.
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d) Contributions to		account
paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense other allo	wances
NONE			I		
0					
0					
0					
0					
Total number of other employees paid over \$50,000			<b></b>		None
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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	ANDR 34-184 Ition Managers, Highly Paid E	8698 Page 7 mployees,
3 Five highest-paid independent contractors for professional services (see instr	uctions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	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 in organizations and other beneficiaries served, conferences convened, research papers produced, etc.	oformation such as the number of	Expenses
1		
2		
<u> </u>		
3		
	- <b></b>	
4		
Part IX-B Summary of Program-Related Investments (see instruct	ions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1		-
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3 .		
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,		
Form 990-PF (2011) SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDR  Part X   Minimum Investment Return (All domestic foundations must complete this part. Face instructions.)	4-18486 oreign fo	
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	5,151,819.
b Average of monthly cash balances	1b	J, 131, 61 <u>3.</u>
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	5,151,819.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		3,131,013.
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d .	3	5,151,819.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3		
(for greater amount, see instructions).	4	77,277.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,074,542.
6 Minimum investment return. Enter 5% of line 5	6	253,727.
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.)	rating fo	undations
1 Minimum investment return from Part X, line 6	11	253,727.
2a Tax on investment income for 2011 from Part VI, line 5 2a 3, 713		2007.2
b Income tax for 2011. (This does not include the tax from Part VI.)	<del>`</del>   .	
c Add lines 2a and 2b	2c	3,713.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	250,014.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	250,014.
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	250,014.
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	407,500.
<b>b</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:		

<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes</li> <li>Expenses, contributions, gifts, etc – total from Part I, column (d), line 26</li> </ul>	1 a	407,500.
<b>b</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>b</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	407,500.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	407,500.

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

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Form **990-PF** (2011)

## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
1 Distributable amount for 2011 from Part XI,				
line 7				250,014.
2 Undistributed income, if any, as of the end of 2011: a Enter amount for 2010 only			267,729.	
b Total for prior years: 20 , 20 , 20			201,123.	<del></del>
3 Excess distributions carryover, if any, to 2011				
a From 2006 760, 592.				!
<b>b</b> From 2007 510, 220.				i I
<b>c</b> From 2008 16, 945.				I
<b>d</b> From 2009 2,334,835.				[
e From 2010 400,500.				
f Total of lines 3a through e .	4,023,092.			
4 Qualifying distributions for 2011 from Part				,
XII, line 4 ► \$ 407,500.			-	'
a Applied to 2010, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				,
<ul> <li>Treated as distributions out of corpus (Election required – see instructions)</li> </ul>				
<b>d</b> Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus	407,500.			
5 Excess distributions carryover applied to 2011 (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	4,430,592.			;
, , ,	4,450,552.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		!
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				ĺ
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from				•
line 2a. Taxable amount — see instructions			267,729.	
f Undistributed income for 2011 Subtract lines				
4d and 5 from line 1. This amount must be				250 014
distributed in 2012  7 Amounts treated as distributions out of				250,014.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
,				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions).	760,592.			
9 Excess distributions carryover to 2012.	,			
Subtract lines 7 and 8 from line 6a	3,670,000.			
10 Analysis of line 9		_		
a Excess from 2007 510, 220.				
<b>b</b> Excess from 2008 16,945.				
c Excess from 2009 . 2,334,835.				
<b>d</b> Excess from 2010 400, 500.				
e Excess from 2011 407,500.	<u> </u>	<u> </u>		Form 990 PE (2011)

