

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

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

**2016**

**Open to Public Inspection**

**For calendar year 2016 or tax year beginning , 2016, and ending**

Name of foundation <b>HAGAN SCHOLARSHIP FOUNDATION</b>		<b>A</b> Employer identification number 68-6260880
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 1225</b>	Room/suite	<b>B</b> Telephone number (see instructions) (573) 875-2020
City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA MO 65205</b>		<b>C</b> If exemption application is pending, check here . ▶ <input type="checkbox"/>
<b>G</b> Check all that apply:		<b>D 1</b> Foreign organizations, check here . . . . . ▶ <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<b>D 2</b> Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶ <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . ▶ <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . ▶ <input type="checkbox"/>
<b>H</b> 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		
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ <b>215,242,799.</b>	<b>J</b> 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.)		

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
<b>REVENUE</b>				
<b>1</b> Contributions, gifts, grants, etc., received (attach schedule) . . . . .	410,865.			
<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
<b>3</b> Interest on savings and temporary cash investments . . . . .				
<b>4</b> Dividends and interest from securities . . . . .	3,167,020.	3,167,020.	3,167,020.	
<b>5a</b> Gross rents . . . . .				
<b>b</b> Net rental income or (loss) . . . . .				
<b>6a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .	7,753.	L-6a Stmt		
<b>b</b> Gross sales price for all assets on line 6a . . . . .	397,716.			
<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		7,753.		
<b>8</b> Net short-term capital gain . . . . .			7,753.	
<b>9</b> Income modifications . . . . .				
<b>10a</b> Gross sales less returns and allowances . . . . .				
<b>b</b> Less: Cost of goods sold . . . . .				
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
<b>11</b> Other income (attach schedule) . . . . .				
See Line 11 Stmt	1,599,466.	1,599,466.	1,599,466.	
<b>12 Total.</b> Add lines 1 through 11 . . . . .	5,185,104.	4,774,239.	4,774,239.	
<b>ADMINISTRATIVE AND EXPENSES</b>				
<b>13</b> Compensation of officers, directors, trustees, etc. . . . .				
<b>14</b> Other employee salaries and wages . . . . .				
<b>15</b> Pension plans, employee benefits . . . . .				
<b>16a</b> Legal fees (attach schedule) . . L-16a Stmt.	10,092.	0.	0.	10,092.
<b>b</b> Accounting fees (attach sch) . . L-16b Stmt.	3,682.	0.	0.	3,682.
<b>c</b> Other professional fees (attach sch) . . . . .				
<b>17</b> Interest . . . . .				
<b>18</b> Taxes (attach schedule)(see instrs) See Line.18 Stmt	125,918.	31,773.	31,773.	94,145.
<b>19</b> Depreciation (attach schedule) and depletion . . L-19 . Stmt.	322.			
<b>20</b> Occupancy . . . . .				
<b>21</b> Travel, conferences, and meetings . . . . .	46,476.	0.	0.	46,476.
<b>22</b> Printing and publications . . . . .	9,423.	0.	0.	9,423.
<b>23</b> Other expenses (attach schedule)				
See Line 23 Stmt	1,186,305.	0.	0.	1,186,305.
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	1,382,218.	31,773.	31,773.	1,350,123.
<b>25</b> Contributions, gifts, grants paid . . . . .	2,285,170.			2,285,170.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	3,667,388.	31,773.	31,773.	3,635,293.
<b>27</b> Subtract line 26 from line 12:				
<b>a Excess of revenue over expenses and disbursements</b> . . . . .	1,517,716.			
<b>b Net investment income</b> (if negative, enter -0-) . . . . .		4,742,466.		
<b>c Adjusted net income</b> (if negative, enter -0-) . . . . .			4,742,466.	

