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990-PF

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Form 990-PF (2015)

		ent of the Treasury	► Do not o			urity numbers			-			Open to P		
		Revenue Service endar vear 2015	or tax year begin		1 990-21	and its separ			and endi		оппээорг.	Оренто г		20
_		of foundation	or tax your bogin			<u> </u>	, -	• . • ,	una ona		Employer ide	ntification n	<u>—</u>	
	HAGI	LER PINKERTO	N FOUNDATION								20-1854	312		
_	lumbe	r and street (or P O	box number if mail is no	delivered	to street	address)			Room/suite	В	Telephone no	umber (see in	structions)
											((918) 5	82-11	12
	1502	S. BOULDER	#21-F											
(ity or	town, state or provinc	ce, country, and ZIP or f	oreign pos	tal code									
										C	If exemption appending, check			
	TULS	SA, OK 74119)								J.			
G	Che	ck all that apply	Initial retur	'n	L	Initial return	of a form	ner p	ublic chai	rity D	1. Foreign orga	anizations, chec	k here	
			Final returi	ר		Amended r	eturn			- 1	2. Foreign orga			
_			Address ch			Name chan						eck here and a		▶
H	Che	ck type of organi	zatıon 🔯 Sectı	on 501($\overline{}$					E	If private found	dation status w	as terminate	ed —
\perp	S	ection 4947(a)(1) i	nonexempt charitable			ther taxable p					under section s			-
ı		market value o			_	method X	Cash 🔝	Acc	rual	F	If the foundation	on is in a 60-m	onth termina	ation
		of year (from Pa			ther (sp	• •				<u> </u>	under section 5	507(b)(1)(B), ch	eck here .	▶ 🔛
	<u> </u>		308,851.		olumn (d) must be on c	ash basis)					(4)		
Li	art l	Analysis of Revitotal of amounts in	venue and Expens or columns (b), (c), an	s es (The d (d)		Revenue and	(b) Ne	t inve	estment	(c) A	Adjusted net	, , , , , , , , , , , , , , , , , , ,	Disbursei or charita	
Q		may not necessar	rily equal the amount		ex	penses per books	1 ' '	ncon		1.7.	income		purpose	s
∂ >¬		column (a) (see ın					+					(Ca	sh basis	only)
₽ // D	1	Chack I if th	its, etc., received (attach sch e foundation is not req	ured to		. <u>_</u>						 		
i	2	atta	ch Sch B			9,041			9,041.				·	·
,	3		and temporary cash inves			9,622			9,622.				· · · · · · · · · · · · · · · · · · ·	······································
	5a		erest from securities			,	1					 		
	l	Net rental income or												
a			om sale of assets not on	line 10		-15,409								
2	Ъ	Gross sales price for assets on line 6a		,653.	· · · · · · ·									
Revenue	7		come (from Part IV,	ine 2) .	-									
ž	8	. •	pital gain	-			-							
	9		ons											
	10 a	Gross sales less retur and allowances												
	b	Less Cost of goods s	old											
	С	Gross profit or (los	ss) (attach schedule)				_							
	11		ach schedule) ATCI			60,463			7,217.					· · · · · · · · · · · · · · · · · · ·
_	12_	Total. Add lines 1	through 11	<u></u>		63,717		2	25,880.					
(A)	13	· ·	icers, directors, trustees			0	+					-		
Se	14	·	alaries and wages .											
ĕ	15		nployee benefits			_								
X	16a		schedule)			750	+		250.					
ē	14 15 16 a b c 17 18 19		attach schedule)		-		-	_	230.		DLC	EIVED) 	
ativ	C	•	l fees (attach schedu				 			-	HEU		78	
stra	17					1,172	-			100		- 4 0016		
Ë	18	•	edule) (see instruction ich schedule) and de				+			14	YAM !	0 4 2016	122	
ᄩ	19			•			 			10				 -
Ă	21		es, and meetings								OGD	FN. L]	1
Ind	21 22		cations				1		-					-
<u> </u>	23		attach schedule) ATC			16,710		1	6,710.					
itin	23 24 25	, ,	ind administrative ex			-								
era		•	ugh 23	•		_ 18,632		1	6,960.					
Ö	25		ts, grants paid			65,000	•							55,000
_	26_		bursements Add lines 2			83,632	•	1	16,960.				•	55,000
_	27	Subtract line 26 f	rom line 12			- - 								
	а	Excess of revenue ove	r expenses and disbursem	ents		-19,915			_			_		
	b	Net investment is	ncome (if negative, e	nter -0-)					8,920.					
	c	Adjusted net inco	ome (if negative, ente	r - 0-)	1					l		I		