Form 990-PF	(2011) SANDRA L. AND DENNIS B. HAS	LINGER FAMILY FOUND	ATION, INC. C/O SAND	DR	34-1848698	Page <b>10</b>
Part XIV	Private Operating Foundat					N/A
is effec	fundation has received a ruling or de tive for 2011, enter the date of the ru	uling .			້▶	
	pox to indicate whether the foundation		ating foundation des		4942(j)(3) or	4942(j)(5)
income	ne lesser of the adjusted net from Part I or the minimum	Tax year (a) 2011	(b) 2010	Prior 3 years	(4) 2000	(a) Total
each ye	nent return from Part X for ear listed	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total
<b>b</b> 85% of	•		-		-	<del></del>
line 4 fo	ing distributions from Part XII, or each year listed					
for active	included in line 2c not used directly conduct of exempt activities					<del>_</del>
for activ Subtrac	ing distributions made directly ve conduct of exempt activities. It line 2d from line 2c					
alternat	te 3a, b, or c for the tive test relied upon.					
	alternative test – enter:					
• •	ue of all assets					
sec	ue of assets qualifying under tion 4942(j)(3)(B)(i)					
mınımum	ent' alternative test — enter 2/3 of investment return shown in Part X, each year listed	_				
	t' alternative test – enter·					_
INV divi on	al support other than gross estment income (interest, dends, rents, payments securities loans (section 2(a)(5)), or royalties)					
mor	port from general public and 5 or e exempt organizations as provided ection 4942()(3)(B)(III)					
	gest amount of support from exempt organization					
	ess investment income					
Part XV	Supplementary Information assets at any time during th	(Complete this e year — see in	part only if the ostructions.)	organization ha	id \$5,000 or mor	e in
<b>a</b> List any close o	ation Regarding Foundation Manager managers of the foundation who had any tax year (but only if they have RA L. HASLINGER	ave contributed mor	re than 2% of the tot nan \$5,000) (See se	tal contributions rec ection 507(d)(2).)	eived by the foundat	on before the
<b>b</b> List any a partn NONE	managers of the foundation who or ership or other entity) of which the f	wn 10% or more of oundation has a 10	the stock of a corpo % or greater interes	ration (or an equall t	y large portion of the	e ownership of
Check l request comple	s for funds. If the foundation makes te items 2a, b, c, and d	akes contributions gifts, grants, etc, (	to preselected charit see instructions) to	table organizations individuals or orgar	and does not accept	unsolicited conditions,
SAND: 686	me, address, and telephone number RA L. HASLINGER, C/O S W. MARKET STREET	SEIKEL & COM	PANY, INC			
AKRO		ОН 4430		0) 761-1040		
	m in which applications should be s cants should send a letter t			-		ount requested.
c Any sul	bmission deadlines. ST 1					
d Any res	strictions or limitations on awards, s	uch as by geograph	ıcal areas, charıtabl	le fields, kınds of ın	stitutions, or other fa	octors.
	<del></del>					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual, show any relationship to any foundation manager or	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
AKRON ART MUSEUM			FBO SCHOOL TOUR	
70 EAST MARKET STREET			PROGRAM AND/OR	7.000
AKRON OH 44308		509(A) (1)	BUILDING CAMPAIGN	7,000.
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY			FBO CAPITAL CAMPAIGN AND/OR	
AKRON OH 44307	,	500 (3) (1)	OPERATING ENDOWMENT FUND	25,800.
AKRON CHILDREN'S HOSPITAL FOUNDATION		509 (A) (1)	HASLINGER PEDIACTRIC	25,600.
ONE PERKINS SQURAE	`		PALLIATIVE CARE CENTER	
AKRON OH 44308		509/31/11	ENDOWED CHAIR FUND	210,000.
THE AKRON URBAN LEAGUE		309 (A) (1)	FBO CAPITAL	210,000.
440 VERNON ODOM BLVD.			CAMPAIGN	_
AKRON OH 44307	1	509(A)(1)	1	0.
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE	<sup>2</sup>		PROGRAMMING AT	
889 JONATHAN AVE.			Arlington Club Operations	05 000
AKRON OH 44306 CROWN POINT ECOLOGY CENTER	<b>'</b>	509(A)(1)	l I	25,000.
PO BOX 484 3220 IRA RD.			SCHOLARSHIPS TO	
BATH OH 44210-04		F 0 0 ( 2 ) ( 1 )	SUMMER FARM AND SCIENCE SCHOOL	0.
CUYAHOGA VALLEY NATIONAL PARK ASSOC	1	509 (A) (1)	SCHOLARSHIPS TO	0.
1403 HINE HILL ROAD	`		THE ENVIRONMENTAL	
PENNINSULA OH 44264		509/31/11	EDUCATION CENTER	5,000.
GRANDPARENTS AGAINST SEX PREDATORS		309 (A) (1)	GENERAL OPERATING	3,000.
233 QUAKER SQUARE	1		EXPENSES	
AKRON OH 44308		509(A)(1)	i i	5,000.
ITHACA CHILDREN'S GARDEN			PHASE ONE OF	0,0001
615 WILLOW AVE.			GARDEN DEVELOPMENT	
ITHACA NY 14850	)	509(A)(1)	!	20,000.
See Line 3a statement				·
				109,700.
Total		r · · ·	<u>►</u> 3a	407,500.
<b>b</b> Approved for future payment				
				-
Total	·	1	. ► 3b	

