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

OMB No 1545-0052

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.**

Open to Public Inspection

For calendar year 2015, or tax year beginning _____, **2015, and ending** _____

Name of foundation THE HACK FOUNDATION, INC.		A Employer identification number 58-1802331
Number and street (or P O box number if mail is not delivered to street address) Room/suite		B Telephone number (see instructions) (828) 526-8414
P.O. BOX 1658 City or town, state or province, country, and ZIP or foreign postal code HIGHLANDS NC 28741		C If exemption application is pending, check here. ▶ <input type="checkbox"/>
G Check all that apply:	<input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change	D 1 Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 2,721,027.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>

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)
1 Contributions, gifts, grants, etc., received (attach schedule)	0.			
2 Ck ▶ <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	55,224.	55,224.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	556,244.	L-6a Stmt		
b Gross sales price for all assets on line 6a 630,489.				
7 Capital gain net income (from Part IV, line 2)		556,244.		
8 Net short-term capital gain			491,680.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11. RECEIVED MAY 27 2016	7611,468.	611,468.	491,680.	
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule). UGDEN, UT				
b Accounting fees (attach sch)				
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule)(see instr) FEDERAL EXCISE TAX	1,359.	1,359.		
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	Administrative 364.	364.		
24 Total operating and administrative expenses. Add lines 13 through 23	1,723.	1,723.		
25 Contributions, gifts, grants paid	147,100.			147,100.
26 Total expenses and disbursements. Add lines 24 and 25	148,823.	1,723.		147,100.
27 Subtract line 26 from line 12.				
a Excess of revenue over expenses and disbursements	462,645.			
b Net investment income (if negative, enter -0-).		609,745.		
c Adjusted net income (if negative, enter -0-).			491,680.	

620 21

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	37,865.	436,902.	436,902.
	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			
	10a	Investments – U.S. and state government obligations (attach schedule)			
		b Investments – corporate stock (attach schedule) L-10b Stmt	162,215.	162,215.	558,238.
		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	1,313,261.	1,375,869.	1,725,887.	
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).	1,513,341.	1,974,986.	2,721,027.	
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 ▶			
	23	Total liabilities (add lines 17 through 22)			
NET ASSETS OR FUND BALANCES		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,513,341.	1,974,986.	
30	Total net assets or fund balances (see instructions)	1,513,341.	1,974,986.		
31	Total liabilities and net assets/fund balances (see instructions)	1,513,341.	1,974,986.		

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	1,513,341.
2	Enter amount from Part I, line 27a	2	462,645.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,975,986.
5	Decreases not included in line 2 (itemize) ▶ OVERSTATEMENT OF ENDING FY14 CASH BALANCE	5	1,000.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	1,974,986.

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 (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a AMERICAN NEW PERSPECTIVE A	P	12/26/14	02/18/15
b AMERICAN NEW PERSPECTIVE A	P	10/25/06	02/18/15
c 8 EVERGLADE PLACE, HILTON HEAD, SC 29928	D	09/10/15	09/22/15
d CAPITAL GAIN DISTRIBUTION			12/23/15
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 8,842.		8,643.	199.
b 31,158.		27,083.	4,075.
c 530,000.		38,519.	491,481.
d 60,489.		0.	60,489.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			199.
b			4,075.
c			491,481.
d			60,489.
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	556,244.
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	491,680.

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

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(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 (col. (b) divided by col. (c))
2014	113,923.	2,286,916.	0.049815
2013	99,786.	2,030,600.	0.049141
2012	89,894.	1,811,954.	0.049612
2011	93,772.	1,758,372.	0.053329
2010	83,060.	1,619,903.	0.051275

2 Total of line 1, column (d)	2	0.253172
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	0.050634
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	2,420,621.
5 Multiply line 4 by line 3	5	122,566.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	6,097.
7 Add lines 5 and 6	7	128,663.
8 Enter qualifying distributions from Part XII, line 4	8	147,100.

