PUBLIC DISCLOSURE COPY

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Form **990-PF**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

For calendar year 2010, or tax year beginning and ending Initial return of a former public charity Final return G Check all that apply: Initial return Amended return Address change Name change Name of foundation A Employer identification number 38-3482329 THE HAGEN FAMILY FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 2760 NE 16TH STREET (954) - 561 - 1580City or town, state, and ZIP code C If exemption application is pending, check here FT. LAUDERDALE, FL 33304 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) F If the foundation is in a 60-month termination 1,559,550 • (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here... Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received N/A 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 32,098. 32,098. STATEMENT Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 5,897. STATEMENT 1 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 363,883. 5.761. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 842. -380.STATEMENT 11 Other income 37,479. 12 Total. Add lines 1 through 11 38,837. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 4 685. 343. 342. 1,478. 2,955. **b** Accounting fees STMT 5 **c** Other professional fees 2,205. 2,205. 0. 17 Interest 956. 956. 0. 19 Depreciation and depletion 20 Occupancy 1,864. 3,727. 1,863. 21 Travel, conferences, and meetings 22 Printing and publications 26,271. 692. 23 Other expenses STMT 7 25,579. 24 Total operating and administrative 36,799 32,424. 4,375. expenses. Add lines 13 through 23 76,000. 76,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 112,799 32,424. 80,375. Add lines 24 and 25 27 Subtract line 26 from line 12: -73,962 **a** Excess of revenue over expenses and disbursements ... 5.055 **b Net investment income** (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)..... N/A

12-07-10

LHA For Paperwork Reduction Act Notice, see the instructions.

| Paq | е | 2 |
|-----|---|---|
|-----|---|---|

| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | |
|----------------------------|--------|--|------------------------------|------------------------|---------------------------|
| | art | column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 26,838. | 39,505. | 39,505. |
| | | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less; allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | _ |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | - | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | ' | Less: allowance for doubtful accounts | | | |
| 'n | Q | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | | |
| Ass | | Investments - U.S. and state government obligations | | | |
| | | | 1,086,189. | 994,421. | 1,154,320. |
| | | Investments - corporate stock STMT 10 | 1,000,109. | 334,441. | 1,134,320• |
| | | Investments - corporate bonds | | | |
| | '' | Investments - land, buildings, and equipment: basis | | | |
| | ١., | Less: accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | 244 075 | 265 505 | 265 505 |
| | | Investments - other STMT 11 | 344,975. | 365,725. | 365,725. |
| | 14 | Land, buildings, and equipment; basis | | | |
| | | Less: accumulated depreciation | | | |
| | 15 | Other assets (describe) | | | |
| | | | | | |
| | _ | Total assets (to be completed by all filers) | 1,458,002. | 1,399,651. | 1,559,550. |
| | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abi | 21 | Mortgages and other notes payable | | | |
| ⊐ | | Other liabilities (describe ►) | | | |
| | | <u></u> | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Ses | 24 | Unrestricted | | | |
| Net Assets or Fund Balance | | Temporarily restricted | | | |
| Bal | | Permanently restricted | | | |
| 둳 | | Foundations that do not follow SFAS 117, check here | | | |
| Ξ | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| ets | | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| \ss | | Retained earnings, accumulated income, endowment, or other funds | 1,458,002. | 1,399,651. | |
| et/ | ۱ | Total net assets or fund balances | 1,458,002. | 1,399,651. | |
| Ž | 30 | Total liet assets of fully balances | 1,430,002. | 1,333,031. | |
| | 31 | Total liabilities and net assets/fund balances | 1,458,002. | 1,399,651. | |
| _ | וטו | | • | 1,333,031. | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | et agree with end-of-year figure reported on prior year's return) | | 1 | 1,458,002. |
| | | . (D . I . I' . 07 | | | -73,962. |
| | | | | ATEMENT 8 3 | 17,579. |
| | | | | | 1,401,619. |
| | | ines 1, 2, and 3 eases not included in line 2 (itemize) ▶ | | ATEMENT 9 5 | 1,968. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | | 1,399,651. |
| 0 | ı uldl | THE ASSETS OF THIRD DATABLES AT BITH OF YEAR (HITE 4 HITHUS THE 5) - PART II, CO | וווי טט אוווי (א), וווויפ טט | 0 | Form 990-PF (2010) |
| | | | | | FULLI 330-PF (2010) |