P	art II	Balance Sheets	description column should be for end-of-year	Beginning of year		of year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	106,090.	179,928.	179,928.
	2 `	Savings and temporary	ng			
	3	Accounts receivable				THE RESIDENCE OF
		Less allowance for doub	htful accounte			
				A LANGUAGE A		
	•	l ess, allowance for doub	btful accounts ▶			
					····	
	_		officers, directors, trustees, and other			
	_		,,,			
			ach schedule) (see instructions)	A		
					A CONTRACTOR OF THE PARTY OF TH	
' 0			btful accounts ▶			
ssets	8	Inventories for sale or us	e			
SS	9	Prepaid expenses and de	eferred charges			
⋖			e government obligations (attach schedule)			
			stock (attach schedule) ATCH. 4		1,076,777.	1,128,923
	, c	Investments - corporate	bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis	· •		torio markina esta	Professional Administration of
		Less accumulated deprecia (attach schedule)	ation >			
	12		loans			
			ach schedule)			
	' '	Land, buildings, and equipment basis	>	116 770006		: ::::::::::::::::::::::::::::::::::::
		Less accumulated deprecia	ation >			
		(attach schedule) Other assets (describe	·)			
			completed by all filers - see the			
			age 1, item I)		1,256,705.	1,308,851
_					1/230,703.	1,300,031
			ccrued expenses	-		
S						-
Ę.	l					
Ħ	1		ors, trustees, and other disqualified persons		<u>.</u>	
Liabilities	1		etes payable (attach schedule)			
_	22	Other liabilities (describe	· · · · · · · · · · · · · · · · · · ·			- 4
		■ . 4 . 1 . D . 1 . D . 1	. 47 11 1 . 00)			
_			es 17 through 22)	0.	0.	4. 15
w			low SFAS 117, check here . ▶			
nces	!	and complete lines	24 through 26 and lines 30 and 31.			
a	24	Unrestricted				
쿒	25	Temporarily restricted .				
9	26	Permanently restricted .				
S	25 26 27 28 29	Foundations that do	not follow SFAS 117, ► X			
Ľ		check here and com	plete lines 27 through 31.			
0	27	Capital stock, trust princ	cipal, or current funds			
å	28	Paid-in or capital surplus, or	r land, bldg , and equipment fund			
SS	29	Retained earnings, accumu	ulated income, endowment, or other funds	1,276,620.	1,256,705.	
يد	30	Total net assets or fund	balances (see instructions)	1,276,620.	1,256,705.	
ž	30 31	Total liabilities and	net assets/fund balances (see			
_		instructions)	 	1,276,620.	1,256,705.	
•	art II	Analysis of Cha	nges in Net Assets or Fund Bala	nces		
1			palances at beginning of year - Part			
	end	of-year figure reporte	ed on prior year's return)		1	1,276,620
2	Ente	er amount from Part I,	line 27a		2	-19,915
3					-	
4						1,256,705
5		reases not included in			5	<u> </u>
6			palances at end of year (line 4 minus	s line 5) - Part II, column		1,256,705
_						Form 990-PF (2015)