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 . . . . .		844,970.	721,638.	721,638.
	2	Savings and temporary cash investments . . . . .		474,340.	108,596.	108,596.
	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) . . . . .				
		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) . . . . .					
14	Land, buildings, and equipment: basis ▶	2,898.				
	Less: accumulated depreciation (attach schedule) . . . ▶	2,898.	322.	0.	0.	
15	Other assets (describe . . . . .)		156,934,995.	158,942,108.	214,412,565.	
16	<b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item l) . . . . .		158,254,627.	159,772,342.	215,242,799.	
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .				
NET ASSETS OR FUND BALANCES	<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b> <input checked="" type="checkbox"/>					
	24	Unrestricted . . . . .		158,254,627.	159,772,342.	
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input type="checkbox"/>					
	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 . . . . .				
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .		158,254,627.	159,772,342.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		158,254,627.	159,772,342.		

**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	158,254,627.
2	Enter amount from Part I, line 27a . . . . .	2	1,517,716.
3	Other increases not included in line 2 (itemize) . . . . . ▶	3	
4	Add lines 1, 2, and 3 . . . . .	4	159,772,343.
5	Decreases not included in line 2 (itemize) . . . . . ▶ <u>ROUNDING</u>	5	1.
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 . . . . .	6	159,772,342.

**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 SCHOLAR ACCOUNT ACTIVITY	P	Various	12/31/16
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 397,716.		389,963.	7,753.
b			
c			
d			
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 0.	0.	0.	7,753.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss). . . . .	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7                 </div> . . . . .	<b>2</b>	7,753.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 . . . . .                 </div> . . . . .	<b>3</b>	7,753.

**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))
2015	3,824,221.	185,954,416.	0.020565
2014	2,755,476.	174,036,261.	0.015833
2013	11,692,238.	139,197,913.	0.083997
2012	1,142,350.	70,808,104.	0.016133
2011	482,096.	44,144,369.	0.010921
2 Total of line 1, column (d) . . . . .			0.147449
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 . . . . .			0.029490
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5. . . . .		193,899,924.	
5 Multiply line 4 by line 3 . . . . .			5,718,109.
6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .			47,425.
7 Add lines 5 and 6. . . . .			5,765,534.
8 Enter qualifying distributions from Part XII, line 4 . . . . .			3,635,293.

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)**

<b>1 a</b> 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: <u>04/16/08</u> (attach copy of letter if necessary – see instructions)			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	94,849.
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
<b>3</b> Add lines 1 and 2.		3	94,849.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	94,849.
<b>6 Credits/Payments:</b>			
<b>a</b> 2016 estimated tax pmts and 2015 overpayment credited to 2016		6 a	
<b>b</b> Exempt foreign organizations – tax withheld at source		6 b	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)		6 c	
<b>d</b> Backup withholding erroneously withheld		6 d	
<b>7</b> Total credits and payments. Add lines 6a through 6d		7	
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	2,829.
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	97,678.
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	0.
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2017 estimated tax</b>			
<b>Refunded</b>		11	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		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>		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
<i>If 'Yes,' attach a detailed description of the activities.</i>		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	X	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
<i>If 'Yes,' attach the statement required by General Instruction T.</i>		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: <ul style="list-style-type: none"> <li>• By language in the governing instrument, or</li> <li>• 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?</li> </ul>	X	
<b>7</b> 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>	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)		
<u>MISSOURI</u>		
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
<b>9</b> 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	X	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

**Part VII-A Statements Regarding Activities (continued)**

		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) . . . . .		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) . . . . .		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . Website address . . . . . ▶ <u>www.hsfmo.org</u>	X	
14	The books are in care of ▶ <u>DAN HAGAN</u> Telephone no. ▶ <u>(573) 474-4815</u> Located at ▶ <u>PO BOX 1225</u> <u>COLUMBIA</u> <u>MO</u> ZIP + 4 ▶ <u>65205-1225</u>		
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 . . . . . ▶ <u>15</u>		
16	At any time during calendar year 2016, 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? . . . . .		X
	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 checked="" type="checkbox"/> Yes <input 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? ( <b>Exception.</b> 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 <b>any</b> 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"/> Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ <input type="checkbox"/>	1 b	X
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 2016? . . . . .	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? . . . . . <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 <b>not</b> 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 <b>all</b> years listed, answer 'No' and attach statement - see instructions.) . . . . .	2 b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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 2016 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.</i> ) . . . . .	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 2016? . . . . .	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>5 b</b>		