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| | ibe the kind(s) of property sold (e. rehouse; or common stock, 200 sl | | | (b) Hov P - P D - D | v acquired urchase onation | (c) Date (mo., d | acquired lay, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--------------------|--------------------------------------|---|----------------------------------|-------------------------------|-------------------------------|------------------------------------|
| <u>1a</u> | | | | | | | | |
| b SEE ATTACHED | STATEMENT | | | | | | | |
| c d | | | | | | | | |
| e | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | L | | ain or (loss s (f) minus | |
| a | | | | | | | | |
| b | | | | | | | | |
| C | | | | | | | | |
| d 262 002 | | | 250 10 | 2 | | | | F 761 |
| e 363,883. | g gain in column (h) and owned by | the foundation | 358,12 | 44. | | I) Coine (C | Col (b) goin | 5,761. |
| Complete only for assets showing | (j) Adjusted basis | | cess of col. (i) | _ | (CO | i) Gaills (C l. (k), but i | Col. (h) gain not less tha | n -0-) or |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | | col. (j), if any | | | | (from col. (| |
| a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| е | | | | | | | | 5,761. |
| - | (If gain, also ent | er in Part I. line | 7 | ٦ | | | | |
| 2 Capital gain net income or (net cap | pital loss) $ \begin{cases} $ | 0- in Part I, line | : 7 | . } [_: | 2 | | | 5,761. |
| 3 Net short-term capital gain or (loss | | | | Ĺ | | | | |
| If gain, also enter in Part I, line 8, o | column (c). | (9). | | J | | | | |
| If (loss), enter -0- in Part I, line 8 . | | | | <u>.] </u> | 3 | | N/A | |
| Part V Qualification U | nder Section 4940(e) fo | r Reduced | d Tax on Net | Inves | tment In | come | | |
| (For optional use by domestic private | foundations subject to the section | ı 4940(a) tax on | n net investment ir | ncome.) | | | | |
| If section 4940(d)(2) applies, leave th | is part blank. | | | | | | | |
| (/ (/) | · | | | | | | | |
| Was the foundation liable for the section | | | - | riod? . | | | | Yes X No |
| If "Yes," the foundation does not quali 1 Enter the appropriate amount in e | | | | 00 | | | | |
| (a) | | ii uciiona beiore | I making any entin | | | | | (d) |
| Base periód years Calendar year (or tax year beginnin | (b) Adjusted qualifying di | istributions | Net value of no | (c) oncharita | ble-use assets | , | Distrib | oùtión ratio vided by col. (c)) |
| 2009 | 9 "") | 00,888. | | | 337,103 | | (coi. (b) div | • 075453 |
| 2008 | | 40,081. | | 1.5 | 705,628 | 3. | | .082129 |
| 2007 | | 22,550. | | 2.1 | 02,337 | 7. | | .058292 |
| 2006 | | 83,235. | | 1.5 | 763,310 | | | .047204 |
| 2005 | | 70,244. | | | 306,570 | | | .053762 |
| 2000 | | , | | | , , , | | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | .316840 |
| 3 Average distribution ratio for the 5 | | | | | | | | |
| the foundation has been in existen | | | • | - | | 3 | | .063368 |
| | | | | | | · | | |
| 4 Enter the net value of noncharitable | le-use assets for 2010 from Part X | , line 5 | | | | . 4 | | 1,465,885. |
| | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | . 5 | | 92,890. |
| | | | | | | | | |
| 6 Enter 1% of net investment incom | e (1% of Part I, line 27b) | | | | | 6 | | 51. |
| | | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | 7 | | 92,941. |
| | | | | | | | | |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | | | 8 | | 80,375. |
| If line 8 is equal to or greater than See the Part VI instructions. | line 7, check the box in Part VI, lin | ne 1b, and comp | olete that part usir | ıg a 1% t | ax rate. | | | |