Part IV · Capital Gains and Losses for Tax on Investment Income

SEE PAF b c	<u> </u>	describe the kind(s) of property sold (lick warehouse, or common stock, 200		(b) How acquired P - Purchase	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)
b c	RT IV SCHED	<u></u>		D - Donation	(IIIO, day, yi)	
С	XI IV OCHED	, O II I		·		-
		····				
					-	
					<u> </u>	
e (e) Gross s	sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo	
		(Or allowable)	plus expense of sale		(e) plus (f) minu	is (g)
a					-	
<u> b</u>						
<u>c</u>		***************************************				
<u>d</u>						
e						
Complete	only for assets s	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
(i) FMV as	of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
а						
b						
С						
d			-			
е						
2 Capital ga	in net income o		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-15,409.
Net short-1	term capital gai	in or (loss) as defined in sections	· · ·			,
			tructions) If (loss), enter -0- in			
_				3		0.
			duced Tax on Net Investment Ir	ncome		
		leave this part blank				
		the section 4942 tax on the distrib	outable amount of any year in the ba	ase perio	d?	Yes X No
"Yes," the for	undation does r	the section 4942 tax on the distrib not qualify under section 4940(e)	Do not complete this part	-		Yes X No
"Yes," the for	undation does r appropriate am	the section 4942 tax on the distrib not qualify under section 4940(e) ount in each column for each yea	Do not complete this part r, see the instructions before makin	-	tries	Yes X No
"Yes," the for 1 Enter the a (a Base pen	undation does r appropriate ami a) nod years	the section 4942 tax on the distrib not qualify under section 4940(e)	Do not complete this part	-	tries (d) Distribution ra	itio
"Yes," the found of the found o	undation does r appropriate ami a) nod years ux year beginning in)	the section 4942 tax on the distrib not qualify under section 4940(e) ount in each column for each yea (b) Adjusted qualifying distributions	Do not complete this part r, see the instructions before makin (c) Net value of nonchantable-use assets	-	tries (d) Distribution re	atio col (c))
"Yes," the found in the found i	undation does r appropriate am a) nod years ux year beginning in)	the section 4942 tax on the distribution to qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 68,000.	Do not complete this part r, see the instructions before makin (c) Net value of nonchantable-use assets 1,791,055.	-	tries (d) Distribution re (col (b) divided by	otio col (c)) 0.037966
"Yes," the found in the found i	undation does r appropriate am a) nod years ux year beginning in) 14 13	the section 4942 tax on the distribution of qualify under section 4940(e) ount in each column for each yea (b) Adjusted qualifying distributions 68,000. 70,000.	Do not complete this part r, see the instructions before makin (c) Net value of nonchantable-use assets 1,791,055. 1,810,900.	-	tries (d) Distribution re (col (b) divided by	otio col (c)) 0.037966 0.038655
"Yes," the found in the state of the state o	undation does r appropriate am nod years ax year beginning in) 14 13	the section 4942 tax on the distribution of qualify under section 4940(e) ount in each column for each yea (b) Adjusted qualifying distributions 68,000. 70,000.	Do not complete this part r, see the instructions before makin (c) Net value of nonchantable-use assets 1,791,055. 1,810,900. 1,621,181.	-	tries (d) Distribution re (col (b) divided by	otio col (e)) 0.037966 0.038655 0.043178
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"Yes," the four the a (a Base pen Calendar year (or ta 20 20 20 20 20 20 40 4 Enter the a Multiply In	appropriate amappropriate amap	the section 4942 tax on the distribution qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 68,000. 70,000. 70,000. 60,000. 39,000. for the 5-year base period - divid	Do not complete this part r, see the instructions before makin (c) Net value of nonchantable-use assets 1,791,055. 1,810,900. 1,621,181. 1,720,302. 1,146,993. de the total on line 2 by 5, or by the set than 5 years	g any en	tries (d) Distribution re (col (b) divided by	0.037966 0.037966 0.038655 0.043178 0.034878 0.034002 0.188679 0.037736 497,649.
"Yes," the four Base pen Calendar year (or ta 20 20 20 20 20 20 4 4 Enter the a full base pen Calendar year (or ta 20 4 5 4 Enter the a full base pen Calendar year (or ta 20 4 5 6 Enter 1% 6 Enter 1% 6 5 Multiply lines a full base pen Calendar year (or ta 20 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	undation does rappropriate amappropriate ama	the section 4942 tax on the distributor qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 68,000. 70,000. 70,000. 60,000. 39,000. for the 5-year base period - dividuation has been in existence if less incharitable-use assets for 2015 from the column for each year the column for eac	Do not complete this part r, see the instructions before makin (c) Net value of nonchantable-use assets 1,791,055. 1,810,900. 1,621,181. 1,720,302. 1,146,993. le the total on line 2 by 5, or by the st than 5 years	2 3 4 5	tries (d) Distribution re (col (b) divided by	0.037966 0.037966 0.038655 0.043178 0.034878 0.034002 0.188679 0.037736 497,649. 56,515.
"Yes," the four Base pen Calendar year (or ta 20 20 20 20 20 20 4 4 Enter the a full base pen Calendar year (or ta 20 4 5 4 Enter the a full base pen Calendar year (or ta 20 4 5 6 Enter 1% 6 Enter 1% 6 5 Multiply lines a full base pen Calendar year (or ta 20 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	undation does rappropriate amappropriate ama	the section 4942 tax on the distributor qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 68,000. 70,000. 70,000. 60,000. 39,000. for the 5-year base period - dividuation has been in existence if less incharitable-use assets for 2015 from the column for each year the column for eac	Do not complete this part r, see the instructions before makin (c) Net value of nonchantable-use assets 1,791,055. 1,810,900. 1,621,181. 1,720,302. 1,146,993. The the total on line 2 by 5, or by the set than 5 years	2 3 4 5	tries (d) Distribution re (col (b) divided by	0.037966 0.037966 0.038655 0.043178 0.034878 0.034002 0.188679 0.037736 497,649. 56,515.
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Form 990-PF (2015)

