



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation****2012**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.

For calendar year 2012, or tax year beginning , 2012, and ending ,

Name of foundation

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER**A Employer identification number****34-1848698**

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

2524 IRA ROAD**B Telephone number (see the instructions)****(330) 761-1040**

City or town

State ZIP code

Akron**OH 44333****G Check all that apply**☐ Initial return☐ Initial Return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change**H Check type of organization** ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation**I Fair market value of all assets at end of year
(from Part II, column (c), line 16)****J Accounting method** ☒ Cash ☐ Accrual☐ Other (specify)**\$ 5,682,199.**

(Part I, column (d) must be on cash basis)

C If exemption application is pending, check here ☐**D 1 Foreign organizations, check here** ☐**2 Foreign organizations meeting the 85% test, check here and attach computation** ☐**E If private foundation status was terminated under section 507(b)(1)(A), check here** ☐**F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here** ☐**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)**(a) Revenue and expenses per books****(b) Net investment income****(c) Adjusted net income****(d) Disbursements for charitable purposes (cash basis only)****REVENUE****1** Contributions, gifts, grants, etc., received (att sch)**2** Ck ☒ if the foundn is not req to att Sch B**3** Interest on savings and temporary cash investments**4** Dividends and interest from securities**113,841.****113,841.****5a** Gross rents**b** Net rental income or (loss)**6a** Net gain/(loss) from sale of assets not on line 10**73,175.****L-6a Stmt****b** Gross sales price for all assets on line 6a **780,517.****7** Capital gain net income (from Part IV, line 2)**73,175.****8** Net short-term capital gain**2,445.****9** Income modifications**10a** Gross sales less returns and allowances**b** Less Cost of goods sold**c** Gross profit/(loss) (att sch)**11** Other income (attach schedule)**0.****0.****0.****12 Total.** Add lines 1 through 11**187,016.****187,016.****2,445.****ADMINISTRATIVE AND OPERATING EXPENSES****13** Compensation of officers, directors, trustees, etc**14** Other employee salaries and wages**15** Pension plans, employee benefits**16a** Legal fees (attach schedule)**b** Accounting fees (attach sch)**11,300.****c** Other prof fees (attach sch)**13,125.****17** Interest**18** Taxes (attach schedule)(see instrs) See Line 18 Stmt**2,604.****19** Depreciation (attach sch) and depletion**20** Occupancy**21** Travel, conferences, and meetings**22** Printing and publications**23** Other expenses (attach schedule)

See Line 23 Stmt

8,591.**24 Total operating and administrative expenses.** Add lines 13 through 23**35,620.****25** Contributions, gifts, grants paid**438,000.****438,000.****26 Total expenses and disbursements.** Add lines 24 and 25**473,620.****438,000.****27** Subtract line 26 from line 12:**a Excess of revenue over expenses and disbursements****-286,604.****b Net investment income** (if negative, enter -0-)**187,016.****c Adjusted net income** (if negative, enter -0-)**2,445.**

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
ASSETS	1	Cash — non-interest-bearing		26,655.	325,278.	325,278.
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		23,707.	21,328.	21,328.
	10a	Investments — U S and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule)				
	c	Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment, basis				
	Less: accumulated depreciation (attach schedule)					
12	Investments — mortgage loans					
13	Investments — other (attach schedule) L-13 Stmt		5,151,819.	5,335,593.	5,335,593.	
14	Land, buildings, and equipment basis					
	Less: accumulated depreciation (attach schedule)					
15	Other assets (describe)					
16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item i)		5,202,181.	5,682,199.	5,682,199.	
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)		0.		
	23	Total liabilities (add lines 17 through 22)		0.		
NET FUND ASSETS OR	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. X					
	24	Unrestricted		5,202,181.	5,682,199.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)		5,202,181.	5,682,199.	
	31	Total liabilities and net assets/fund balances (see instructions)		5,202,181.	5,682,199.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,202,181.
2	Enter amount from Part I, line 27a	2	-286,604.
3	Other increases not included in line 2 (itemize) UNREALIZED GAINS	3	766,622.
4	Add lines 1, 2, and 3	4	5,682,199.
5	Decreases not included in line 2 (itemize) UNREALIZED LOSSES	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	5,682,199.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a SALES OF MARKETABLE SECURITIES		P	Various	Various
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 780,517.	0.	707,342.	73,175.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))	
(j) Fair Market Value as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of column (i) over column (j), if any		
a 0.	0.	0.	73,175.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss). If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7			2	73,175.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 			3	2,445.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2011	407,500.	5,074,542.	0.080303
2010	400,500.	5,415,090.	0.073960
2009	2,410,853.	7,003,079.	0.344256
2008	460,000.	8,903,611.	0.051664
2007	959,500.	10,305,728.	0.093104
2 Total of line 1, column (d)			2 0.643287
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.128657
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			4 5,328,146.
5 Multiply line 4 by line 3			5 685,503.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,870.
7 Add lines 5 and 6			7 687,373.
8 Enter qualifying distributions from Part XII, line 4			8 438,000.