| | 1 990-PF (2010) THE HAGEN FAMILY FOUNDATION | | 3482 | | | Page 4 |
|----|--|--------|----------|-------|------|----------|
| | ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 4948 | - see i | nstru | Ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | 1 | 0.1 |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | | | 01. |
| | of Part I, line 27b | | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | ^ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | 1 | 0. |
| | Add lines 1 and 2 | 3 | | | | 01. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 1 | 01. |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 01. |
| | Credits/Payments: 1 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 350 | | | | | |
| | | - | | | | |
| | Exempt foreign organizations - tax withheld at source 6b | - | | | | |
| | : Tax paid with application for extension of time to file (Form 8868) 6c I Backup withholding erroneously withheld 6d | - | | | | |
| | 1 0 1 | ١,, | | | 3 | 50. |
| , | Total credits and payments. Add lines 6a through 6d | 7 | | | | 50. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 9 | | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 2 | 49. |
| | Enter the amount of line 10 to be: Credited to 2011 estimated tax | 11 | | | | 0. |
| | irt VII-A Statements Regarding Activities | | <u> </u> | | | <u> </u> |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver | ıe in | | | Yes | No |
| ıa | any political campaign? | | | 1a | 100 | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | | 1b | | X |
| Ü | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish | | | 10 | | |
| | distributed by the foundation in connection with the activities. | eu oi | | | | |
| r | E Did the foundation file Form 1120-POL for this year? | | | 1c | | х |
| | I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | 10 | | |
| ď | (1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | _ | | | | |
| Ī | managers. > \$ 0. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | х |
| _ | If "Yes," attach a detailed description of the activities. | | | _ | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | or | | | | |
| _ | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | Х |
| | olf "Yes," has it filed a tax return on Form 990-T for this year? | N | I/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | Х |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta | te law | | | | |
| | remain in the governing instrument? | | | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | X | |
| - | If "Yes," complete Part II, col. (c), and Part XV. | | | | _ | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| _ | MI,FL | | | | | |
| b | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca | | | | | |

Х

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

| | 1990-PF (2010) THE HAGEN FAMILY FOUNDATION | 38-3482 | 329 | Г | raye i |
|----|--|--------------------|-----|---------|--------|
| Pa | art VII-A Statements Regarding Activities (continued) | | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | | |
| | August 17, 2008? | | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | 13 | Х | |
| | Website address ▶ WWW.HAGENFAMILYFOUNDATION.ORG | | | | |
| 14 | The books are in care of ► MR. DAVID HAGEN Telephone no | o. ▶ (954)5 | 61- | 158 | 0 |
| | Located at ► 2760 NE 16TH STREET, FT. LAUDERDALE, FL | ZIP+4 ▶33 | 304 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | /A | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, | | | Yes | No |
| | securities, or other financial account in a foreign country? | | 16 | | X |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of | | | | |
| | the foreign country | | | | |
| Pa | art 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): | | | | -110 |
| | | Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 103 [22] 140 | | | |
| | a disqualified person? | Ves X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Ves X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | Tes No | | | |
| | | Yes X No | | | |
| | | TES A INU | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | Vaa 🔻 Na | | | |
| | termination of government service, if terminating within 90 days.) | Yes A NO | | | |
| | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | 41. | | v |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | | 1b | | X |
| | Organizations relying on a current notice regarding disaster assistance check here | ₽□ | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | | 37 |
| | before the first day of the tax year beginning in 2010? | | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | n | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | | |
| a | a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn | | | | |
| | | Yes X No | | | |
| | If "Yes," list the years ,,,,, | | | | |
| t | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre | | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta | | | | |
| | statement - see instructions.) | N/A | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | | |
| | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | | |
| 38 | | | | | |
| | | Yes X No | | | |
| t | o If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons | after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to | dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule | C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2010.) | N/A | 3b | | |
| 48 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | Х |
| t | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo | se that | | | |