**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 . . . . .

<b>5 b</b>		

**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).  Yes  No

<b>6 b</b>		X

**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.

<b>6 b</b>		X

**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? . . . . .

<b>7 b</b>		

**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
DAN HAGAN PO BOX 1225 COLUMBIA MO 65205	TRUSTEE	10.00	0.	0.
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**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'**

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

**Total** number of other employees paid over \$50,000 . . . . . None

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RAMSA 460 W 34th ST NEW YORK NY 10001	ARCHITECTURE & DESIGN	986,296.
DELTA SYSTEMS GROUP INC 204 CORPORATE LAKE DR ST LOUIS MO 72570-48	WEB DESIGN & APPL, NETWORK SUPPORT, DATABASE DESIGN	72,570.
-----		
-----		
-----		
-----		
<b>Total</b> 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 NONE	
-----	
-----	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 NONE	
-----	
-----	0.
2	
-----	
-----	
All other program-related investments. See instructions.	
3	
-----	
-----	
<b>Total.</b> Add lines 1 through 3 . . . . .	None

BAA Form 990-PF (2016)

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1 a</b>	125,338,689.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1 b</b>	16,869,941.
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1 c</b>	54,644,085.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1 d</b>	196,852,715.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1 e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	196,852,715.
<b>4</b>	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	2,952,791.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. . . . .	<b>5</b>	193,899,924.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	9,694,996.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	
<b>2 a</b>	Tax on investment income for 2016 from Part VI, line 5 . . . . .	<b>2 a</b>	
<b>b</b>	Income tax for 2016. (This does not include the tax from Part VI.) . . . . .	<b>2 b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2 c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	

**Part XII** **Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 . . . . .	<b>1 a</b>	3,635,293.
<b>b</b>	Program-related investments — total from Part IX-B. . . . .	<b>1 b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	0.
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3 a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3 b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	3,635,293.
<b>5</b>	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) . . . . .	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	3,635,293.

**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 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7 . . . . .				0.
<b>2</b> Undistributed income, if any, as of the end of 2016:				
<b>a</b> Enter amount for 2015 only . . . . .			0.	
<b>b</b> Total for prior years: 20 __, 20 __, 20 __				
<b>3</b> Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011 . . . . .	0.			
<b>b</b> From 2012 . . . . .	0.			
<b>c</b> From 2013 . . . . .	0.			
<b>d</b> From 2014 . . . . .	0.			
<b>e</b> From 2015 . . . . .	0.			
<b>f</b> Total of lines 3a through e . . . . .	0.			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ 0.				
<b>a</b> Applied to 2015, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions) . . . . .				
<b>d</b> Applied to 2016 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus . . . . .	0.			
<b>5</b> Excess distributions carryover applied to 2016 . . . . . <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0.		
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions . . . . .		0.		
<b>e</b> Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount – see instructions . . . . .			0.	
<b>f</b> Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . .				0.
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . . . .	0.			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . . .	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2012 . . . . .	0.			
<b>b</b> Excess from 2013 . . . . .	0.			
<b>c</b> Excess from 2014 . . . . .	0.			
<b>d</b> Excess from 2015 . . . . .	0.			
<b>e</b> Excess from 2016 . . . . .	0.			

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

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 2016, enter the date of the ruling. . . . . ▶					04/16/08
b Check box to indicate whether the foundation is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a . . . . .	4,742,466.	4,508,097.	3,792,800.	3,501,787.	16,545,150.
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .	4,031,096.	3,831,882.	3,223,880.	2,976,519.	14,063,377.
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 . . . . .	3,635,293.	3,824,221.	2,755,476.	11,727,257.	21,942,247.
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 . . . . .	6,463,331.	6,198,481.	5,801,209.	4,639,931.	23,102,952.
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).)
- DAN HAGAN
- 
- 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:
- HAGAN SCHOLARSHIP FOUNDATION C/O DAN HAGAN TRUSTEE  
 PO BOX 1225  
 COLUMBIA MO 65205 (573) 875-2020
- b The form in which applications should be submitted and information and materials they should include:
- SEE WEBSITE FOR FORMS & INSTRUCTIONS (AVAIL DURING APPL SEASON ONLY)
- 
- c Any submission deadlines:
- NOVEMBER 15
- 
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
- SEE WEBSITE FOR SCHOLARSHIP ELIGIBILITY CRITERIA