# Part XVI-A Analysis of Income-Producing Activities

S Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
. 1	<del></del>		
	14	136,004.	
			· · -
	14		
	18	60,606.	49,643.
		196,610.	49,643.
	•	13	246,2 <u>53</u> .
		_	
			14 18 60,606.

## 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 instructions.)

# Form 990-PF (2011) SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDR 34-1848698 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						_							¥	
de	escribe	organization direct d in section 501( to political organi	c) of the Code	engage in (other than	any of the section 5	e followir 601(c)(3)	ng with a organiza	ny othe itions) (	er organization or in section 52	7,			Yes	No
a Tı	ansfer	s from the report	ing foundation	to a nonch	arıtable ex	xempt org	ganızatıo	n of:						
(I	) Casł	ı							• •			1a(1)		X
(2	) Othe	r assets	•									1 a (2)		X
<b>b</b> O	ther tra	insactions:										_	_	
(I	) Sale	s of assets to a r	noncharitable e	xempt orga	anization							1 b (1)		X
(2	) Purc	hases of assets t	from a nonchar	ıtable exer	npt organ	ızatıon						1 b (2)		X
(3	) Rent	al of facilities, ed	quipment, or ot	her assets								1 b (3)		X_
(4	) Rein	nbursement arrar	ngements									1 b (4)		X
(5	) Loar	is or loan guaran	tees									1 b (5)		X_
(6	) Perfe	ormance of servi	ces or member	ship or fun	draising s	olicitation	าร					1 b (6)		X
c S	haring	of facilities, equip	oment, mailing	lists, other	assets, c	or paid en	nployees	;				1 c		X
th	e good	swer to any of the s, other assets, o saction or sharing	or services give	en by the re	eportina fo	oundation	If the fo	oundati	on received less	s than fair r	narket v	ket value alue in	of	
(a) Line	no	(b) Amount involved	(c) Nai	ne of nonchar	ritable exemp	pt organizat	ion	(d)	Description of trans	sfers, transacti	ons, and s	haring arrar	igement	z.
									·	•				
										•				
												_		
		-												
										_				
									<u> </u>					
d	escribe	undation directly d in section 501 ( complete the follo	c) of the Code	(other than	n, or relate n section 5	ed to, one 501(c)(3))	e or more ) or in se	e tax-e: ection 5	xempt organiza 627?	tions		Yes	s X	No
	(a)	Name of organi	zation		<b>(b)</b> Type	of organ	ızatıon		(c	) Descriptio	n of rela	ationship		
		<del></del>												
	,													
	Under p correct,	enalties of perjury, I d and complete Declar	leclare that I have e ation of preparer (o	xamined this i ther than taxp	return, includ ayer) is base	ling accomp ed on all info	anying sch irmation of	edules ar which pro	nd statements, and to eparer has any know	the best of my ledge	knowledg			
Sign		X 1 1	1,/_ /) •					a k				May the this retu	rn with t	the !
Here		Vandra/	rasting	er		11-1	4-13		RESIDENT			preparer (see inst	shown	below
	Signa	ture of officer or truste				Date		Tı	tle		_	X	Yes	No
		Print/Type preparer			Preparer's	gnature			Date /1/9/12	Check	ıf	PTIN		
Paid		LEWIS A S	EIKEL, II	I	(X-		CRA		11/1/12	self-empl	oyed	P0159	2121	
Prepa	rer	Firm's name ►	SEIKEL 8	COMPA	<del></del>	1C.				Firm's EIN ►	34-1	819083		
Use C		Firm's address		MARKET	STREET									
		<u> </u>	AKRON				OI	H 44	303-1449	Phone no	(330	761-	1040	<u>)                                    </u>
BAA												Form 99	90-PF	(2011)