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

| Part VII-B Statements Regarding Activities for Which F | Form 4720 May Be I | Required (contin | ued) | | |
|---|--|------------------|--|--------------|--|
| 5a During the year did the foundation pay or incur any amount to: | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e)) ? | Ye | es 🗶 No | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | | | | |
| any voter registration drive? | | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | es 🗶 No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y | es 🗶 No 📗 | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | | | | | |
| the prevention of cruelty to children or animals? | | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc | · · | - | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | ▶□ | | |
| ${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | | |
| expenditure responsibility for the grant? | N | I/A | es 📖 No 📗 | | |
| If "Yes," attach the statement required by Regulations section 53.4945 | , , | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | | | | | |
| a personal benefit contract? | | | | | |
| \boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a \boldsymbol{p} | ersonal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Ye | es 🔼 No 📙 | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highly | y | | |
| List all officers, directors, trustees, foundation managers and their | | | | | |
| List all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d) Contributions to | (0) | Evnanca |
| (a) Name and address | (b) Title, and average hours per week devoted to position | ` (If not paid, | employee benefit plans and deferred | acco | Expense unt, other |
| | to position | `enter'-0-)´ | compensation | alic | wances |
| | | | | | |
| SEE STATEMENT 12 | | 0. | 0. | | 0. |
| SEE STATEMENT 12 | | · · | 0. | <u>'</u> | <u>. </u> |
| | | | | | |
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| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | l cluded on line 1). If none. | enter "NONE." | | ı | |
| | (b) Title, and average | | (d) Contributions to | (e) | Expense unt, other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | accó allo | unt, other wances |
| NONE | dovoted to position | | compensation | 1 | |
| 1,01,2 | | | | | |
| | | | | | |
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| | I | 1 | | 1 | |
| | | | | | |
| | | | | | |

| Part VIII Paid Employees, and Contractors (continued) | ition managers, riigiliy | |
|---|---------------------------------------|------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter | - | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | _ | |
| | | |
| | _ | |
| | | |
| | _ | |
| | | |
| | _ | |
| - 1 1 mumber of others receiving every CFO 000 for must excited any income | | • 0 |
| Total number of others receiving over \$50,000 for professional services | | >] 0 |
| - | at and the formation and the state of | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced in the served of the served | tical information such as the | Expenses |
| 1 N/A | | |
| 1 | | |
| | | |
| 2 | | |
| <u>- </u> | | |
| | | |
| 3 | | |
| - | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 2. | Amount |
| 1 N/A | | |
| | | _ |
| | | 0. |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | • | 0. |
| TOTAL ACCUMES THROUGH 5 | | 0 • |

| Part X Minimum Investment Return (All domestic | c foundations must complete this | part. Foreign four | dations, s | see instructions.) |
|--|---|----------------------|------------|--------------------|
| 1 Fair market value of assets not used (or held for use) directly in carr | ying out charitable, etc., purposes: | | | |
| a Average monthly fair market value of securities | | | 1a | 1,086,936. |
| b Average of monthly cash balances | | | 1b | 35,547. |
| c Fair market value of all other assets | | | 1c | 365,725. |
| d Total (add lines 1a, b, and c) | | | 1d | 1,488,208. |
| e Reduction claimed for blockage or other factors reported on lines 1a | | | | |
| 1c (attach detailed explanation) | 1e | 0. | | |
| 2 Acquisition indebtedness applicable to line 1 assets | | | 2 | 0. |
| 3 Subtract line 2 from line 1d | | | 3 | 1,488,208. |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (fo | r greater amount, see instructions) | | 4 | 22,323. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. | Enter here and on Part V, line 4 | | 5 | 1,465,885. |
| 6 Minimum investment return. Enter 5% of line 5 | | | 6 | 73,294. |
| Part XI Distributable Amount (see instructions) (Sec foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organizations check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ▶ ☐ and do not contain the foreign organization check here ↑ ☐ and do not contain the foreign organization check | | ating foundations an | d certain | |
| 1 Minimum investment return from Part X, line 6 | | | 1 | 73,294. |
| 2a Tax on investment income for 2010 from Part VI, line 5 | 2a | 101. | | |
| b Income tax for 2010. (This does not include the tax from Part VI.) | 2b | | | |
| c Add lines 2a and 2b | | | 2c | 101. |
| 3 Distributable amount before adjustments. Subtract line 2c from line | 1 | | 3 | 73,193. |
| 4 Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 Add lines 3 and 4 | | | 5 | 73,193. |
| 6 Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter | here and on Part XIII, line 1 | | 7 | 73,193. |
| Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish ch | avitable ata nuraggasi | | | |
| a Expenses, contributions, gifts, etc total from Part I, column (d), lin | | | 1a | 80 375 |
| | | | 1b | 80,375. |
| b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in car | rving out charitable atc. purposes | | 2 | 0. |
| 3 Amounts set aside for specific charitable projects that satisfy the: | rying out chantable, etc., purposes | | | |
| | | | 20 | |
| a Suitability test (prior IRS approval required) | | | 3a | |
| b Cash distribution test (attach the required schedule) | a Dort V. lina 0, and Dort VIII, lina 4 | | 3b 4 | 80,375. |
| Qualifying distributions. Add lines 1a through 3b. Enter here and or Foundations that qualify under section 4940(e) for the reduced rate | | | 4 | 00,373. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate income. Enter 1% of Part I, line 27b | | | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | | | 6 | 80,375. |
| Note. The amount on line 6 will be used in Part V, column (b), in su 4940(e) reduction of tax in those years. | | | | |