**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
<b>a Paid during the year</b>				
SCHOLARSHIP RECIPIENTS	NONE		SCHOLARSHIP AWARDS	
VARIOUS				
VARIOUS MO 65205		N/A		1,889,868.
INTERVIEWS	NONE		STUDENT TRAVEL,	
VARIOUS			LODGING & AWARDS	
VARIOUS MO 65205		N/A		114,988.
WORKSHOPS	NONE		STUDENT TRAVEL	
VARIOUS			& LODGING	
VARIOUS MO 65205		N/A		108,299.
STUDY ABROAD	NONE		STUDENT STUDY	
VARIOUS			ABROAD	
VARIOUS MO 65205		N/A		172,015.
<b>Total</b> .....				<b>3 a</b> 2,285,170.
<b>b Approved for future payment</b>				
<b>Total</b> .....				<b>3 b</b>



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash . . . . . **1 a (1)**
- (2) Other assets . . . . . **1 a (2)**

**b** Other transactions:

- (1) Sales of assets to a noncharitable exempt organization . . . . . **1 b (1)**
- (2) Purchases of assets from a noncharitable exempt organization . . . . . **1 b (2)**
- (3) Rental of facilities, equipment, or other assets . . . . . **1 b (3)**
- (4) Reimbursement arrangements . . . . . **1 b (4)**
- (5) Loans or loan guarantees . . . . . **1 b (5)**
- (6) Performance of services or membership or fundraising solicitations . . . . . **1 b (6)**

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . . **1 c**

	Yes	No
<b>1 a (1)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 a (2)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 b (1)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 b (2)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 b (3)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 b (4)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 b (5)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 b (6)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1 c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2 a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>			<b>TRUSTEE</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	WILLIAM G STOCKGLAUSNER				P01448879
	Firm's name	Firm's address		Firm's EIN	
	WILLIAM G STOCKGLAUSNER CPA PC	2716 FORUM BLVD SUITE 3 COLUMBIA MO 65203		43-1852875	Phone no. (573) 441-2421

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

Name of the organization

HAGAN SCHOLARSHIP FOUNDATION

Employer identification number

68-6260880

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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.

**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)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

**Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

Name of organization <b>HAGAN SCHOLARSHIP FOUNDATION</b>	Employer identification number <b>68-6260880</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HAGAN TRUST ----- PO BOX 1225 ----- COLUMBIA MO 65205 -----	\$ 403,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HAGAN ENDOWMENT ----- PO BOX 1225 ----- COLUMBIA MO 65205 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2016**

For calendar year 2016 or other tax year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, \_\_\_\_\_

▶ **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

**Open to Public Inspection for 501(c)(3) Organizations Only**

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a)  <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year 159,772,342.</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>HAGAN SCHOLARSHIP FOUNDATION</b>                  Number, street, and room or suite no. If a P.O. box, see instructions.  <b>PO BOX 1225</b>                  City or town, state or province, country, and ZIP or foreign postal code  <b>COLUMBIA MO 65205</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) 68-6260880</p> <p><b>E</b> Unrelated business activity codes (See instructions.) 812300</p>
		<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type . . . ▶ <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity.  
▶ COIN LAUNDRY

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . . ▶

**J** The books are in care of ▶ DAN HAGAN Telephone number ▶ (573) 474-4815

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . . . .	9,580.			
<b>b</b> Less returns and allowances . . . . .				
<b>c</b> Balance ▶		<b>1 c</b> 9,580.		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .				
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .		<b>3</b> 9,580.		9,580.
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . .				
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .				
<b>c</b> Capital loss deduction for trusts . . . . .				
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .				
<b>6</b> Rent income (Schedule C) . . . . .				
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .				
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .				
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .				
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .				
<b>11</b> Advertising income (Schedule J) . . . . .				
<b>12</b> Other income (See instructions; attach schedule) . . . . .				
<b>13 Total.</b> Combine lines 3 through 12 . . . . .		<b>13</b> 9,580.		9,580.