Name

#### **Net Gain or Loss From Sale of Assets**

2011

Employer Identification Number

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER 34-1848698 **Asset Information:** Description of Property: SCHWAB XXXX-2317 Date Acquired: Various How Acquired: . Purchased Date Sold: 12/12/11 Name of Buyer: Cost or other basis (do not reduce by depreciation) Sales Price: 369,182. 345,994. Sales Expense Valuation Method: Total Gain (Loss): 23, 188. Accumulation Depreciation: SCHWAB XXXX-2835 Description of Property . Date Acquired Various How Acquired: Purchased Date Sold: 09/29/11 Name of Buyer: Sales Price: 610,064. Cost or other basis (do not reduce by depreciation) 594,783. Sales Expense: Valuation Method: 15, 281. Accumulation Depreciation: Total Gain (Loss): Description of Property: SANDALWOOD LIQUIDATING INVESTMENT Date Acquired: Various How Acquired: Purchased Date Sold: 07/01/11 Name of Buyer: Sales Price 181,164. Cost or other basis (do not reduce by depreciation) 169,990. Sales Expense Valuation Method: Total Gain (Loss): 11, 174. Accumulation Depreciation: Description of Property: How Acquired: Date 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 Property: Date Acquired: How Acquired Date Sold: Name of Buver: Sales Price: Cost or other basis (do not reduce by depreciation) Sales Expense. Valuation Method Total Gain (Loss): Accumulation Depreciation: Description of Property 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 Property: . How Acquired: Date Acquired Date Sold<sup>1</sup> Name of Buyer. Cost or other basis (do not reduce by depreciation) Sales Price: Sales Expense: Valuation Method: Total Gain (Loss) Accumulation Depreciation: Description of Property: Date Acquired: How Acquired: Name of Buyer: Date Sold: . . Sales Price: Cost or other basis (do not reduce by depreciation) Sales Expense: Valuation Method: Total Gain (Loss): Accumulation Depreciation:

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

Taxes	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	3,713.			

Total

3,913.

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

Other expenses:						
OTHER TRADE OR BUSINESS						
1256 NET (GAIN) LOSS						
SEC 988 (GAIN) LOSS						
SEC 59 (E) EXPENDITURE						

	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
3	8,201.			
2				
<u>.</u>				

Total

8,201.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a)	(b)	(c)	(d)
List and describe the kind(s) of property sold	How acquired	Date acquired	Date sold
(e.g., real estate, 2-story brick warehouse; or	P - Purchase	(month,	(month,
common stock, 200 shares MLC Company)	D - Donation	day, year)	day, year)
2286.9230 SH FIRST EAGLE OVERSEAS FUND	Р	03/24/10	12/12/11
240 SH ISHARES TR BARCLAYS BONDBARCLAYS 7-10 YEAR	P	09/17/10	12/12/11
807 SH ISHARED TRUST S&P 500 INDEX	P	03/24/10	12/12/11
2449.2290 SH PIMCO DEVELOPING LOCAL MKTD	P	03/24/11	04/19/11
7205.548 SH T ROWE PRICE INST INTL	P	Various	04/19/11
1462.004 SH THIRD AVENUE REALESTATE VALUE FD	P	03/24/10	04/19/11
54.143727 SH sANDALWOOD OVERSEAS	P	12/31/09	06/01/11
70.784793 SH SANDALWOOD OVERSEAS	P	12/31/09	07/01/11
45.061142 SH SANDALWOOD OVERSEAS	P	12/31/09	11/30/11
85000 FED FARM CR BK NOTES	P	04/12/10	01/31/11
90000 OHIO ST MAJOR REV BAB	P	05/19/10	02/01/11
45000 FED HOME LN BK NOTES	P	04/13/10	12/13/11
80000 GRANT CNTY WASH REV	P	04/15/10	09/29/11
40000 ISLE WIGHT CNTY GO UTX BAB	P	04/09/10	09/29/11
90000 OREGON ST DEPT REV	P	05/06/10	11/04/11
45000SNOHOMISH CNTY REV BAB	P	05/12/10	09/29/11
40000 SOUTH CAROLINA GO UTX	P	04/13/10	09/29/11
75000 WEST KERN CALIF	Р	05/14/10	06/01/11

