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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For cale	endar year 2018 or tax year beginning	, 201	8, and	ending		, 20
Name of fo					er identification numb	
SANDRA	L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC	. C/O SANDRA HAS	LINGER	34-1	848698	
Number ar	nd street (or P.O box number if mail is not delivered to street address)		n/suite		ne number (see instruc	tions)
2524	IRA ROAD			(330	761-1040	
	vn, state or province, country, and ZIP or foreign postal code				tion application is pend	ding check here ►
	OH 44333			O II exemp	tion application is pent	ing, check here [
Cher		n of a former public	charity	D 4 Corosa	n ersenizations, abook	hara 🏲 🖺
1	Final return Amended		Orianty	i. Foleig	ii organizations, check	
Chec	☐ Address change ☐ Name cha				n organizations meetin here and attach comp	
Chec	ck type of organization: 🗵 Section 501(c)(3) exempt p		XX.		foundation status was	
7 Sect	ion 4947(a)(1) nonexempt charitable trust \Box Other ta	•	dation	section 5	07(b)(1)(A), check here	▶[
	market value of all assets at J Accounting method					
rair	· · · · · · · · · · · · · · · · · · ·	i. 🔼 Casii 🗀 A	ccruai		ndation is in a 60-mon	
	of year (from Part II, col. (c), ☐ Other (specify) 16) ► \$ 5,360,915. (Part I, column (d) must be			under se	ction 507(b)(1)(B), chec	Killere P
		on cash basis.)	Ī		T	1
Part I		(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for chantable
	amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books		come	income	purposes (cash basis only)
		2	ļ			(Casil Dasis Offly)
1	Contributions, gifts, grants, etc., received (attach schedule)	941,821.	-			
2	Check ► ☐ if the foundation is not required to attach Sch. B					
3	Interest on savings and temporary cash investments		ļ			
. 4	Dividends and interest from securities	92,247.		92,246.		
5a	,					
b	`					
<u>ម</u> 6a	Net gain or (loss) from sale of assets not on line 10					
통 b	Gross sales price for all assets on line 6a					
enue 6a b 7	Capital gain net income (from Part IV, line 2)			0.		
ř 8	Net short-term capital gain				0.	
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) See. Stmt	101,283.	1	01,283.		
12	Total. Add lines 1 through 11	1,135,351.	•	93,529.	0.	
. 13	Compensation of officers, directors, trustees, etc.		 	<u> </u>		
14 15	Other employee salaries and wages					
15	Pension plans, employee benefits					
i b		12,900.		12,900.		.2.
e ≤		12,300.		12,000.	RECEI	√ED
E 17	Interest					
18	Taxes (attach schedule) (see instructions e. Stmt.	3,458.	<u> </u>	3,458.	₩ NOV 25	2019
Ë 19	Degreciation (attach schedule) and depletion	3,430.	<u> </u>	J, 1JU.	E VUV ZO	12013 18
E 20	Occupancy		 			
21	Travel, conferences, and meetings		 		- OGDEN	₩ , U I]
22			 			
ਲ 22 ਨ 23	Prioting and publications	12,824.		12 024		 -
5 23 24	Total operating and administrative expenses.	12,024.		12,824.		+
ਲੋਂ ²⁴	Add lines 13 through 23	20 100		20 100		1
Operating and Administrative Ex 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Contributions, gifts, grants paid	29,182.		29,182.		
25		305,445.	 	00 100		305,445
26	Total expenses and disbursements. Add lines 24 and 25	334,627.	 	29 , 182.		305,445
27	Subtract line 26 from line 12:		[
а	(L.)	800,724.				
b			1	64,347.		ļ <u>.</u>
C	Adjusted net income (if negative, enter -0-)	ŀ	i		I 0	7.2

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X REV 02/01/19 PRO

Form **990-PF** (2018)

Pá	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End c	f year
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash—non-interest-bearing	72,965.	223,6	81.	223,681.
	2	Savings and temporary cash investments		_		
	3	Accounts receivable ►	a. 。constitueseMinanti C. estellar n. 4, ny. 10 2 1945字	de u de	til salvað að	T paper of else, and to paper of
		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 schedule) ▶				
		Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges	15,887.	15,8	87.	15,887.
Ä	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	C	Investments - corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶	***************************************			
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) . L-13. Stmt	5,038,772.	5,121,3	47.	5,121,347.
	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 l)	5,127,624.	5,360,9	15.	5,360,915.
	17	Accounts payable and accrued expenses				<u></u>]
Ś	18	Grants payable				!
Liabilities	19	Deferred revenue				Į
豆	20	Loans from officers, directors, trustees, and other disqualified persons				ļ
<u>.</u>	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe >)				
	23	Total liabilities (add lines 17 through 22)		<u></u>		
S		Foundations that follow SFAS 117, check here > X				
ည		and complete lines 24 through 26, and lines 30 and 31.	5 107 604	5 260 0	٦.	
<u>a</u>	24	Unrestricted	5,127,624.	5,360,9	15.	
Ba	25 26	Temporarily restricted				
ם	20	Permanently restricted				1
₫		Foundations that do not follow SFAS 117, check here ► □ and complete lines 27 through 31.				
or Fund Balances	27	Capital stock, trust principal, or current funds				
ıs	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds				-
As	30	Total net assets or fund balances (see instructions)	5,127,624.	5,360,9	15	
et	31	Total liabilities and net assets/fund balances (see	3,127,024.	3,300,3	10.	
Z	"	instructions)	5,127,624.	5,360,9	15	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	5,127,024.	3,300,3	10.	
		Il net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with		
•		of-year figure reported on prior year's return)			1	5,127,624.
2		er amount from Part I, line 27a			2	800,724.
- - 3		er increases not included in line 2 (itemize) See Statement		• • •	3	0.
4		lines 1, 2, and 3			4	5,928,348.
5		reases not included in line 2 (itemize) > See Statement		-	5	567,433.
6		I net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), lir	ne 30	6	5,360,915.