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1		6,097.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of 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		0.
3 Add lines 1 and 2	3		6,097.
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		6,097.
6 Credits/Payments:			
a 2015 estimated tax pmts and 2014 overpayment credited to 2015	6 a		
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		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7		
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		28.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		6,125.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0.
11 Enter the amount of line 10 to be Credited to 2016 estimated tax Refunded	11		

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?	1 a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		X
<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>			
c Did the foundation file Form 1120-POL for this year?	1 c		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>	2		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>	3		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b		
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>	5		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?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, col. (c), and Part XV</i>	7	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) GA - Georgia			
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? <i>If 'No,' attach explanation</i>	8 b	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	9		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>	10		X

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?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ AVARY HACK DOUBLEDAY Telephone no ▶ (828) 526-8414			
Located at ▶ 4220 DYKES DRIVE NW ATLANTA GA ZIP +4 ▶ 30342				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here ▶ <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15				
16	At any time during calendar year 2015, 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?	16		X
			Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶				

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/>	1 b	
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>			
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?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __			
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. ▶ 20 __ , 20 __ , 20 __ , 20 __		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2015 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 2015.)	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 2015?	4 b	X

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

5 a 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 4945(d)(4)(A)? (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)?

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?

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

6 a 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?

If 'Yes' to 6b, file Form 8870.

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes No

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

5 b

6 b

7 b

X

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
FREDERICK C. HACK, JR. 68 BRAMS POINT ROAD HILTON HEAD SC 29926	PRESIDENT 1.00	0.	0.	0.
AVARY HACK DOUBLEDAY P.O. BOX 1658 HIGHLANDS NC 28741	SECRETARY & TREASURER 3.00	0.	0.	0.
CAROLYN HACK 68 BRAMS POINT ROAD HILTON HEAD SC 29926	DIRECTOR 0.50	0.	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				

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 <u>MAKING GRANTS WAS THE ONLY ACTIVITY DURING THE YEAR</u> ----- -----	0.
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 <u>NONE</u> ----- -----	0.	
2 ----- -----		
All other program-related investments. See instructions. 3 ----- -----		
Total. Add lines 1 through 3 ▶		None

BAA

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:		
a Average monthly fair market value of securities	1 a	2,265,755.
b Average of monthly cash balances	1 b	191,728.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	2,457,483.
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	2,457,483.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	36,862.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,420,621.
6 Minimum investment return. Enter 5% of line 5	6	121,031.

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	121,031.
2 a Tax on investment income for 2015 from Part VI, line 5	2 a	6,097.
b Income tax for 2015 (This does not include the tax from Part VI.)	2 b	
c Add lines 2a and 2b	2 c	6,097.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	114,934.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	114,934.
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	114,934.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	147,100.
b Program-related investments — total from Part IX-B.	1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	147,100.
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	6,097.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	141,003.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				114,934.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years: 20__ , 20__ , 20__				
3 Excess distributions carryover, if any, to 2015:				
a From 2010	3,287.			
b From 2011	6,975.			
c From 2012	748.			
d From 2013	0.			
e From 2014	2,239.			
f Total of lines 3a through e	13,249.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 147,100.				
a Applied to 2014, 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 2015 distributable amount				114,934.
e Remaining amount distributed out of corpus	32,166.			
5 Excess distributions carryover applied to 2015 (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	45,415.			
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 2014 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				0.
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 applied on line 5 or line 7 (see instructions)	3,287.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	42,128.			
10 Analysis of line 9				
a Excess from 2011	6,975.			
b Excess from 2012	748.			
c Excess from 2013	0.			
d Excess from 2014	2,239.			
e Excess from 2015	32,166.			

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 2015, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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))

AVARY HACK & E. GERRY DOUBLEDAY, CAROLYN & FREDERICK C. HACK, JR. ,
DEBORAH S. & O. BYRON HACK

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

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 address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

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				
AGNES SCOTT COLLEGE 141 EAST COLLEGE AVE DECATUR GA 30030		NONPROFIT CORP	OPERATING FUND	7,000.
ART CENTER OF COASTAL CAROLINA 14 SHELTER COVE HILTON HEAD SC 29926		NONPROFIT CORP	OPERERTING FUND	2,500.
ART CENTER OF COASTAL CAROLINA 14 SHELTER COVE HILTON HEAD SC 29926		NONPROFIT CORP	ENDOWMENT	2,500.
AUDUBON NC 400 SILVER CEDAR COURT #240 CHAPEL HILL NC 27514		NONPROFIT CORP	OPERATING FUND	5,000.
BLUE RIDGE MOUNTAINS HEALTH PROJECT PO BOX 451 CASHIERS NC 28717		NONPROFIT CORP	FREE DENTAL CARE	4,500.
CAMPUS CRUSADE FOR CHRIST 2186 NORTH SALEN STREET APEX NC 27511		NONPROFIT CORP	CAMPUS OUTREACH	15,000.
COMMUNITY CARE CLINIC OF HIGHLANDS PO BOX 43 HIGHLANDS NC 29741		NONPROFIT CORP	HEALTHCARE FOR UNINSURED	7,000.
CHURCH OF THE INCARNATION 520 MAIN STREET HIGHLANDS NC 28741		NONPROFIT CORP	OPERATING FUND	3,000.
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK NY 10017		NONPROFIT CORP	OPERATING FUND	2,500.
See Line 3a statement				98,100.
Total				147,100.
b Approved for future payment				
AUDUBON NC 400 SILVER CEDAR COURT #240 Chapel Hill NC 27514		NONPROFIT CORP	OPERATING FUND	20,000.
Total				20,000.