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check			89.
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of ${\cal J}$			
_	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 Add lines 1 and 2			00
3				89.
4	the control of the co			89.
9	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			09.
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868).			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		·	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			89.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	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		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		
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 ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	_		١.,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
_ b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		 ^
6	If "Yes," attach the statement required by General Instruction T			
0	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?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<u>x</u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			-
-	OK	i		
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	86	Х	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

Form	990-PF (2015) HAGLER PINKERTON FOUNDATION 20-1854	312	F	Page 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ NIETA M. PINKERTON Telephone no ▶ 918-582	-111	2	
	Located at ► 1502 S. BOULDER 21-F TULSA, OK ZIP+4 ► 74119			
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		* 4 \$ * \$\$	
_	the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		La	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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 X No			*
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			,
			ļ	.
				1
	(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)?			\$, ,
	(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		23	
	termination of government service, if terminating within 90 days)		1 2 2 2	
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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		*	
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 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			() (
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?	Į		
	If "Yes," list the years			
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)	2b	1	9
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		· #	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1 4		1 8 4
	at any time during the year?		1	
b	olf "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	Ē.	r,	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	. §	100	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	•	131	> >
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			الـــا
	foundation had excess business holdings in 2015)	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ļ	اـــا
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		<u> </u>
	Fo	m 99	U-PF	(2015)