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter 'N/A' on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		1	3,740.
c 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	3,740.
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	3,740.
6 Credits/Payments:			
a 2012 estimated tax pmts and 2011 overpayment credited to 2012	6 a	13,707.	
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c	0.	
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7	13,707.	
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	9,967.	
11 Enter the amount of line 10 to be Credited to 2013 estimated tax 9,967. Refunded	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>OH – Ohio</u>		
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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

BAA

Form 990-PF (2012)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>LSEIKEL@SEIKEL.COM</u>	13	X	
14	The books are in care of <u>SEIKEL & COMPANY, INC.</u> Telephone no. <u>(330) 761-1040</u> Located at <u>686 W. MARKET STREET</u> <u>AKRON</u> <u>OH</u> ZIP + 4 <u>44303</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u>CJ</u>	16	X	

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1 a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ☐	1 b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? ☐	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ Yes ☒ No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If 'Yes,' did it have excess business holdings in 2012 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 2012)	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4 b	X

BAA

Form 990-PF (2012)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b

Organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b

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 shelter transaction?

☐ Yes ☒ No

7 b

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average 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
SANDRA L HASLINGER 2524 IRA RD AKRON OH 44333	PRESIDENT	0.00	0.	0.
DOUGLAS HASLINGER 776 N. HAMETOWN RD AKRON OH 44333	SECRETARY/ TRUSTEE	0.00	0.	0.
JENNIFER S. HASLINGER 3150 OAK HILL ROAD PENNINSULA OH 44264	TREASURER/ TRUSTEE	0.00	0.	0.
See Information about Officers, Directors, Trustees, Etc.		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

BAA

Form 990-PF (2012)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	1 a	5,409,285.
a	Average monthly fair market value of securities	1 b	
b	Average of monthly cash balances	1 c	
c	Fair market value of all other assets (see instructions)	1 d	5,409,285.
d	Total (add lines 1a, b, and c)		
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,409,285.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	81,139.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,328,146.
6	Minimum investment return. Enter 5% of line 5	6	266,407.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	266,407.
2 a	Tax on investment income for 2012 from Part VI, line 5	2 a	3,740.
b	Income tax for 2012. (This does not include the tax from Part VI.)	2 b	
c	Add lines 2a and 2b	2 c	3,740.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	262,667.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	262,667.
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	262,667.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 a	438,000.
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 b	
b	Program-related investments — total from Part IX-B	2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	3 a	
a	Suitability test (prior IRS approval required)	3 b	
b	Cash distribution test (attach the required schedule)	4	438,000.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	438,000.

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				262,667.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			250,014.	
b Total for prior years. 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2012				
a From 2007	510,220.			
b From 2008	16,945.			
c From 2009	2,334,835.			
d From 2010	400,500.			
e From 2011	407,500.			
f Total of lines 3a through e	3,670,000.			
4 Qualifying distributions for 2012 from Part XII, line 4 \$ 438,000.				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus	438,000.			
5 Excess distributions carryover applied to 2012 . . . (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	4,108,000.			
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				
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount — see instructions			250,014.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				262,667.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	510,220.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	3,597,780.			
10 Analysis of line 9:				
a Excess from 2008	16,945.			
b Excess from 2009	2,334,835.			
c Excess from 2010	400,500.			
d Excess from 2011	407,500.			
e Excess from 2012	438,000.			

BAA

Form 990-PF (2012)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
3 Complete 3a, b, or c for the alternative test relied upon				
a 'Assets' alternative test — enter:				
(1) Value of all assets				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
c 'Support' alternative test — enter:				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

SANDRA L. HASLINGER

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed:

SANDRA L. HASLINGER, C/O SEIKEL & COMPANY, INC
686 W. MARKET STREET
AKRON OH 44303 (330) 761-1040

b The form in which applications should be submitted and information and materials they should include.