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .				<b>14</b>
<b>15</b> Salaries and wages . . . . .				<b>15</b>
<b>16</b> Repairs and maintenance . . . . .				<b>16</b>
<b>17</b> Bad debts . . . . .				<b>17</b>
<b>18</b> Interest (attach schedule) . . . . .				<b>18</b>
<b>19</b> Taxes and licenses . . . . .				<b>19</b>
<b>20</b> Charitable contributions (See instructions for limitation rules) . . . . .				<b>20</b>
<b>21</b> Depreciation (attach Form 4562) . . . . .		<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .		<b>22a</b>		<b>22b</b>
<b>23</b> Depletion . . . . .				<b>23</b>
<b>24</b> Contributions to deferred compensation plans . . . . .				<b>24</b>
<b>25</b> Employee benefit programs . . . . .				<b>25</b>
<b>26</b> Excess exempt expenses (Schedule I) . . . . .				<b>26</b>
<b>27</b> Excess readership costs (Schedule J) . . . . .				<b>27</b>
<b>28</b> Other deductions (attach schedule) . . . . .				<b>28</b>
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .				<b>29</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .				<b>30</b> 9,580.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .				<b>31</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .				<b>32</b> 9,580.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .				<b>33</b> 1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .				<b>34</b> 8,580.



**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$ _____ (2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____ <b>c</b> Income tax on the amount on line 34 . . . . . ▶		<b>35 c</b>	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶		<b>36</b>	1,969.
<b>37 Proxy tax.</b> See instructions . . . . . ▶		<b>37</b>	
<b>38 Alternative minimum tax</b> . . . . . ▶		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions . . . . . ▶		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies . . . . . ▶		<b>40</b>	1,969.

**Part IV Tax and Payments**

<b>41 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>41 a</b>		
<b>b</b> Other credits (see instructions) . . . . .	<b>41 b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>41 c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>41 d</b>		
<b>e Total credits.</b> Add lines 41a through 41d . . . . .	<b>41 e</b>		
<b>42</b> Subtract line 41e from line 40 . . . . .	<b>42</b>		1,969.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) . . . . .	<b>43</b>		
<b>44 Total tax.</b> Add lines 42 and 43 . . . . .	<b>44</b>		1,969.
<b>45 a</b> Payments: A 2015 overpayment credited to 2016 . . . . .	<b>45 a</b>		
<b>b</b> 2016 estimated tax payments . . . . .	<b>45 b</b>		
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>45 c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>45 d</b>		
<b>e</b> Backup withholding (see instructions) . . . . .	<b>45 e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) . . . . .	<b>45 f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total . . . ▶	<b>45 g</b>		
<b>46 Total payments.</b> Add lines 45a through 45g . . . . .	<b>46</b>		
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input checked="" type="checkbox"/>	<b>47</b>		60.
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed . . . . . ▶	<b>48</b>		2,029.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. . . . . ▶	<b>49</b>		
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>50</b>		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	<b>Yes</b>	<b>No</b>
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **TRUSTEE**

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer Use Only**

Print/Type preparer's name: **WILLIAM G STOCKGLAUSNER** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P01448879**

Firm's name ▶ **WILLIAM G STOCKGLAUSNER CPA PC** Firm's EIN ▶ **43-1852875**

Firm's address ▶ **2716 FORUM BLVD SUITE 3 COLUMBIA MO 65203** Phone no. **(573) 441-2421**

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year . . . . .	1		6	Inventory at end of year . . . . .	6			
2	Purchases . . . . .	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	7			
3	Cost of labor . . . . .	3						Yes	No
4 a	Additional section 263A costs (attach schedule) . . . . .	4 a							
b	Other costs (attach sch) . . . . .	4 b							
5	<b>Total.</b> Add lines 1 through 4b. . . . .	5							
				8		Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .			