Name THE HACK FOUNDATION, INC. Employer Identification Number 58-1802331

Asset Information:

Description of Property: American New Perspective A
Date Acquired: 12/24/14 How Acquired: Purchased
Date Sold: 02/18/15 Name of Buyer:
Sales Price: 8,842. Cost or other basis (do not reduce by depreciation): 8,643.
Sales Expense: Valuation Method:
Total Gain (Loss): 199. Accumulation Depreciation:

Description of Property: American New Perspective A
Date Acquired: 10/25/06 How Acquired: Purchased
Date Sold: 02/18/15 Name of Buyer:
Sales Price: 31,158. Cost or other basis (do not reduce by depreciation): 27,083.
Sales Expense: Valuation Method:
Total Gain (Loss): 4,075. Accumulation Depreciation:

Description of Property: Capital Gain Distribution
Date Acquired: How Acquired: Purchased
Date Sold: 12/23/15 Name of Buyer:
Sales Price: 60,489. Cost or other basis (do not reduce by depreciation):
Sales Expense: Valuation Method:
Total Gain (Loss): 60,489. Accumulation Depreciation:

Description of Property: 8 Everglade Place, Hilton Head, SC 29928
Date Acquired: 09/11/15 How Acquired: Donated
Date Sold: 09/22/15 Name of Buyer: David Jewett
Sales Price: 530,000. Cost or other basis (do not reduce by depreciation): 0.
Sales Expense: 38,519. Valuation Method:
Total Gain (Loss): 491,481. 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 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 . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> KENDALL HACK 68 BRAMS POINT ROAD HILTON HEAD SC 29926	DIRECTOR 0.00	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> NATHAN BORGHI 4220 DYKES DRIVE NW ATLANTA GA 30342	DIRECTOR 0.50	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> VIRGINIA HACK BORGHI 4220 DYKES DRIVE NW ATLANTA GA 30342	DIRECTOR 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				
GREATER GREENWOOD UNITED MINISTRY 1404 EDGEFIELD STREET GREENWOOD SC 29646		NONPROFIT CORP	OPERATING FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,500.
GREENWOOD GENETIC CENTER FOUNDATION 106 GREGOR MENDEL CIRCLE GREENWOOD SC 29646		NONPROFIT CORP	OPERATING FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
HERITAGE CLASSIC FOUNDATION (MUSEUM) 71 LIGHTHOUSE ROAD #4200 HILTON HEAD SC 29928		NONPROFIT CORP	OPERATING FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 5,000.
BIG BROTHERS BIG SISTERS 50 S. FRENCH BROAD, #213 ASHEVILLE NC 28801		NONPROFIT CORP	OPERATING FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
HIGHLANDS BOLIVIAN MISSION 171 HOSPITAL DRIVE #700 HIGHLANDS NC 28741		NONPROFIT CORP	OPERATING FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 5,000.

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

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
a Paid during the year					
BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 22267 HILTON HEAD ISLAND SC 29925		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	1,500.
CHILDREN'S CENTER OF HILTON HEAD 8 NATURE'S WAY HILTON HEAD ISLAND SC 29926		NONPROFIT CORP	FOOD PANTRY	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	1,500.
HILTON HEAD SYMPHONY ORCHESTRA 2 PARK LANE #300 HILTON HEAD SC 29928		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	1,000.
LITERACY COUNCIL OF HIGHLANDS PO BOX 2320 HIGHLANDS NC 28741		NONPROFIT CORP	LITERACY PROGRAMS	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	5,000.
COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD ISLAND SC 29925		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	5,000.
REACH OF MACON COUNTY 1895 OLD MURPHY ROAD FRANKLIN NC 28734		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	10,000.
ZOO ATLANTA 800 CHEROKEE AVENUE ATLANTA GA 30315		NONPROFIT CORP	EXHIBIT ENHANCEMENTS	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	15,000.
COMMUNITY CARE CLINIC OF FRANKLIN 1830 LAKESIDE DRIVE FRANKLIN NC 28734		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	1,000.
EXPERIENCE GREEN 301 CENTRAL AVENUE, SUITE 202 HILTON HEAD ISLAND SC 29926		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	500.
FIRST PRESBYTERIAN CHURCH - HIGHLANDS PO BOX 548 HIGHLANDS NC 28741		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	8,000.
FIRST PRESBYTERIAN CHURCH - HILTON HEAD 540 WILLIAM HILTON PARKWAY HILTON HEAD ISLAND SC 29928		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	6,300.
FRIENDS OF FOUNDERS PARK - HIGHLANDS PO BOX 1703 HIGHLANDS NC 28741		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	5,000.
GREATER GREENWOOD PARKS AND TRAILS PO BOX 1444 GREENWOOD SC 29646		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	500.
THE ARTS CENTER OF GREENWOOD PO BOX 3366 GREENWOOD SC 29648		NONPROFIT CORP	OPERATING FUND	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/>	500.
				Person or Business <input type="checkbox"/> <input type="checkbox"/>	