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e)	(1)	(g)	(h)
Gross sales	Depreciation allowed	Cost or other basis	Gain or (loss)
price	(or allowable)	plus expense of sale	(e) plus (f) minus (g)
50,000.		46,316.	3,684.
25,062.		23,397.	1,665.
100,101.		95,029.	5,072.
27,000.		24,750.	2,250.
74,852.		70,987.	3,865.
35,000.		30,354.	4,646.
60,529.		54,144.	6,385.
79,132.		70,785.	8,347.
41,503.		45,061.	-3,558.
84,919.		85,063.	-144.
90,171.		90,000.	171.
53,964.		48,082.	5,882.
81,095.		80,000.	1,095.
43,349.		40,000.	3,349.
90,081.		90,000.	81.
47,980.		45,000.	2,980.
43,504.		41,638.	1,866.
75,000.		75,000.	0.
Total		1,055,606.	47,636.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income **Columns (i) thru (l)** 

Total

Complete only for asset by the foundation on 12	(l) Gains (column (h)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))
0.	0.		3,684. 1,665. 5,072. 2,250. 3,865. 4,646. 6,385. 8,3473,558144. 171. 5,882. 1,095. 3,349. 81. 2,980. 1,866.
			0.

47,636.

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			<u> </u>	
KIMBERLY M. HASLINGER				
3133 BROADWAY APT. 3	TRUSTEE	:		
NEW YORK NY 10027	0.00	0.	0.	0.
Person X Business MELISSA A. HASLINGER				
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.

Т	otal

0.	0.	0.

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

Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business Checkbox	
Name and address	show any	status			
(home or business)	relationship to	of re-		2	
, ,	any foundation	cipient		Amount	
	manager or				
	substantial				
	contributor				
a Paid during the year					
LA ESCUELITA			FUND SCHOOL	Person or	
302 W. 91 STREET			SCHOLARSHIPS	Business	
NEW YORK NY 10024		509(A)(1)	3307-7-0-1	0.	
ONE OF A KIND PETS		111 (11) (11)	BACK CLINIC	Person or	
1699 WEST MARKET STREET			EXPENSES &	Business	
AKRON OH 44313		509(A)(1)	DENTAL EQUIPMENT	25,000.	
OHIO FOUNDATION OF INDEPENDENT COLLEGES			SCHOLARSHIP FUND	Person or	
250 E. BROAD STREET, SUITE 170			FBO AKRON AREA	Business	
COLUMBUS OH 43215-37:	<del></del>	509(A)(1)	STUDENTS	37,500.	
MEDINA RAPTOR CENTER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REBUILD FLIGHT	Person or	
10420 SPENCER LAKE ROAD			CAGES	Business	
SPENCER OH 44275	<del></del>	 509(A)(1)		0.	
	<del></del>	1 ,, , 17	I	<u> </u>	

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

Continued

Recipient	If recipient is an individual,	Foun-	Purpose of grant or contribution	Person or Business		
Name and address	show any	status	grant or continuation	Checkbox		
(home or business)	relationship to	of re-		SHOULDON		
,	any foundation	cipient		Amount		
	manager or					
	substantial					
	contributor					
a Paid during the year						
FRIENDS OF PS 1163			FUND NON FICTION	Person or		
299 RIVERSIDE DRIVE			BOOK PROJECT	Business		
NEW YORK NY 10025		509(A)(1)		21,700.		
STEWART'S CARING PLACE			GENERAL OPERATING	Person or		
2955 WEST MARKET STREET, SUITE R			EXPENSES	Business		
AKRON OH 44333		509(A)(1)	<del>-</del>	0.		
TUESDAY MUSICAL ASSOCIATION			SUPPORT OF 2009	Person or		
198 HILL STREET			CONCERT SERIES	Business		
AKRON OH 44325-05	01	509(A)(1)		0.		
CUYAHOGA VALLEY SCENIC RAILROAD	<u>-</u>		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				Person or		
3838 MASSILLON ROAD				Business		
UNIONTOWN OH 44685	<u> </u>	501 (C) (3)	GENERAL OPERATING	0.		
PLANNED PARENTHOOD OF NEO				Person or		
444 WEST EXCHANGE STREET			<b> </b>	Business		
AKRON OH 44302		501 (C) (3)	TRIPLE T PROGRAM	0.		
ROSE'S RESCUE				Person or		
PO BOX 33			CELL DOG	Business		
ROOTSTOWN OH 44272		501 (C) (3)	TRAINING PROGRAM	10,000.		
THE CLEVELAND ORCHESTRA			2011 ANNUAL	Person or		
11001 EUCLID AVE			LEADERSHIP	Business		
CLEVELAND OH 44106		501 (C) (3)	SUPPORT	7,500.		