Applicants should send a letter that includes a detailed description of the project and the amount requested.

c Any submission deadlines:

AUGUST 1

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

NONE

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
AKRON ART MUSEUM 70 EAST MARKET STREET AKRON OH 44308		509 (A) (1)	FBO SCHOOL TOUR PROGRAM AND/OR BUILDING CAMPAIGN	9,000.
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON OH 44307		509 (A) (1)	FBO CAPITAL CAMPAIGN AND/OR OPERATING ENDOWMENT FUND	24,550.
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON OH 44308		509 (A) (1)	HASLINGER PEDIATRIC PALLIATIVE CARE CENTER ENDOWED CHAIR FUND	202,500.
THE AKRON URBAN LEAGUE 440 VERNON ODOM BLVD. AKRON OH 44307		509 (A) (1)	FBO CAPITAL CAMPAIGN	0.
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE 889 JONATHAN AVE. AKRON OH 44306		509 (A) (1)	PROGRAMMING AT Arlington Club Operations	30,000.
CROWN POINT ECOLOGY CENTER PO BOX 484 3220 IRA RD. BATH OH 44210-0484		509 (A) (1)	SCHOLARSHIPS TO SUMMER FARM AND SCIENCE SCHOOL	0.
CUYAHOGA VALLEY NATIONAL PARK ASSOC. 1403 HINE HILL ROAD PENNINSULA OH 44264		509 (A) (1)	SCHOLARSHIPS TO THE ENVIRONMENTAL EDUCATION CENTER	5,000.
GRANDPARENTS AGAINST SEX PREDATORS 233 QUAKER SQUARE AKRON OH 44308		509 (A) (1)	GENERAL OPERATING EXPENSES	5,000.
ITHACA CHILDREN'S GARDEN 615 WILLOW AVE. ITHACA NY 14850		509 (A) (1)	PHASE ONE OF GARDEN DEVELOPMENT	17,200.
See Line 3a statement				144,750.
Total			3a	438,000.
b Approved for future payment				
Total			3b	

(e)
Related or exempt
function income
(See instructions)

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Form 990-PF
Part I, Line 6a

Net Gain or Loss From Sale of Assets

2012

Name **SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER** Employer Identification Number **34-1848698**

Asset Information:

Description of Property.		schwab XXXX-2317	
Date Acquired	various	How Acquired:	
Date Sold	01/27/12	Name of Buyer	
Sales Price	309,947.	Cost or other basis (do not reduce by depreciation)	306,891.
Sales Expense:		Valuation Method	
Total Gain (Loss)	3,056.	Accumulation Depreciation	
Description of Property		schwab XXXX-2835	
Date Acquired	various	How Acquired:	
Date Sold	06/07/12	Name of Buyer:	
Sales Price.	72,729.	Cost or other basis (do not reduce by depreciation)	70,155.
Sales Expense:		Valuation Method:	
Total Gain (Loss)	2,574.	Accumulation Depreciation.	
Description of Property.		sandalwood liquidating	
Date Acquired	various	How Acquired:	
Date Sold:	12/31/12	Name of Buyer:	
Sales Price	110,912.	Cost or other basis (do not reduce by depreciation)	89,805.
Sales Expense:		Valuation Method:	
Total Gain (Loss):	21,107.	Accumulation Depreciation.	
Description of Property		WELLS FARGO XXXX-3711	
Date Acquired.	Various	How Acquired	
Date Sold	12/31/12	Name of Buyer:	
Sales Price.	286,929.	Cost or other basis (do not reduce by depreciation)	240,491.
Sales Expense		Valuation Method	
Total Gain (Loss):	46,438.	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:			
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.			
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.			
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	

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	225.			
FEDERAL UNRELATED BUSINESS TAX				
FEDERAL EXISE TAX ON INVESTMENT	2,379.			

Total **2,604.**

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

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
OTHER TRADE OR BUSINESS	8,591.			
1256 NET (GAIN) LOSS				
SEC 988 (GAIN) LOSS				
SEC 59 (E) EXPENDITURE				