Part	IV Capital Gains and	Losses for Tax on Investme	ent Income		_ ,,	
		nd(s) of property sold (for example, real esta se; or common stock, 200 shs. MLC Co.)	ate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a	STOCK INVESTMENTS			P	Various	Various
b	SANDALWOOD OVERSEAS	S LIQUIDATING		P	Various	Various
c						
d		<u> </u>				
<u> e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	, , , , , , , , , , , , , , , , , , ,	in or (loss) (f) minus (g))
a	1,899,317.			1,880,720.		18,597.
b	78,842.			154,430.		<u>-75,</u> 588.
c						
d					•	
e						. <u> </u>
	Complete only for assets sho	wing gain in column (h) and owned by	the foundation	on 12/31/69.		ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	s of col. (i) . (j), ıf any		ot less than -0-) or (from col. (h))
a	0.	0.		0.		18,597.
b						-75,588.
<u>C</u>						
<u>d</u>						
е						
2	Capital gain net income or		lso enter in Pa enter -0- in Pai		2	-56,991.
3	If gain, also enter in Part	n or (loss) as defined in sections 1 I, line 8, column (c). See instruct	ions. If (loss)		_	
		· · · · · · · · · · · · · · · ·)	3	-56,991.
Part		er Section 4940(e) for Reductive to the section 4940(e) for Reductions subject to the section in				
Was t		e this part blank. section 4942 tax on the distributa jualify under section 4940(e). Do r			pase period?	☐ Yes ⊠ No
1	· · · · · · · · · · · · · · · · · · ·	punt in each column for each year	<u>'</u>		aking any entries.	
	(a)	(b)	,	(c)		(d)
Cal	 Base period years endar year (or tax year beginning in) 	Advicted avalifying distabletions	Net value of	f nonchantable-use a		stribution ratio divided by col. (c))
	2017	311,94	5.	5,038,7		0.061909
	2016	314,04		4,547,9		0.069054
	2015	304,99	7.	4,941,1		0.061726
	2014	313,16	8.	5,288,1		0.059220
	2013	465,893	2.	5,298,3	54.	0.087931
2	Total of line 1, column (d)				. 2	0.339840
3		for the 5-year base period—dividently bundation has been in existence if				0.067968
_	•		·			
4	Enter the net value of none	charitable-use assets for 2018 fro	m Part X, line	5	. 4	5,220,500.
5	Multiply line 4 by line 3				. 5	354,827.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	1,643.
7	Add lines 5 and 6				. 7	356,470.
8	Enter qualifying distributio	ns from Part XII, line 4			. 8	305,445.
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in I	Part VI, line 1b	o, and complete	that part using a	

Part '		<u>ee in</u>	<u>stru</u>	ctio	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,2	87.	
	here ▶ □ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
3	Add lines 1 and 2		3,2	87.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		3,2	87.	
6	Credits/Payments:			-	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 1,680.				
b	Exempt foreign organizations—tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) . 6c 5,000.				
d	Backup withholding erroneously withheld				
. 7	Total credits and payments. Add lines 6a through 6d		6,6		
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached			21.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		3,3	/2.	
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax > 3,372. Refunded > 11			_	
	/II-A Statements Regarding Activities	<u>, , </u>		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?		1a	162	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See to instructions for the definition		1b		×
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materi published or distributed by the foundation in connection with the activities.	als		_	
C	Did the foundation file Form 1120-POL for this year?	· -	1c		<u>×</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	<u>. </u>			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose	a			
_	on foundation managers. ▶ \$	-			_
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	·	2		<u>×</u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, artic of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	_	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. [4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	.	5		, <u>×</u>
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 to conflict with the state law remain in the governing instrument?		6		
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		7	×	_^_
8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	- T	-		
	OH.				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	_ F			
ਤ	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Ye				
	complete Part XIV		9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	neir 🗀			-
_	names and addresses		10		×