orm S	990-PF (2015) HAGLER PINKERT				-1854312	Page 6
Par	t VII-B Statements Regarding Activities	for Which Form	4720 <u>May Be Re</u> q	uired (continued	1)	
5a	During the year did the foundation pay or incur any amo	unt to			1	
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X	No -	
	(2) Influence the outcome of any specific public ele	ection (see section 4	955), or to carry or),		
	directly or indirectly, any voter registration drive?.	•	•		No]
	(3) Provide a grant to an individual for travel, study, or o			·	No	
			-	• 🗀 ''' 🗀	10	
	(4) Provide a grant to an organization other than a					
	section 4945(d)(4)(A)? (see instructions)			. — —	No	
	(5) Provide for any purpose other than religious, ch	naritable, scientific, li	iterary, or educations			
	purposes, or for the prevention of cruelty to children	or anımals?		. Yes X	No	[
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described	i in	
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce (see instructions)?		5b	
	Organizations relying on a current notice regarding disa	ster assistance check h	nere		► X	i i
С	If the answer is "Yes" to question 5a(4), does the					
٠	• • • • • • • • • • • • • • • • • • • •		•		No	
	because it maintained expenditure responsibility for the	-		res	NO	} }
	If "Yes," attach the statement required by Regulations se	• •				<u> </u>
6a	Did the foundation, during the year, receive any fur		•			
	on a personal benefit contract?				No _	
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?	. Yes X	No	
b	If "Yes," did the foundation receive any proceeds or har	ve any net income attri	butable to the transact	ion?	7b	X
Pai	rt VIII Information About Officers, Directo	rs, Trustees, Fou	ndation Manager	s, Highly Paid E	mployees,	
	and Contractors					
	Lint all officers directors tructoes foundation r	nanagara and their	. componention (co	instructions		
1	List all officers, directors, trustees, foundation r				1 ()=	
<u> </u>	List all officers, directors, trustees, foundation r (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid.	(d) Contributions to employee benefit plans	` other all	se account,
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	` other all	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on other all	lowances
		(b) Title, and average hours per week	(c) Compensation (If not paid.	(d) Contributions to employee benefit plans and deferred compensati	` other all	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on other all	lowances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on other all	lowances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on other all	lowances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on other all	lowances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on other all	lowances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on other all	lowances
	(a) Name and address H 5 Compensation of five highest-paid employees	(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 compensati	on other all	0.
ATC	(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 of the compensat	on other all	0.
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensati	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees	(other than thos	(c) Compensation (if not paid, enter -0-)	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	0.
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensati	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter
2	(a) Name and address H 5 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those) (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	e 1 - see instru (d) Contributions to employee benefit plans and deferred compensation of the complex of the compensation of the complex of the comple	ctions). If n	one, enter

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Form 990-PF (2015) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc NONE 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 NONE

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3 NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions

|--|

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions)	gn foundations,	
1	Fair 'market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,377,447.
b	Average of monthly cash balances	1b	143,009.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	1,520,456.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	1,520,456.
4	Subtract line 2 from line 1d		
	instructions)	4	22,807.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,497,649.
6	Minimum investment return. Enter 5% of line 5	6	74,882.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	74,882.
2 a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI). 2b		
C	Add lines 2a and 2b	2c	89.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	74,793.
4	Recoveries of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	74,793.
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	74,793.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	65,000.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	65,000.
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	89.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	64,911.
	Note The amount on line 6 will be used in Part V column (b) in subsequent years when co		the foundation

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qualifies for the section 4940(e) reduction of tax in those years

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Pa	rt XIII Undistributed Income (see instri	uctions)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				74,793.
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			63,004.	
	Total for prior years 20 <u>13</u> ,20 <u>12</u> ,20 <u>11</u>				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
	From 2013				
	From 2014				
f	Total of lines 3a through e	0.			
	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$ 65,000.			63,004	
а	Applied to 2014, but not more than line 2a			63,004.	
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 2015 distributable amount				1,996.
	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2015.				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as				
	indicated below:				
8	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
t	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
•	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				
c	Subtract line 6c from line 6b Taxable	!			
	amount - see instructions				
e	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions				
	Undistributed income for 2015 Subtract lines				-
•	4d and 5 from line 1 This amount must be distributed in 2016				72,797.
7	Amounts treated as distributions out of corpus	 -			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2010 not				
Ū	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.	·			
•	Subtract lines 7 and 8 from line 6a	0.]		
10	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
		· <u></u>	<u> </u>		- 000 DE