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) . . . . . ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . .		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . . .						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

## Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

# 2016

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name <b>HAGAN SCHOLARSHIP FOUNDATION</b>	Employer identification number <b>68-6260880</b>
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**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

### Part I Required Annual Payment

1 Total tax (see instructions) . . . . .		<b>1</b>	94,849.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . . . .	<b>2 a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .	<b>2 b</b>		
c Credit for federal tax paid on fuels (see instructions) . . . . .	<b>2 c</b>		
d <b>Total.</b> Add lines 2a through 2c . . . . .		<b>2 d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty . . . . .		<b>3</b>	94,849.
4 Enter the tax shown on the corporation's 2015 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 . . . . .</b>		<b>4</b>	90,162.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .		<b>5</b>	90,162.

### Part II Reasons for Filing — Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

### Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	<b>9</b>	05/15/16	06/15/16	09/15/16	12/15/16
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column . . . . .	<b>10</b>	22,541.	24,884.	23,712.	23,712.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions . . . . .	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column . . . . .	<b>12</b>				
13 Add lines 11 and 12 . . . . .	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column . . . . .	<b>14</b>		22,541.	47,425.	71,137.
15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>		0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .	<b>16</b>		22,541.	47,425.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	<b>17</b>	22,541.	24,884.	23,712.	23,712.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .	<b>18</b>				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 — no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <b>C Corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions. . . . .	<b>19</b> 05/15/17	05/15/17	05/15/17	05/15/17
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .	<b>20</b> 365	334	242	151
<b>21</b> Number of days on line 20 after 4/15/2016 and before 7/1/2016 . . . . .	<b>21</b> 46	15		
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 4% (0.04)	<b>22</b> 113.	41.		
<b>23</b> Number of days on line 20 after 6/30/2016 and before 10/1/2016 . . . . .	<b>23</b> 92	92	15	
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 4% (0.04)	<b>24</b> 227.	250.	39.	
<b>25</b> Number of days on line 20 after 9/30/2016 and before 1/1/2017 . . . . .	<b>25</b> 92	92	92	16
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 4% (0.04)	<b>26</b> 227.	250.	238.	41.
<b>27</b> Number of days on line 20 after 12/31/2016 and before 4/1/2017 . . . . .	<b>27</b> 90	90	90	90
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	<b>28</b> 222.	245.	234.	234.
<b>29</b> Number of days on line 20 after 3/31/2017 and before 7/1/2017 . . . . .	<b>29</b> 45	45	45	45
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 4 *% . . . . .	<b>30</b> 111.	123.	117.	117.
<b>31</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017 . . . . .	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x ____ *% . . . . .	<b>32</b>			
<b>33</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018 . . . . .	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x ____ *% . . . . .	<b>34</b>			
<b>35</b> Number of days on line 20 after 12/31/2017 and before 3/16/2018 . . . . .	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x ____ *% . . . . .	<b>36</b>			
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36. . . . .	<b>37</b> 900.	909.	628.	392.
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns . . . . .	<b>38</b>			2,829.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Underpayment of Estimated Tax by Corporations**

▶ Attach to the corporation's tax return.

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name <b>HAGAN SCHOLARSHIP FOUNDATION</b>	Employer identification number <b>68-6260880</b>
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**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions) . . . . .		<b>1</b>	1,969.
<b>2 a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . . . .	<b>2 a</b>		
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .	<b>2 b</b>		
<b>c</b> Credit for federal tax paid on fuels (see instructions) . . . . .	<b>2 c</b>		
<b>d Total.</b> Add lines 2a through 2c . . . . .	<b>2 d</b>		
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty . . . . .	<b>3</b>		1,969.
<b>4</b> Enter the tax shown on the corporation's 2015 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 . . . . .</b>	<b>4</b>		1,926.
<b>5</b> <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .	<b>5</b>		1,926.