Part	VIFA Statements Regarding Activities (continued)			
		L	Yes	No
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		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address N. TORTURE CONTROL			
14	The books are in care of ▶ SEIKEL & COMPANY, INC. Telephone no. ▶ (330)	761-	1040	
	Located at ▶ 686 W. MARKET STREET AKRON OH ZIP+4 ▶ 44303			
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 ▶ 15			
16	At any time during calendar year 2018, 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	×	ļ,
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			[
	the foreign country ▶ CJ			(
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Τ	Yes	No
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year, did the foundation (either directly or indirectly):	-	162	NO
1a	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			}
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			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	ļ		
	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.)	1		
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	10		1
С	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 2018?	1c		×
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 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20, 20, 20, 20	1		
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		 	لــــا
	all years listed, answer "No" and attach statement—see instructions.)	2b		<u> </u>
С	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, 20			
3a				
	at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2018 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	<u></u>		لـــــا
_	foundation had excess business holdings in 2018.)	3b	-	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		×
þ	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		

Part	: AII-B	Statements Regarding Activities	S TOT W	mich Form	4/20	viay be r	equire	u (Cortai	iueu)			
5a	During th	ne year, did the foundation pay or incur	any am	ount to:							Yes	No
	(1) Carry	on propaganda, or otherwise attempt t	to influe	nce legislatio	on (sect	ion 4945(e))? .	☐ Yes	⊠ No			
	(2) Influe	ence the outcome of any specific public	c electi	on (see secti	on 495	5); or to c	arry on,					
	direc	tly or indirectly, any voter registration dr	rive?					☐ Yes	⊠ No	1		ĺ
	(3) Provi	de a grant to an individual for travel, stu	idv. or d	other similar i	ourpose	es?		Yes	⊠ No	i l		
		de a grant to an organization other than						_	_			
		on 4945(d)(4)(A)? See instructions			_			Yes	⊠ No			
		de for any purpose other than religious						_				
		oses, or for the prevention of cruelty to				-			⊠ No			
b		swer is "Yes" to 5a(1)-(5), did any of the								1		
		ations section 53.4945 or in a current no							SCHECG	5b		
	-	ations relying on a current notice regardi	_	-						35		
_		swer is "Yes" to question 5a(4), does t										
·		it maintained expenditure responsibility							□ №			
		-		_			• •	tes	∐ No			
6-		attach the statement required by Regula					miuma					ŀ
6a		oundation, during the year, receive any sonal benefit contract?		-	-		erriuri is	_	▽			j
								∐ Yes	_⊠ No	<u> </u>		
b		oundation, during the year, pay premiun	ns, aire	ctly or indired	ctiy, on	a persona	beneti	contract	γ.	6b		_ <u>×</u> _,
_		to 6b, file Form 8870.							S			- 1
7a	-	ne during the tax year, was the foundation		-				∐ Yes	⊠ No			
	•	did the foundation receive any proceed		-					n7.	7b		
8		undation subject to the section 4960 ta]
Devi		ation or excess parachute payment(s) de							No L			
Pari	VIII	Information About Officers, Direct and Contractors	tors, i	rustees, re	ounda	uon wan	agers,	migniy r	alu E	mploy	ees,	
1	Liet all e	officers, directors, trustees, and found	lation r	nanagore an	d their	compane	ation 9	aa inetri	ıctions			
	List all v	incers, unectors, trustees, and round		nanayers an	ia tricii	Compens	adon. (oo maa	40000	•		
			(b) Title	and average	(c) Co	npensation	(d) (Contribution	s to			
		(a) Name and address	hou	e, and average	``(If n	mpensation ot paid,	emplo	Contribution:	plans	(e) Expe	nse acc allowan	
0734	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		devot	rs per week ed to position	``(If n		emplo		plans			
		ASLINGER	devot	rs per week ed to position I DENT	``(If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			ces
2524	4 IRA R	ASLINGER D AKRON OH 44333	hou devote PRES	rs per week ed to position I DENT 0.00	``(If n	ot paid,	emplo	yee benefit	plans			
2524 DOU	4 IRA R GLAS HA	ASLINGER D AKRON OH 44333 SLINGER	hou devote PRES	rs per week ed to position I DENT O . 00 ARY/ TRUSTEE	``(If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			0.
2524 DOUG 776	4 IRA R GLAS HA N. HAM	ASLINGER D AKRON OH 44333 SLINGER ETOWN RD AKRON OH 44333	PRES	rs per week ed to position I DENT O . 00 ARY/ TRUSTEE O . 00	``(If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			ces
2524 DOUG 776 JENN	4 IRA R GLAS HA N. HAM NIFER S	ASLINGER D AKRON OH 44333 SLINGER ETOWN RD AKRON OH 44333 HASLINGER	PRES	rs per week ed to position I DENT O.00 ARY/ TRUSTEE O.00 RER/ TRUSTEE	``(If n	0 .	emplo	yee benefit	plans ensation 0.			0. 0.
2524 DOUG 776 JENI 3150	4 IRA R GLAS HA N. HAM NIFER S D OAK H	ASLINGER AD AKRON OH 44333 ASLINGER BETOWN RD AKRON OH 44333 A. HASLINGER BILL ROAD PENNINSULA OH 44264	PRES	rs per week ed to position I DENT O . 00 ARY/ TRUSTEE O . 00	``(If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			0.
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Form 990-PF (Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	ployees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
	per of others receiving over \$50,000 for professional services	0
Part IX-A	Summary of Direct Charitable Activities	·
List the for organization	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ins and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1		
2		
٠		
3		
4		
•		
Part IX-B	Summary of Program-Related Investments (see instructions) te two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	te two largest program-related investments made by the loundation during the tax year on lines 1 and 2.	Anount
'		
2		
All other pr	ogram-related investments. See instructions.	
3	·	
Total Add	lines 1 through 2	_
i otal. Add	lines 1 through 3	Form 990-PF (2018)