ra	rexiv Private Op	erating Foundations	(see instructions a	and Part VII-A, ques	tion 9)	<u>I</u> \	IOT APE	LTICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	at it is a private ope	rating			
	foundation, and the rulin	g is effective for 2015, e	nter the date of the ruling	9	▶			
b	Check box to indicate v	whether the foundation	is a private operating	foundation described	in section	4942(J)(3)	or	4942(J)(5)
•		Tax year		Prior 3 years				
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 20	112	(e) To	otal
	I or the minimum investment			1	 			
	return from Part X for each				İ			
	year listed							
D	85% of line 2a				 -			
C	Qualifying distributions from Part					<i>'</i>		
ď	XII, line 4 for each year listed . Amounts included in line 2c not	·			- -			
ŭ	used directly for active conduct of exempt activities							
е	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	Ì						
h	4942(j)(3)(B)(i)							
	enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	line 6 for each year listed							
С	"Support" alternative test - enter					ļ		
	(1) Total support other than gross investment income							
	(interest, dividends, rents,							
	payments on secunties 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 sup-							
	port from an exempt organization							
	(4) Gross investment income.							
Pa	rt XV Suppleme	ntary Information (Complete this par	t only if the found	ation had \$	5,000 or m	ore in	assets at
	any time d	uring the year - see	instructions.)	-				
1	Information Regardin	g Foundation Manage	rs:					
а	List any managers of						by the	foundation
	before the close of an	y tax year (but only ıf tl	ney have contributed	more than \$5,000) (See section 5	07(d)(2))		
	NIETA M. P	INKERTON						
b	List any managers of		own 10% or more	of the stock of a co	rporation (or	an equally la	arge port	tion of the
		rship or other entity) o				,	5 ,	
	NONE							
2	Information Regarding	g Contribution, Gran	t, Gift, Loan, Scholars	ship, etc., Programs:				
		the foundation only		• • •	aritable organ	nzatione one	l doos r	not nonnt
	unsolicited requests t	for funds If the found	lation makes diffs d	rants etc (see instri	ictions) to inc	lizations and	i uues i iraanizat	ions under
		plete items 2a, b, c, ar		ranto, oto (oco inotit	201101107 10 1110		n gunnzut	ions under
	The name, address, a	•		f the person to whom a	applications sh	ould be addre	esed	
Ī	ATCH 6		or o man address s	tale person to whom t		odia de adare	.5504	
	The form in which app	olications should be su	bmitted and informa	tion and materials the	y should inclu	de		
	LETTER REQ	UEST INCLUDING	DESCRIPTION OF	ORGANIZATION A	ND USE OF	FUNDS		
•	Any submission dead	lines						
	NONE			- Land - Land			 	
•	Any restrictions or factors	ilmitations on awards	s, such as by geog	graphical areas, char	itable fields,	kinds of ins	stitutions	, or other
	ATCH 7							

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Part XV Supplementary Information (continued)			rage II
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
_				
ATCH 8				1
		İ		
		-		
		ŀ		
		1		
		İ		
			i	
Takal				65 000
Total	 		▶ 3a	65,000.
b Approved for future payment		ĺ		
		1		
			!	
Total				

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art XVI-A Analysis of Income-Prod	lucing Act	ivities			
er gross amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a	-				(Occ manuchons)
b			· -		
c	-				
d					·
е					· · · · · · · · · · · · · · · · · · ·
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments -			14	9,041.	
Dividends and interest from securities			14	9,622.	
Net rental income or (loss) from real estate					
a Debt-financed property			ļ		
b Not debt-financed property			<u> </u>		
Net rental income or (loss) from personal property					
Other investment income			1.0	45 400	·
Gain or (loss) from sales of assets other than inventory	/		18	-15,409.	
Net income or (loss) from special events \cdot . \cdot					
Gross profit or (loss) from sales of inventory . $\ . \ $					
Other revenue a				60,463.	·
			1	60,463.	-
b ATCH 9					
С			l.		
c					
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc	culations)				
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	culations) es to the A	accomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	63,71