**Part II Reasons for Filing** — Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	<b>9</b>	04/15/16	06/15/16	09/15/16	12/15/16
<b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column . . . . .	<b>10</b>	482.	503.	492.	492.
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions . . . . .	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
<b>12</b> Enter amount, if any, from line 18 of the preceding column . . . . .	<b>12</b>				
<b>13</b> Add lines 11 and 12 . . . . .	<b>13</b>				
<b>14</b> Add amounts on lines 16 and 17 of the preceding column . . . . .	<b>14</b>		482.	985.	1,477.
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>		0.	0.	0.
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .	<b>16</b>		482.	985.	
<b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	<b>17</b>	482.	503.	492.	492.
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .	<b>18</b>				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 — no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <i>C Corporations with tax years ending June 30 and S corporations</i> : Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers</i> : Use 5th month instead of 4th month.) See instructions. . . . .	<b>19</b> 05/15/17	05/15/17	05/15/17	05/15/17
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .	<b>20</b> 395	334	242	151
<b>21</b> Number of days on line 20 after 4/15/2016 and before 7/1/2016 . . . . .	<b>21</b> 76	15		
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 4% (0.04)	<b>22</b> 4.	1.		
<b>23</b> Number of days on line 20 after 6/30/2016 and before 10/1/2016 . . . . .	<b>23</b> 92	92	15	
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 4% (0.04)	<b>24</b> 5.	5.	1.	
<b>25</b> Number of days on line 20 after 9/30/2016 and before 1/1/2017 . . . . .	<b>25</b> 92	92	92	16
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 4% (0.04)	<b>26</b> 5.	5.	5.	1.
<b>27</b> Number of days on line 20 after 12/31/2016 and before 4/1/2017 . . . . .	<b>27</b> 90	90	90	90
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	<b>28</b> 5.	5.	5.	5.
<b>29</b> Number of days on line 20 after 3/31/2017 and before 7/1/2017 . . . . .	<b>29</b> 45	45	45	45
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 4% . . . . .	<b>30</b> 2.	2.	2.	2.
<b>31</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017 . . . . .	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x ____ % . . . . .	<b>32</b>			
<b>33</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018 . . . . .	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x ____ % . . . . .	<b>34</b>			
<b>35</b> Number of days on line 20 after 12/31/2017 and before 3/16/2018 . . . . .	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x ____ % . . . . .	<b>36</b>			
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36. . . . .	<b>37</b> 21.	18.	13.	8.
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns . . . . .	<b>38</b>			60.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



**Depreciation and Amortization  
(Including Information on Listed Property)**

**2016**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number

HAGAN SCHOLARSHIP FOUNDATION

68-6260880

Business or activity to which this form relates

Form 990-PF page 1

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	322.

**Part III MACRS Depreciation (Don't include listed property.)** (See instructions.)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	322.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? . . . . .  Yes  No 24b If 'Yes,' is the evidence written? . . . . .  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								29

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles) . . . . .												
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year. Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
43 Amortization of costs that began before your 2016 tax year . . . . .					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44

Name: HAGAN SCHOLARSHIP FOUNDATION  
Employer Identification Number: 68-6260880

**Asset Information:**

Description of Property: . . . . . SCHWAB SCHOLAR ACCOUNT ACTIVITY  
Date Acquired: . Various How Acquired: . . . Purchased  
Date Sold: . . . 12/31/16 Name of Buyer: . . . \_\_\_\_\_  
Sales Price: . . 397,716. Cost or other basis (do not reduce by depreciation) . . . 389,963.  
Sales Expense: . . \_\_\_\_\_ Valuation Method: . . . . \_\_\_\_\_  
Total Gain (Loss): . . 7,753. 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: . . . \_\_\_\_\_

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: . . . \_\_\_\_\_

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**Additional Information**

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PAGE 1, PART I, LINE 24; PAGE 5, PART VII-B, LINE 1a(3)

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THE TRUST RECEIVES ADMINISTRATIVE SUPPORT FROM THE GRANTOR, DAN  
HAGAN, WITHOUT CHARGE. THE VALUE OF THESE SERVICES IS NOT  
RECORDED AS REVENUE OR EXPENSE BY THE TRUST.