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn fol	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
2	purposes: Average monthly fair market value of securities	1a	5,150,000.
a b	Average in onthly cash balances	1b	150,000.
C	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	5,300,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and		3,300,000.
Ū	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,300,000.
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		3,300,000.
•	instructions)	4	79,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,220,500.
5 6	Minimum investment return. Enter 5% of line 5	6	261,025.
Part			
Fairt	and certain foreign organizations, check here ► and do not complete this part.)	ounda	tions
1	Minimum investment return from Part X, line 6	1	261,025.
2a	Tax on investment income for 2018 from Part VI, line 5		201,025.
Za b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	1	
	Add lines 2a and 2b	2c	3,287.
C	Distributable amount before adjustments. Subtract line 2c from line 1	3	257,738.
3	Recoveries of amounts treated as qualifying distributions	4	231,130.
4	Add lines 3 and 4	5	257,738.
5	Deduction from distributable amount (see instructions)	6	231,130.
6 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	 	
•	line 1	7	257,738.
Dart	XII Qualifying Distributions (see instructions)		231,130.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Т Т	
	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	305,445.
a	Program-related investments—total from Part IX-B	1b	303,443.
ь 2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2	purposes	2	
•		-	
3_	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3a	
a		3b	
b	Cash distribution test (attach the required schedule)	4	205 445
4 5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		305,445.
Ð	• •	_	0
_	Enter 1% of Part I, line 27b. See instructions	5	305 445
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	305,445.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	
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Part	Unaistributea income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				257,738.
2	Undistributed income, if any, as of the end of 2018:		-		237,730.
-	Enter amount for 2017 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018:		The same and the parties of		g) (1) (g)
а	From 2013 465, 892.	(25 W	A 1 T Marger Hydron, 3 .		
b	From 2014 313, 168.				
C	From 2015 304, 997.				
d	From 2016 314,049.	1.1	Mar a i	4 * N	n ¹
е	From 2017 314, 424.			- Qi	•u··
f	Total of lines 3a through e	1,712,530.) 40cu	ं स	
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$ 305,445.		,		
а	Applied to 2017, 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 2018 distributable amount				
е	Remaining amount distributed out of corpus	305,445.			
5	Excess distributions carryover applied to 2018 (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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,017,975.			,
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		•
С	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 2017. Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions		-	0.	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019.				257,738.
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 2013 not				
	applied on line 5 or line 7 (see instructions) .	465,892.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,552,083.			'
10	Analysis of line 9:	1,332,003.			-
a	Excess from 2014				
b	Excess from 2015 304, 997.				
C	Excess from 2016	i 11		_	[
d	Excess from 2017	k dig (نيه ، ميا	ا الوقد بروالان	ş. 4
е	Excess from 2018 305, 445.				