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

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox	
				Person or Business	Amount
a Paid during the year					
HIGHLANDS COMMUNITY CHILD DEVELOPMENT CENTER 89 CHURCH STREET HIGHLANDS NC 28741		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	1,500.
HIGHLANDS-CASHIERS HOSPITAL FOUNDATION PO BOX 742 HIGHLANDS NC 28741		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	2,000.
HILTON HEAD DANCE THEATRE PO BOX 5761 HILTON HEAD ISLAND SC 29938		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	1,500.
HILTON HEAD REGIONAL HABITAT FOR HUMANITY PO BOX 2247 BLUFFTON SC 29910		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	1,000.
HOPE HAVEN OF THE LOWCOUNTRY PO BOX 2502 BEAUFORT SC 29901		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	500.
HOSPICE CARE OF THE LOW COUNTRY PO BOX 3827 BLUFFTON SC 29910		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	1,500.
HUDSON LIBRARY PO BOX 430 HIGHLANDS NC 28741		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	2,000.
MAIN STREET UNITED METHODIST CHURCH 211 MAIN STREET GREENWOOD SC 29646		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	5,000.
MARANATHA FARMS 342 CRABTREE LANE RIDGELAND SC 29936		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	100.
OWENS FOUNDATION FOR WILDLIFE CONSERVATION PO BOX 870530 STONE MOUNTAIN GA 30087		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	500.
SALVATION ARMY OF GREENWOOD PO BOX 1453 GREENWOOD SC 29648		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	1,000.
SELF REGIONAL HEALTH CARE FOUNDATION 1325 SPRING STREET GREENWOOD SC 29646		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	1,000.
SOCIETY OF CINCINNATI IN THE STATE OF GEORGIA 230 BARNARD STREET SAVANNAH GA 31401		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	1,250.
ST JAMES BAPTIST CHURCH PO BOX 21883 HILTON HEAD ISLAND SC 29925		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	600.
TRUSTEES OF ALIDA FAWKES HOUSE 230 BARNARD STREET SAVANNAH GA 31401		NONPROFIT CORP	OPERATING FUND	<input type="checkbox"/> <input checked="" type="checkbox"/>	250.

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

Continued

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				
UNIVERSITY OF TENNESSEE 630 STOKELY MANAGEMENT CENTER KNOXVILLE TN 37996		NONPROFIT CORP	OPERATING FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 100.
WAKE FOREST FUND PO BOX 7227 WINSTON SALEM NC 27109		NONPROFIT CORP	OPERATING FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.

Total

98,100.Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
AGL RESOURCES INC	25,095.	87,738.
BANK OF AMERICA CORP	12,749.	30,631.
COCA COLA CO	6,450.	103,104.
DUKE ENERGY CORP	17,514.	40,407.
ELI LILLY & CO	39,808.	75,834.
INTEL CORP	6,825.	71,312.
JOHNSON & JOHNSON	19,891.	68,822.
PFIZER INC	21,243.	60,041.
SPECTRA ENERGY CORP	12,640.	20,349.
Total	<u>162,215.</u>	<u>558,238.</u>

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

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
AMERICAN INC FD OF AMERICA A	388,005.	397,548.
AMERICAN NEW PERSPECTIVE A	90,440.	99,321.
AMERICAN WA MUTUAL A	897,424.	1,229,018.
Total	<u>1,375,869.</u>	<u>1,725,887.</u>

Supporting Statement of:

Form 990-PF, p1/Line 1(a)

Description	Amount
8 Everglade Place, Hilton Head, SC 29928	0.
Total	0.