Form 99	0-PF (20	015)	HAGLER PI	NKERTON FOUNDA	TION		20-1854	4312	Pa	ge 13
Part 2	XVII	Information Re Exempt Organ	egarding Trar nizations	sfers To and Tra	ansactions	and Relations			table	<u>; </u>
ı'n	section			ngage in any of the ection 501(c)(3) orga					Yes	No
a T	ransfe	rs from the reporting		noncharitable exem						
				• • • • • • • • • • •				1a(1)		X
		er assets ansactions		• • • • • • • • • • • • • • • • • • • •	• • • • • • •		• • • • • • • • • •	1a(2)		X
			ncharitable evem	pt organization				45/4		x
Ċ	2) Pur	chases of assets fro	om a noncharitab	le exempt organization				15(1)		X
į;	3) Ren	ital of facilities, equi	pment, or other a	ssets				1b(3)		X
(4	4) Reir	mbursement arrange	ements					1b(4)		Х
(!	5) Loa	ns or loan guarantee	es					1b(5)		Х
(6	6) Peri	formance of service	s or membership	or fundraising solicit	ations			1b(6)	-	X
c S	haring	of facilities, equipm	nent, mailing lists	, other assets, or pak	d employees			1c	<u> </u>	<u> X</u>
a it	tne a	inswer to any of the	e above is "Yes,	" complete the folices given by the repo	owing schedu	ile Column (b) sh	iould always show	/ the 1	fair m	ıarket
				ment, show in colur						
(a) Line		(b) Amount involved	1	ncharitable exempt organiz			rs, transactions, and sha			
		N/A		· · ·	N,	· · · · · · · · · · · · · · · · · · ·	<u></u>			
						· · · · · · · · · · · · · · · · · · ·				
	_								_	
							-		.	
										
				_						
							-			
d	lescrib		of the Code (oth	er than section 501(c)(3)) or in se	ection 527?	organizations		es X] No
						-				_
	Under	penalties of penjury I declaration of	are that I have examine f preparer (other than tax	d this return including acco payer) is based on all informati	mpanying schedule on of which prepare	s and statements, and to er has any knowledge	the best of my knowled	ge and b	pelief, it	is true,
Sign		Misto trake	itan	14-29-16			May the IR			
Here	Sign	ature of officer or trustee	~ (1)	Date	Title	· .	with the pi	reparer ns)? X	Shown Yes	below No
		Print/Type aranged	ıma.	Propagate states		Deta		DTILL		
Paid		Print/Type preparer's na		Preparer's signature	11	Date	/ /	PTIN	CF 4.5	
Prepa	arer	JERALD L ISAA	CS CD, LLP	1//		4.01		P003		16
Use (20 S. YALE,	#1400		-	Firm's EIN ▶ 44-0	<u> 1002</u>	00	
	- · · · y		JLSA, OK	, ± 100 /		74136-4223	Phone no 918-5	84-2	900	

HAGLER PINKERTON FOUNDATION 20-1854312
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

, Kınd of F	Property	INS AND LO	Desc	ription		or P	Date	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D	acquired Gain or (loss)	
EXPONDED OF SOIL	UNOWAVIC		TAL GAIN DIS		<u>, auj pasis</u>		604.	
OTAL GAIN(L	oss)			• • • • • • • • • • • • • • • • • • • •		:	-15,409.	
,								
							;	

20-1854312

	SNOI		70	
	IBUI		ENDS	
	DISTR		DIVID	
IPTION	ERSHIP	TIES	AXABLE	
DESCR	PARTN	ROYAL	NON T	
	DESCRIPTION	DESCRIPTION PARTNERSHIP DISTRIBUTIONS	DESCRIPTION PARTNERSHIP DISTRIBUTIONS ROYALTIES	DESCRIPTION PARTNERSHIP DISTRIBUTIONS ROYALTIES NON TAXABLE DIVIDENDS

7,21	7,217.
	51,122.
INCOME	PER BOOKS
INVESTMENT	EXPENSES
NET	AND
	REVENUE

	7,21	
51,122.	7,217. 2,124.	

TOTALS

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION
INCOME TAXES

1,172.

TOTALS

1,172.

1

- OTHER EXPENSES FORM 990PF, PART I

	REVENUE	
	AND	NET
	EXPENSES	INVESTMENT
DESCRIPTION	PER BOOKS	INCOME
INVESTMENT EXPENSES	12,409.	
OPERATING EXPENSES	4,285.	
OFFICE EXPENSE	16.	16

12,409.	4,285.	16.	
12,409.	4,285.	16.	

16,710.