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling		90-PF (2018)	A		/// A	,	Page 10
No. Cheek pox to indicate whether the foundation is a private operating foundation described in section 24	7)	N/A
2a Enter the lesser of the adjusted net forcem for Part I of the minimum investment return from Part X for seach year lested. b 58% of line 2a Qualifying distributions from Part XII, line 4 for each year lested. A mount is fulcided in line 2 not used directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions and directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt active active conduct of exempt active acti	1a `	•		•			
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interestment legion from Bart X for each year listed. b 85% of line 2a Cualifying distributions mon Part XII, line 4 for each year listed d Arounts included in line 2 not used directly for active conduct of exempt activities. Cualifying distributions made directly for active conduct of exempt activities. Complete 3a, b, or c for the alternative test enter of the alternative test relied upon: 3 Complete 3a, b, or c for the alternative test enter of the alternative test relied upon: 3 Vasiles' afternative test—enter: (1) Value of all assets. (2) Value of assets qualifying under section 4942(0)(3)(8)(0) "Endowment" alternative test—enter // of minimum investment return shown in Part X, line 6 for each year listen, which is a complete of the 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: 1 List any managers of the foundation who have contributed more than \$5,000). (See section 507(d)(2).) 2 Support managers of the foundation who have contributed more than \$5,000). (See section 507(d)(2).) 3 ADREA L. HASLINEER b List any managers of the foundation who have contributed more than \$5,000). (See section 507(d)(2).) 3 ADREA L. HASLINEER b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 1 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\mathbb{E} \) (B) 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., to individuals or organizations under other conditions, complete terms 2a, b, c, and d. See instructions. a The name, address, and telephone number or email address of the person to whom applications should be addressed: See Supplementary	2a		Tax year		Pnor 3 years		(e) Total
each year listed Cualifying distributions from Part XII, line 4 for each year listed d. Amounts included in line 2c not used sheetly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 1. Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 1. Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 1. Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2c 1. Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2c 1. Qualifying distributions made directly for active conduction of exempt activities. Subtract line 2c 1. Qualifying distributions made directly for active conduction of exempt activities. Subtract line 2c 1. Qualifying distributions made directly for active conduction of exempt activities. Subtract line 2c 1. Qualifying distributions made directly for active conduction of exempt activities. Subtract line 2c 1. Qualifying distributions made directly for active conduction of exempt activities. Subtract line 2c 1. Qualifying distributions made directly for active conduction of exempt active active active conduction of exempt active active c			(a) 2018	(b) 2017	(c) 2016	(d) 2015	(5) (522)
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e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	d	Amounts included in line 2c not used directly					
tor active conduct of exempt activities. Subtract line 2d from line 2c. Complete 3a, b, or c for the alternative test relied upon: a "Assets" atternative test relied upon: (2) Value of all assets (2) Value of assets qualifying under section 4942()(3(8)(6). b "Endowment" alternative test relief. (1) Value of all assets c "Support" alternative test relief. c "Support" alternative test relief. (1) Total support other than gross investment in come (interest, deventions of the for each year listed. c "Support" alternative test relief. (1) Total support other than gross investment in come (interest, deventions of the form of		for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test—enter: (1) Value of assets qualifying under section 4942(0)(3(8)(6) - "Endowment" alternative test—enter of of minmum investment return shown in Part X, line 6 for each pear internation (and invested investment income) (interest, dividends, rents, Payments on securities joans (section 512(a)(3), or profatiles on securities of the section of section of section 4942(a)(3), or profatiles on securities joans (section 512(a)(3), or profatiles on section 4942(a)(3), or profatiles on section 4942(a)(3)(3), or profatiles on section 4942(a)(3), or profatiles on section 4942(a)(3), or profatiles on section 4942(a)(3)(3), or profatiles on section 4942(a)(3)(3), or profatiles on section 4942(a)(3)(3), or profatiles on section 512(a)(3), or profatiles on section 512(a)(a)(a)(a)(a)(a)(a)(a)(a	e	Qualifying distributions made directly					
Complete 3a, b, or c for the alternative test relied upon: a "Assets atternative test—enter: (1) Value of all assets (2) Yalue of assets qualifying under section 4942(0)(3(0)(0)) b "For information extended test—enter 1/4 of information of the training assets of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SANDRA L. HASLINGER b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. a The name, address, and telephone number or email address of the person to whom applications sh		for active conduct of exempt activities.					
a "Assets" alternative test—enter: (1) Value of all assets		Subtract line 2d from line 2c					
a "Assets" alternative test—enter: (1) Value of all assets (2) Value of all assets (2) Value of assets qualifying under section 4942(i)(3)(B)(i) b "Endowment" alternative test—enter 1/4 b of minimum investment return shown in Part X, line 6 for each year slisted c "Support" alternative test—enter 1/4 company in the 1/4 company in t	3	Complete 3a, b, or c for the					
(1) Value of all assets (2) Value of assets qualifying under section 4942(i)(5(b)(1)		alternative test relied upon:		\searrow			
Section 4942(ij(3)(B)(i) Sanoth in Fact X, lime 6 for each year lister.	а	"Assets" alternative test-enter:					
section 4942(i)(3)(B)(i) b "Endowment" alternative test-enter 1/5 or infinimum investment return shown in Part X, line for each year listed c "Support" alternative test-enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities (pains (section 512(a)(5)), or givalities) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii) (3) Jargest amount of support from an exempt organization as provided in section 4942(i)(3)(B)(iii) Time during the year—see instructions. 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000), (See section 507(d)(2).) SANDRA L. HASLINGER b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 1 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here > More than 1/2 (if the foundation makes gifts, grants, etc., to individuals or organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. a The name, address, and telephone number or email address of the person to whom applications should be addressed: See Supplementary Information Statement 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		(1) Value of all assets					
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(2) Support from general public and 5 or more exempt organizations as provided in section 4942(I)(S)(B)(III)							
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and 5 or more exempt organizations as provided in section 4942()(3)(8)(ii)							
section 4942(j)(3)(8)(ii)		and 5 or more exempt					
(3) Largest amount of support from an exempt organization							
an exempt organization			<u> </u>				
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	d	-	vards, such as b	y geographical ar	eas, charitable fie	eias, kinas ot ins	stitutions, or other