Total **8,591.**

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

Total

0. **0.** **0.**

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
LA ESCUELITA			FUND SCHOOL	Person or ☐
302 W. 91 STREET			SCHOLARSHIPS	Business ☐
NEW YORK NY 10024		509 (A) (1)		0.
ONE OF A KIND PETS			BACK CLINIC	Person or ☐
1699 WEST MARKET STREET			EXPENSES &	Business ☐
AKRON OH 44313		509 (A) (1)	DENTAL EQUIPMENT	34,000.
OHIO FOUNDATION OF INDEPENDENT COLLEGES			SCHOLARSHIP FUND	Person or ☐
250 E. BROAD STREET, SUITE 170			FBO AKRON AREA	Business ☐
COLUMBUS OH 43215-3722		509 (A) (1)	STUDENTS	40,000.
MEDINA RAPTOR CENTER			REBUILD FLIGHT	Person or ☐
10420 SPENCER LAKE ROAD			CAGES	Business ☐
SPENCER OH 44275		509 (A) (1)		0.
FRIENDS OF PS 1163			FUND NON FICTION	Person or ☐
299 RIVERSIDE DRIVE			BOOK PROJECT	Business ☐
NEW YORK NY 10025		509 (A) (1)		25,000.
STEWART'S CARING PLACE			GENERAL OPERATING	Person or ☐
2955 WEST MARKET STREET, SUITE R			EXPENSES	Business ☐
AKRON OH 44333		509 (A) (1)		0.
TUESDAY MUSICAL ASSOCIATION			SUPPORT OF 2009	Person or ☐
198 HILL STREET			CONCERT SERIES	Business ☐
AKRON OH 44325-0501		509 (A) (1)		0.
CUYAHOGA VALLEY SCENIC RAILROAD			ALL ABOARD BALL	Person or ☐
1403 WEST HINE HILL ROAD				Business ☐
PENNINSULA OH 44264		509 (A) (1)		0.
FIRST PRESBYTERIAN CHURCH FOOD PANTRY				Person or ☐
647 EAST MARKET STREET				Business ☐
AKRON OH 44304		509 (A) (1)	EMERGENCY FOOD FOR PEOPLE	0.
WESTERN RESERVE LAND CONSERVANCY			OPERATION OF	Person or ☐
PO BOX 314			AKRON FIELD	Business ☐
NOVELTY OH 44072		509 (A) (1)	OFFICE	10,000.
OAK CLINIC				Person or ☐
3838 MASSILLON ROAD				Business ☐
UNIONTOWN OH 44685		501 (C) (3)	GENERAL OPERATING	0.
PLANNED PARENTHOOD OF NEO				Person or ☐
444 WEST EXCHANGE STREET				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	0.
THE CLEVELAND ORCHESTRA			2011 ANNUAL	Person or ☐
11001 EUCLID AVE			LEADERSHIP	Business ☐
CLEVELAND OH 44106		501 (C) (3)	SUPPORT	7,500.
AKRON ROTARY CLUB			CAPITAL CAMPAIGN	Person or ☐
4460 Rex Lake Dr				Business ☐
AKRON OH 44319		501 (C) (3)		10,000.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
OLD TRAIL SCHOOL				Person or ☐
2315 Ira Rd				Business ☐
AKRON OH 44333		501 (C) (3)	PROFESSIONAL DEV FUND/PLE	11,000.
OPTIONS FOR FAMILIES AND YOUTH				Person or ☐
5131 W 140th St				Business ☐
CLEVELAND OH 44142		501 (C) (3)	NATURE EDU PROGRAM	7,250.

Total

144,750.

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

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
SCHWAB 6152-2835	0.	0.
SANDALWOOD LIQUIDATING	616,818.	616,818.
SCHWAB 6118-2317	94.	94.
AURORA OFFSHORE	784,494.	784,494.
wells fargo xxxx-3711	3,016,879.	3,016,879.
wells fargo xxxx-4168	917,308.	917,308.
Total	<u>5,335,593.</u>	<u>5,335,593.</u>

Supporting Statement of:**Form 990-PF, p1/Line 11(a)-1**

Description	Amount
	0.
	0.
Total	<u>0.</u>

Supporting Statement of:**Form 990-PF, p2/Line 9(a)**

Description	Amount
PREPAID UBTI	10,000.
PREPAID FEDEARL EXCISE TAX	13,707.
Total	<u>23,707.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- 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. 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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or
	SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER		34-1848698
	Number, street, and room or suite number. If a P.O. box, see instructions		Social security number (SSN)
	2524 IRA ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Akron		OH 44333

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **SEIKEL & COMPANY, INC.**

Telephone No. ► **(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, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 15**, 20 **13**, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☒ calendar year 20 **12** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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 nonrefundable credits. See instructions	3a	\$ 2,379.
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	3b	\$ 13,707.
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.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or	
	SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER	34-1848698	
	Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)	
	2524 IRA ROAD		
File by the extended due date for filing your return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	Akron OH 44333		

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in care of ▶ SEIKEL & COMPANY, INC.
Telephone No. ▶ (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, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 20 13

5 For calendar year 2012, or other tax year beginning _____, 20 _____, and ending _____, 20 _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension Information needed to complete tax return is in the hands of a third party.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	2,379.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	13,707.
8c 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 Verification must be completed for Part II only.

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

Signature ▶

Title ▶

Date ▶

BAA

FIF20502 01/21/13

Form 8868 (Rev 1-2013)