Part XIII Undistributed Income (see instructions)

| (0 | | | | |
|---|----------------------|----------------------------|-------------|---------------------------|
| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
| 1 Distributable amount for 2010 from Part XI, | Sorpus | round prior to 2000 | 2000 | |
| line 7 | | | | 73,193. |
| 2 Undistributed income, if any, as of the end of 2010: | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 6,677. | | | | |
| b From 2006 1,972. | | | | |
| c From 2007 21,344. | | | | |
| d From 2008 44,800. | | | | |
| eFrom 2009 34,339. | | | | |
| f Total of lines 3a through e | 109,132. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ►\$ 80,375. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | 0 | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | _ | | | |
| (Election required - see instructions) | 0. | | | 72 102 |
| d Applied to 2010 distributable amount | 7 100 | | | 73,193. |
| e Remaining amount distributed out of corpus | 7,182. | | | 0. |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below; | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 116,314. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | _ | |
| 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | • |
| be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | _ | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | 6 677 | | | |
| not applied on line 5 or line 7 | 6,677. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 109,637. | | | |
| Subtract lines 7 and 8 from line 6a | 109,037• | | | |
| a Excess from 2006 1,972. | | | | |
| b Excess from 2007 21,344. | | | | |
| c Excess from 2008 44,800. | | | | |
| d Excess from 2009 34,339. | | | | |
| e Excess from 2010 7,182. | | | | |
| .,, | | | | Form 990-PF (2010) |

| Part XIV Private Operating Fo | oundations (see ins | structions and Part VII- | A, question 9) | N/A | <u> </u> |
|---|---|-----------------------------|------------------------------|-----------------------------|-------------------|
| 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 | 2010, enter the date of the | he ruling | | | |
| b Check box to indicate whether the found | | | · - | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | į | | | | |
| - | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: | į | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | į | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | į | | | | |
| | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income Part XV Supplementary Info | rmation (Comple | to this part only i | if the foundation | had \$5 000 ar me | ero in cocoto |
| at any time during t | . ` | | ii tile loulluation | nau \$5,000 or me | ore iii assets |
| 1 Information Regarding Foundatio | | • | | | |
| a List any managers of the foundation who | - | han 2% of the total contr | ibutions received by the | foundation before the clos | se of any tax |
| year (but only if they have contributed m | | | | | |
| SEE STATEMENT 13 | | | | | |
| b List any managers of the foundation who | o own 10% or more of the | e stock of a cornoration (| or an equally large portion | on of the ownership of a na | artnershin or |
| other entity) of which the foundation has | | | or air equally large portion | on or the ownership of a pe | artificisinp of |
| NONE | 3 | | | | |
| | on Cront Cift Loon | Cabalayahin ata Dy | | | |
| - Innormation regarding continuati | | | - | ot accept unsolicited requ | acte for funde If |
| the foundation makes gifts, grants, etc. (| | | | | |
| a The name, address, and telephone number | , | | | STATEMENT | |
| | | | | | |
| SEE STATEMENT 14 | 1 90 1 11 2 | . , , | | | |
| b The form in which applications should b | e submitted and informat | ion and materials they sh | ould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | , such as by geographica | l areas, charitable fields. | kinds of institutions, or o | other factors: | |
| , | , | , | , 51 | - | |

| Part XV Supplementary Information | | | | |
|--|--|--------------------------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the You | ear or Approved for Future | Payment | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | , co.p.o | | |
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| SEE STATEMENT 16 | | | | |
| Total | | | ▶ 3a | 76,000. |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| NONE | | | | |
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| | | | | |
| Total | 1 | <u> </u> | > 3b | 0 . |
| | | | | |