Form 990-PF (2018) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year AKRON ART MUSEUM FBO SCHOOL TOUR **PROGRAM** 70 EAST MARKET STREET 30,000. AKRON OH 44308 509(A)(1) AKRON-CANTON REGIONAL FOODBANK FBO CAPITAL 350 OPPORTUNITY PARKWAY CAMPAIGN AND/OR 509(A)(1) OPERATING ENDOWMENT FUND 20,000. AKRON OH 44307 HASLINGER PEDIACTRIC AKRON CHILDREN'S HOSPITAL FOUNDATION/PALLIATIVE CARE UNIT PALLIATIVE CARE CENTER ONE PERKINS SQURAE 509(A)(1) ENDOWED CHAIR FUND 10,445. AKRON OH 44308 BOYS & GIRLS CLUBS OF THE WESTERN RESERVE PROGRAMMING AT Arlington Club Operations 889 JONATHAN AVE. 25,000. 509(A)(1) AKRON OH 44306 ITHACA CHILDREN'S GARDEN PHASE ONE OF GARDEN DEVELOPMENT 615 WILLOW AVE. 29,000. 509(A)(1) ITHACA NY 14850 FUND SCHOOL LA ESCUELITA 302 W. 91 STREET SCHOLARSHIPS NEW YORK NY 10024 509(A)(1) 5,000. BACK CLINIC ONE OF A KIND PETS EXPENSES 1699 WEST MARKET STREET 509(A)(1) 15,000. AKRON OH 44313 SCHOLARSHIP FUND OHIO FOUNDATION OF INDEPENDENT COLLEGES 250 E. BROAD STREET, SUITE 170 FBO AKRON AREA 43,000. STUDENTS COLUMBUS OH 43215-3722 509(A)(1) OPERATION OF WESTERN RESERVE LAND CONSERVANCY PO BOX 314 AKRON FIELD 509(A)(1) OFFICE 20,000. NOVELTY OH 44072 See Statement 108,000.

Total	· · · · <u>· · · · · · · · · · · · · · · </u>		 ▶ 3a	305,44
Approved for future payment				
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Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.)
1	_	ram service revenue:					
	a _						
	b _				<u> </u>		
	<u>-</u> -		<u> </u>		_		
	d _		<u> </u>				
	e _		-		-		
	g F	ees and contracts from government agencies			 		
2	_	bership dues and assessments			· · · ·		
3		est on savings and temporary cash investments			-		
4		lends and interest from securities			14	92,247.	
5		rental income or (loss) from real estate:			 	<u> </u>	
_		Debt-financed property					
		lot debt-financed property					
6		rental income or (loss) from personal property					
7		r investment income			14	101,283.	_
8		or (loss) from sales of assets other than inventory			18	860,139.	
9	Net i	ncome or (loss) from special events		-		,	
10	Gros	s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b _			_			
	c _					<u></u>	_
	d _						
	е _						
12	Subt	otal. Add columns (b), (d), and (e)				1,053,669.	
42	Tota	Add line 10 columns (b) (d) and (s)				12	1,053,669.
13	TOTA	i. Add line 12, columns (b), (d), and (e)					1,000,000.
(See	work	sheet in line 13 instructions to verify calculation	ıs.)				
See Pa	work	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
See Par Lin	work	sheet in line 13 instructions to verify calculation	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
See Par Lin	works t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
See Pal Lin	works t XV e No.	B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
See Pal Lin	works t XV e No.	B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
See Pal Lin	works t XV e No.	B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
See Pal Lin	works t XV e No.	B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
See Pal Lin	works t XV e No.	B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) \ccomplishm	ent of Exemp	ot Purposes		
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See Pal Lin	works t XV e No.	B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) \ccomplishm	ent of Exemp	ot Purposes		