TOTALS

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

MARKETABLE SECURITIES

TOTALS

ENDING BOOK VALUE

ENDING

1,076,777.

1,076,777.

1,128,923.

GRAND TOTALS

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

NIETA M. PINKERTON 1722 S. BOSTON TULSA, OK 74119 918-582-1112

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70007	CHMENT.	_
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990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

NINETY-FIVE PERCENT (95%) OF THE FOUNDATION DISTRIBUTIONS SHALL BE MADE TO OR AMONG CHARITABLE ORGANIZATIONS LOCATED IN TULSA, OKLAHOMA. FIVE PERCENT (5%) OF THE FOUNDATION'S DISTRIBUTIONS MAY BE TO CHARITABLE ORGANIZATIONS OUTSIDE OF TULSA, OKLAHOMA.

ING THE YEAR	
UTIONS PAID DURING THE	
GRANTS AND CONTRIBUT	
990PE, PART XV - GRANTS	
FORM 990PE,	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TULSA HABITAT FOR HUMANITY 6235 E 13TH ST TULSA, OK 74112	NONE PC	GENERAL FUNDING	5,000
RIVER PARKS 175 E 2ND ST STE 885 TULSA, OK 74103	NONE PC	GENERAL FUNDING	5, 000.
TULSA COMMUNITY FOOD BANK 1304 N KENOSHA AVENUE TULSA, OK 74106	NONE PC	GENERAL FUNDING	15,000
MEALS ON WHEELS 12620 E. 31ST ST TULSA, OK 74146	NONE PC	GENERAL FUNDING	5,000
PHILBROOK MUSEUM 2727 S ROCKFORD RD TULSA, OK 74114	NONE PC	GENERAL FUNDING	2,000.
GILCREASE MUSEUM 1400 GILCREASE MUSEUM ROAD TULSA, OK 74127	NONE PC	GENERAL FUNDING	2,000.

ATTACHMENT 8 (CONT'D)

%	
CONTRIBUTO	
SUBSTANTIAL	
5	
LATIONSHIP	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TULSA HISTORICAL SOCIETY	NONE	GENERAL FUNDING	10,000
2445 S PEORIA AVE.	PC		
TULSA, OK 74114			
OETA	NONE	GENERAL FUNDING	5,000
7403 N. KELLEY AVE.	PC		
OKLAHOMA CITY, OK 73111			
THE NATURE CONSERVANCY	NONE	GENERAL FUNDING	3,000.
4245 N FAIRFAX DR. STE 100	PC		
ARLINGTON, VA 22203			
PLANNED PARENTHOOD	NONE	GENERAL FUNDING	3,000
434 W 33RD ST	PC		
NEW YORK, NY 10001			
GOODWILL INDUSTRIES OF TULSA	NONE	GENERAL FUNDING	1,000
2800 SOUTHWEST BLVD	PC		
TULSA, OK 74107			
E HHH	GI N	GENERAL FUNDING	1,000
815 C HITTOR BIVE	C.		
	·		
TULSA, OK 74104			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT 8 (CONT.D)
RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RETIRED SENIOR VOLUNTEER PROGRAM 5756 E 31ST ST TULSA, OK 74135	NONE PC	GENERAL FUNDING	3,000
LIFE SENIOR SERVICES 5950 E 31ST ST TULSA, OK 74135	NONE PC	GENERAL FUNDING	3,000
DOMESTIC VIOLENCE INTERVENTION SERVICE 4300 S HARVARD AVE TULSA, OK 74135	NONE PC	GENERAL FUNDING	2,000

TOTAL CONTRIBUTIONS PAID

65,000

ATTACHMENT 9	RELATED OR EXEMPT AMOUNT FUNCTION INCOME	7,217. 51,122. 2,124.	60,463.
ATT	EXCLUSION CODE AM	15 14 14	
	AMOUNT		
	BUSINESS		
FORM 990-FF, KARI AVI-A - ANALISIS OF CIREN REVENUE	DESCRIPTION	ROYALTIES PARTNERSHIP DISTRIBUTION NON TAXABLE DIVIDENDS	TOTALS