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelated b | Unrelated business income | | by section 512, 513, or 514 | (e) |
|---|-----------------|---------------------------|-----------------------|-----------------------------|-----------------------------------|
| · | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Alliount | Tunction income |
| a | _ | | | | |
| b | _ | | | | |
| C | _ | | | | |
| d | _ | | | | |
| e | _ | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 32,098. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | 900099 | 263. | 14 | -380. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | 900099 | 136. | 18 | 5,897. | |
| 9 Net income or (loss) from special events | | | | | |
| 0 Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a EXCISE TAX REFUND | | | 01 | 959. | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | 399. | | 38,574. | |
| 3 Total . Add line 12, columns (b), (d), and (e) | | | | 13 | 38,97 |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| <u> </u> | the foundation's exempt purposes (other than by providing funds for such purposes). |
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| | Form 990-P |

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

THE HAGEN FAMILY FOUNDATION

| 1 | Did the | organization directly or indir | rectly engage in any o | of the followin | g with any other organization | on described in | section 501(c) of | | Yes | No |
|---|---------------|--|---------------------------|---------------------|----------------------------------|--------------------|--|--------------|---------------|-------|
| | the Co | de (other than section 501(c) |)(3) organizations) or | r in section 52 | ?7, relating to political organ | izations? | | | | |
| а | Transfe | ers from the reporting founda | ation to a noncharital | ole exempt or | ganization of: | | | | | |
| | (1) Ca | ısh | | | | | | 1a(1) | | X |
| | | | | | | | | 1a(2) | | X |
| b | Other t | ransactions: | | | | | | | | |
| | (1) Sa | lles of assets to a noncharital | ble exempt organizat | ion | | | | 1b(1) | | X |
| | | | | | | | | 1b(2) | | X |
| | (3) Re | ental of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| (4) Reimbursement arrangements | | | | | | | | | | X |
| | | | | | | | | 1b(5) | | X |
| • | | | | | | | | 1b(6) | | X |
| | | | | | | | | 1c | | X |
| | | • | | - | • • • | - | fair market value of the goods, ot | | ets, | |
| | | | | | ed less than fair market valu | ie in any transa | ction or sharing arrangement, sh | ow in | | |
| | | n (d) the value of the goods, | | | | 1 | | | | |
| (a) ∟i | ne no. | (b) Amount involved | (c) Name of | | e exempt organization | (d) Descr | ription of transfers, transactions, and sl | naring ar | rangeme | nts |
| | | | | N/A | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | 1-416 | ta a an all a sa alta a a alta a a a ta alta a a | | -1-414 | | | l | | | |
| | | oundation directly or indirect | | | | | | ٦ ٧,,, | v | No |
| | | ion 501(c) of the Code (other | | (3)) or in sect | .1011 527 ? | | | Yes | LA |] NO |
| | ii Yes, | complete the following sche (a) Name of org | | | (b) Type of organization | | (c) Description of relationship | n | | |
| | | N/A | | | (b) Type of organization | | (b) Description of relationship | ν | | |
| | | N/A | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | I to the best of my knowledge and belie | f, it is tr | ue, corre | ct, |
| Sig | an la | nd complete. Declaration of prepa | arer (other than taxpayer | or fiduciary) is ba | ased on all information of which | preparer has any l | knowledge. | | | |
| He | | | | | | | | | | |
| | | Signature of officer or tru | ıstee | | Date | | Title | | | |
| | | Print/Type preparer's na | ame | Preparer's si | | Date | Check if PTIN | | | |
| | | | | | | | self- employed | | | |
| Pa | id | | | | | | | | | |
| Pre | pare | Firm's name PLA | NTE & MOR | AN, PL | LC | • | Firm's EIN ▶ | | | |
| Us | e Onl | ly | | | | | | | | |
| | | Firm's address ▶ 26 | 01 CAMBRI | DGE CT | ., SUITE 500 | | | | | |
| | | AU | BURN HILL | S, MI | 48326 | | Phone no. (248) | _37 | <u>5-</u> 7 | 100 |
| | | | | | · | | Fori | n 990 | - PF (| 2010) |