		Organizati	ons								-	
1	in se orgar	ection 501(c) (onizations?	directly or indirectly other than section	501(c)(3) organ	nizations) or	in secti	on 527, re				Yes	No
а	Trans	sfers from the rep	porting foundation t	o a noncharitable	e exempt org	anization	of:					
	(1) C	ash								1a(1)		×
	(2) (ther assets .								1a(2)		
b		r transactions:				• • •						
D			a nanaharitahla aw		_					1b(1)		$\overline{\mathbf{x}}$
	• •		a noncharitable ex	•								
			ets from a noncharit							1b(2)		<u>×</u> _
			, equipment, or othe							1b(3)		_ <u>×</u>
	(4) R	eimbursement a	rrangements							1b(4)		X
	(5) Lo	oans or loan gua	rantees							1b(5)		X
	(6) P	erformance of se	ervices or members	hip or fundraising	solicitations	·				1b(6)		×
С			quipment, mailing li							1c		×
		-	of the above is "Ye							the 1	fair m	arket
_			ther assets, or serv									
			on or sharing arrang									
(-) 1		· · · · · · · · · · · · · · · · · · ·		hantable exempt orga			nption of transfe					
(a) Line	no. ((b) Amount involved	(c) Name of nonc	nantable exempt orga	anization	(a) Desci	iption of transfe	ers, transactio	ons, and shai	nng ama	ingeme	nts
											_	
		_						-				
					-							
	_					-		· · · · · ·				
	-											
	descr	ribed in section 5 es," complete the	ectly or indirectly a 501(c) (other than see following schedule	ection 501(c)(3)) c	or in section 5					☐ Ye	s 🗵	No
		(a) Name of organ	ization	(b) Type	of organization			(c) Descripti	on of relation	ship		
			·						<u> </u>			
		 -										
	Unde	r penalties of penury. I	declare that I have examin	ed this return, including	accompanying s	chedules and	statements, and	I to the best o	f my knowled	ge and t	pelief, it	ıs true,
Sign			aration of preparer (other th									
_		8.	Ma Visa	· 111_1	5-19 PRI		-		May the IR with the pr			
lere		vanara	// //	<u>, , , , , , , , , , , , , , , , , , , </u>	- 	ESIDEN'	Ι΄		See instruc			
	Sign	ature of officer or tru	v	Date	7 Title	_	T=-			· ·		
Paid		Print/Type preparer	's name	Preparer's signation	Tre		Date		ck if	PTIN		
repa	ror	LEWIS A. S	SEIKEL, III	LEWIS A.	SEIKEL,	III		7 self-	employed F	0159	212	1
-		Firm's name	SEIKEL & COM						▶ 34-18			
Jse (JIIIY	Firm's address ▶	686 W. MARKE		-			Phone no	(330)76			
BAA		0 444.633 -	AKRON	. CINDUI	ОН	44303	-1449	1		m 99		(2018)
MM					011							(,-)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer Identification number

	Organization type (check one):						
Organi							
Filers o	f:	Section:					
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
Form 990-PF		527 political organization					
Form 99	90-PF	∑ 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		☐ 501(c)(3) taxable private foundation					
Note: C	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
Genera	General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization contributor, during t contributions totaled during the year for a General Rule applie		described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one he year, contributions exclusively for religious, charitable, etc., purposes, but no such a more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions ore during the year					
Caution		t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,					

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER

34-1848698

Parti	Contributors (see instructions). Ose duplicate cop	bles of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	SANDRA HASLINGER 2524 IRA ROAD AKRON OH 443331910	\$ 917,130.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		·	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	\$	Person

Name of organization

Employer identification number

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER

34-1848698

Part II	Noncash Property (see instructions). Use duplicate copie	es of Part II if additional spa	ice is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MARKETABLE SECURITIES WITH A FAIR MARKET VALUE BASED ON THE		
a) No. from	(b)	(c) FMV (or estimate)	12/14/2018 (d)
art I	Description of noncash property given	(See instructions.)	Date received
		 \$	
n) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

SANDRA L	. AND DENNIS B. HASLINGER FAMILY				1-1848698			
Part III	Exclusively religious, charitable, e							
	(10) that total more than \$1,000 fo							
	the following line entry. For organiza							
	contributions of \$1,000 or less for t			ee instructions.) ▶ \$			
	Use duplicate copies of Part III if ad	ditional space is nee	ded.					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descrip	tion of how gift is held			
1 411 2 1								
L								
ĺ		(e) Trans	fer of gift					
		_						
L	Transferee's name, address, a	and ZIP + 4	Relation	nship of transfer	or to transferee			

(a) No. from				1				
from	(b) Purpose of gift	(c) Use	of gift	(d) Descrip	tion of how gift is held			
Part I								
ŀ								
	(a) Transfer of nift							
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relation	nship of transfer	or to transferee			
(a) Na								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I		(,			-			
İ								
	(e) Transfer of gift							
	Transferee's name, address, a	Relation	nship of transfer	or to transferee				
		·· = ·						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descrip	tion of how gift is held			
1 2.11								
		(a) Trans	fer of gift					
					,			
	Transferee's name, address, a	and ZIP + 4	Relation	nship of transfer	or to transferee			

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER

Form 990-PF: Return of Private Foundation Part XV. Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.	Contribution, Grant, Gift, Loan, Scholar		Continuation Statement
Name and Address Information	Form Information	Submission Information	Restrictions
SANDRA L. HASLINGER, C/O SEIKEL & COMPANY, INC 686 W. MARKET STREET AKRON, OH 44303	Applicants should send a letter that includes a detailed description of the project and the amount requested.	AUGUST 1	NONE
330-761-1040			