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**Additional Information**

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PAGE 2, PART II, LINE 15

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THE HAGAN SCHOLARSHIP FOUNDATION ASSETS ARE MANAGED BY THE  
HAGAN TRUST PURSUANT TO AN INVESTMENT MANAGEMENT AGREEMENT  
BETWEEN THE HAGAN TRUST AND THE HAGAN SCHOLARSHIP FOUNDATION.  
THE MARKET VALUE OF THE HAGAN SCHOLARSHIP FOUNDATION ASSETS  
MANAGED BY THE HAGAN TRUST AS OF DECEMBER 31, 2016 WAS  
\$199,329,319. THE HAGAN TRUST DID NOT CHARGE AN INVESTMENT  
MANAGEMENT FEE IN 2016.

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Form 990-PF, Page 1, Part I, Line 11

**Line 11 Stmt**

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
PARKING LOT RENTAL	50,000.	50,000.	50,000.
REAL ESTATE INVESTMENT	1,473,273.	1,473,273.	1,473,273.
SCHOLAR ACCOUNTS	76,193.	76,193.	76,193.
<b>Total</b>	<b>1,599,466.</b>	<b>1,599,466.</b>	<b>1,599,466.</b>

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

**Line 18 Stmt**

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
EXCISE TAXES	94,145.	0.	0.	94,145.
FOREIGN TAXES	31,773.	31,773.	31,773.	
<b>Total</b>	<b>125,918.</b>	<b>31,773.</b>	<b>31,773.</b>	<b>94,145.</b>

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

**Line 23 Stmt**

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
BANK CHARGES	142.	0.	0.	142.
POSTAGE, MAILG SVC	3,615.	0.	0.	3,615.
OUTSIDE CONTRACT SVC	104,220.	0.	0.	104,220.
VOLUNTEERS	31,970.	0.	0.	31,970.
GROUNDS MAINT (HSA)	3,760.	0.	0.	3,760.
CONSULTATION (HSA)	1,025,390.	0.	0.	1,025,390.
OFFICE SUPPLIES	14,853.	0.	0.	14,853.
TELEPHONE & TELECOMM	925.	0.	0.	925.
OPERATIONS-OTHER	1,430.	0.	0.	1,430.
<b>Total</b>	<b>1,186,305.</b>	<b>0.</b>	<b>0.</b>	<b>1,186,305.</b>

Form 990-PF, Page 1, Part I

**Line 16a - Legal Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BWSP&L	LEGAL	10,092.	0.	0.	10,092.
<b>Total</b>		<b>10,092.</b>	<b>0.</b>	<b>0.</b>	<b>10,092.</b>

Form 990-PF, Page 1, Part I

**Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WGSCPA PC	ACCTG & TAX	3,682.	0.	0.	3,682.

Form 990-PF, Page 1, Part I

Continued

**Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
<b>Total</b>					
		<u>3,682.</u>	<u>0.</u>	<u>0.</u>	<u>3,682.</u>

Form 990-PF, Line 19

**Allocated Depreciation**

Description	Date Acquire	Cost or Basis	Prior Yr. Depr	Mthd	Life	Current Depr	Net Invest Income	Adjusted Net Income
WEBSITE	09/10/13	2898	1127	SL	3.00	322		

**Total**

Form 990-PF, Page 2, Part II, Line 14

**L-14 Stmt**

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
WEBSITE	2,898.	2,898.	0.
<b>Total</b>	<u>2,898.</u>	<u>2,898.</u>	<u>0.</u>

Form 990-PF, Page 2, Part II, Line 15

**Other Assets Stmt**

Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
ASSETS HELD/MANAGED BY THE HAGAN TRUST	142,967,458.	144,225,667.	199,329,319.
RENTAL REAL ESTATE APPRAISAL FEE	1,250.	1,250.	1,250.
HAGAN SCHOLARSHIP ACADEMY	11,835,191.	11,835,191.	11,860,191.
SCHWAB SCHOLAR ACCOUNTS	2,130,000.	2,880,000.	3,221,805.
CREDIT CARD ACCOUNT CREDIT BALANCE	1,096.	0.	0.
<b>Total</b>	<u>156,934,995.</u>	<u>158,942,108.</u>	<u>214,412,565.</u>

**Supporting Statement of:**

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

<b>Description</b>	<b>Amount</b>
HAGAN TRUST	403,000.
HAGAN COMMUNITY FOUNDATION	365.
HAGAN ENDOWMENT	7,500.
Total	<u>410,865.</u>