Total

109,700.

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

	End o	End of Year		
Line 13 - Investments - Other:	Book Value	Fair Market Value		
SCHWAB 6152-2835	927,594.	927,594.		
SANDALWOOD LIQUIDATING	807,272.	807,272.		
SCHWAB 6118-2317	2,678,087.	2,678,087.		

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

Continued

	End of	End of Year		
Line 13 - Investments - Other:	Book Value	Fair Market Value		
AURORA OFFSHORE	738,866.	738,866.		
Total	5,151,819.	5,151,819.		

### **Supporting Statement of:**

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

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

### **Supporting Statement of:**

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

Description	Amount
PREPAID UBTI PREPAID FEDEARL EXCISE TAX	10,000. 13,707.
Total	23,707.

# Form.88

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

OMB No 1545-1709

File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file (o months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER X 34-1848698 File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) filing your return See instructions 2524 IRA ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions OH 44333 04 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 01 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 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 The books are in the care of ► SEIKEL & COMPANY, INC. Telephone No  $\triangleright$  (330) 761-1040 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, ▶ ☐ and attach a list with the names and EINs of all members If it is for part of the group, check this box the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time The extension is for the organization's return for X calendar year 20 11 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a|\$ nonrefundable credits. See instructions 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3b|\$ 17,420. payments made. Include any prior year overpayment allowed as a credit

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

3c|\$

0.

- '000	, n (7) - 1 (0110)					
					8698	Page 2
	are filing for an Additional (Not Automatic) 3-Mont				•	► <u>X</u>
	y complete Part II if you have already been granted			Form	8868	
	are filing for an Automatic 3-Month Extension, cor					<del> </del>
Part II	Additional (Not Automatic) 3-Month Ext	ension of				
			Enter filer's ident			
	Name of exempt organization or other filer, see instructions				tification numbe	r (EIN) or
Type or						
print	SANDRA L. AND DENNIS B. HASLINGER FAMILY					
Eda hu tha	Number, street, and room or suite number If a P O box, see in	structions	Social	security	number (SSN)	
File by the extended	ded					
due date for filing the	2524 IRA ROAD					
return See instructions	City, town or post office, state, and ZIP code. For a foreign additional control of the control	ess, see instruct	ons			
	Akron	OH 44	333			
Enter the	Return code for the return that this application is fo	or (file a sepa	rate application for each return)			04
Application Is For	on	Return Code	Application Is For			Return Code
Form 990		01	· · · · · · · · · · · · · · · · · · ·			, ,
Form 990	-BL	02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	-T (section 401(a) or 408(a) trust)	05	Form 6069			
	-T (trust other than above)	06	Form 8870			11
Telepl If the If this whole gro		FAX No siness in the digit Group I	United States, check this box	name		► ☐ s is for the of all
4 I red	the extension is for quest an additional 3-month extension of time until calendar year 2011 , or other tax year beginni				, 20	
6 If th	e tax year entered in line 5 is for less than 12 mon	ths, check re		Fina	al return	
	Change in accounting period					
	te in detail why you need the extension Addit mplete and accurate return.	ional i	nformation is necessary t	<u>o_fi</u>	<u>le a</u>	
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions	720, or 6069	, enter the tentative tax, less any	8a	\$	3,713.
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.			17,420.			
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 \$			\$	0.		
	Signature and Verifi	cation mu	st be completed for Part II only.			
Under penali correct, and	ties of perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form	ccompanying sch	nedules and statements, and to the best of my knowled	ige and i	pelief, it is true,	
Signature	Title I	<u> </u>	<u> </u>	D	ate ►	