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

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				
WESTERN RESERVE LAND CONSERVANCY		509(A)(1)	OPERATION OF	20,000.
PO BOX 314			AKRON FIELD	
NOVELTY, OH 44072			OFFICE	
OLD TRAIL SCHOOL		501(C)(3)	PRFESSIONAL DEV	11,000.
2315 Ira Rd		1	FUND/PLEDGE FOR	
AKRON, OH 44333			SPEAKER SERIES	
ACCESS		501(C)(3)	FOCUS ON THE	12,000.
AKRON, OHIO			FUTURE PROGRAM	
AKRON, OH 44308				
HAPPY TRAILS FARM ANIMAL SANCTUARY		501(C)(3)	VET EXPENSES AND	10,000.
5623 New Milford Rd		1	MEDICAL CARE FOR	
RAVENNA, OH 44266		1	ABUSED ANIMALS	
HATTIE LARLHAM		501(C)(3)	FARM MARKET ADN	15,000.
9772 Diagonal Road			GROCERY PROGRAM	
Mantua, OH 44255			AT THE FOOD HUB	
PAY IT FORWARD FOR PETS		501(C)(3)	FUNDING FOR	25,000.
2136 YELLOWCREEK RD			PROGRAMS AT	
AKRON, OH 44333			SUMMIT COUNTY	
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK		501 (0) (2)	ANIMAL CONTROL	5,000.
1403 WEST HINES HILL ROAD		201(C)(3)	PARK CONSERVANCY	5,000.
PENINSULA, OH 44264				
LETS GROW AKRON		501(C)	GENERAL OPERATING	8,000.
467 HARVEY AVE		(3)	EXPENSES	0,000.
AKRON, OH 44314		` '		
PENINSULA LIBRARY & HISTORICAL SOCIETY		501 (C)	PENINSULA LIBRARY	1,000.
6105 RIVERVIEW RD		(3)	PROJECT	1,000.
PENINSULA, OH 44264				
TREVOR DAY SCHOOL		509(A)(1)	TUITION	15,000.
11 EAST 89TH ST		303(11)(1)	ASSISTANCE	10,000.
NEW YORK, NY 10128				
GRANDPARENTS AGAINST SEX PREDITORS		509(A)(1)	GENERAL OPERATING	6,000.
233 QUAKER SQUARE			EXPENSES	3,3331
AKRON, OH 44308				
Intion, on 44300		<u> </u>		·
,				128,000.

SANDRA L. AND DENNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER FORM 990-PF: Return of Private Foundation

Part VIII: Information about Officers, Directors, Trustees, F	Foundation Managers, Highly Paid Employees, and Contractors	jhly Paid Employees, a		Continuation Statement
Name and address	Title, and average hours per week	Compensation	Contributions to employee benefit	Expense account,
	devoted to position		compensation	ocilet attowalices
MYRIAM EVE HASLINGER	TRUSTEE	0	0.	0
776 N. HAMNETOWN RD	0.00			
AKRON, OH 44333				
KIMBERLY M. HASLINGER	TRUSTEE	0.	0	0
141 W. 74TH STREET, APT. B	00.0			
New York, NY 10023				
MELISSA A. HASLINGER	TRUSTEE	0	0.	0.
4214 HIGH STREET	00.0			
RICHFIELD, OH 44286				
BENJAMIN G. HASLINGER	TRUSTEE	0	0.	0
65 SEARLES RD.	00.0			
GROTON, NY 13073				
		.0	0	0.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income
CAPITAL GAINS DISTRIBUTIONS	73,789.	73,789.	
INTEREST FROM US TREASURY	46.	46.	
INVESTMENT RECOVERY INCOME	27,448.	27,448.	
Tota	101,283.	101,283.	

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FOREIGN TAX EXP	3,458.	3,458.		
Total	3,458.	3,458.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
INVESTMENT FEES	12,624.	12,624.		
OHIO CHARITABLE FEE	200.	200.		
Total	12,824.	12,824.		

Form 990-PF: Return of Private Foundation

Other Increases

Continuation Statement

Description	Amount
UNREALIZED GAINS	0.
REALIZED GAINS	0.
Tota	o.

Form 990-PF: Return of Private Foundation

Other Decreases

Continuation Statement

Description		Amount
REALIZED LOSSES		56,991.
UNREALIZED LOSSES		510,442.
	Total	567,433.

Investments

Name SANDRA L. AND DEWNIS B. HASLINGER FAMILY FOUNDATION, INC. C/O SANDRA HASLINGER		Employer Identification No			
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investments - Corporate Stock:		End of Book Value		f Year Fair Market Value	
Totals to Form 990-PF, Part II, I	_ine 10b				
Line 10c - Investments - Corporate Bonds:		End o Book Value		f Year Fair Market Value	
Totals to Form 990-PF, Part II, I	_ine 10c				
Line 12 - Investments - Mortgage Ioans:		End of Year Book Fair Market Value Value		Fair Market	
Totals to Form 990-PF, Part II, L	ine 12				
Line 13 - Inve	estments - Other	:	Book Value		f Year Fair Market Value
Wells Fargo xxxx-3711 SANDALWOOD LIQUIDATING			5,121,	347.	5,121,347.
Totals to Form 990-PF, Part II, L	ine 13		5,121,	347.	5,121,347.

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Line 7 Column (d)

Itemization Statement

Description	Amount
CAPITAL GAIN DISTRIBUTIONS	73,789.
US TREASURY INTEREST	, 46.
INVESTMENTS LITIGATION RECOVERIES	27,448.
To	tal 101,283.