023622 04-26-11

| THE HAGEN FAMILY | FOIINDATION | CONT: 38-3 | | | | PART IV | |
|--------------------------------------|--|---|--|--|-------------------------------------|----------------------------------|--|
| | osses for Tax on Investment Income | 30 3. | 10232 | <u>. , </u> | AGE I | OF I | |
| (a) List and | d describe the kind(s) of property solution income the kind(s) of property solution income in | d, e.g., real estate, | (| b) How acquired P - Purchase | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
| 1a PUBLICY TRADED | * | 00 0110. MEO 00. | + | | | VARIOUS | |
| | SORS WHISTLER FU | ND LLC | | | | VARIOUS VARIOUS | |
| | SORS AUGUSTA FUN | | | | | VARIOUS | |
| | F ADVANTAGE ADVI | | dr. | | VARIOUS VARIOUS | VARIOUS | |
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| 0 | (0.D | () 0 | $^{\perp}$ | 4.3 | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | | Gain or (loss) lus (f) minus (g) | | |
| a 347,793. | | 351,694 | | | | -3,901. | |
| <u>b</u> | | 4,417 | • | | | -4,417. | |
| <u>c</u> 16,049. | | 2 011 | | | | 16,049. | |
| <u>d</u> | | 2,011 | • | | | -2,011. 41. | |
| e 41. | | | + | | | 41. | |
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| Complete only for assets showing | ng gain in column (h) and owned by t | | (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), | | | | |
| (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 | | but n | ot less than "-0-") | r coi. (k), | |
| a | | | | | | -3,901. | |
| b | | | | | | -4,417. | |
| С | | | | | | 16,049. | |
| d | | | | | | -2,011. | |
| e | | | | | | 41. | |
| <u>f</u> | | | - | | | | |
| <u>g</u> | | | + | | | | |
| h i | | | | | | | |
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| n | | | | | | | |
| 0 | | | | | | | |
| | . If gain, also enter | in Part I line 7 | | | | | |
| 2 Capital gain net income or (net ca | apital loss) \cdots { If gain, also enter "-0 If (loss), enter "-0 | I-" in Part I, line 7 | 2 | | | 5,761. | |

If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).

N/A

| FORM 990- | -PF (| GAIN OR (LOS | S) E | FROM | SALE | OF | ASS | ETS | | STA | TEMENT | 1 |
|-----------|-----------------------------|-------------------------------|------|------|---------------------|-----|---------------|--------------|------|-------------|---------------|-----|
| DESCRIPTI | (A) ION OF PROPERT | Υ — | | | | | MANI ACQU: | | | TE IRED | DATE S | OLD |
| PUBLICY T | TRADED SECURIT | IES | | | | | | | VARI | OUS | VARIO | US |
| | (B) | (C) | | | (D) | | | (E) | | | (F) | |
| | GROSS SALES PRICE | COST OR OTHER BASIS | S | | ENSE SALE | OF. |] | DEPRE | С. | GAIN | OR LOS | S |
| | 347,793. | 351,69 | 94. | | | 0 | • | | 0. | | -3,9 | 01. |
| DESCRIPTI | (A) ION OF PROPERT | ď | | | | | MANI ACQU: | | | TE VIRED | DATE S | OLD |
| ADVANTAGE | E ADVISORS WHI | TLER FUND, | LLC | | | | | | VARI | OUS | VARIO | US |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | g | EXP | (D) ENSE SALE | OF | 1 | (E) DEPRE | 7 | | (F) OR LOS | g |
| | 0. | 4,28 | | | | 0 | | | 0. | | -4,2 | |
| DESCRIPTI | (A) ION OF PROPERT | <i>ĭ</i> | | | | | MANI ACQU: | | | TE VIRED | DATE S | OLD |
| ADVANTAGE | E ADVISORS AUG | — JSTA FUND, LI | LС | | | _ | | | VARI | OUS | VARIO | US |
| | (B) GROSS | (C) COST OR | | | (D) ENSE | OF | | (E) | | | (F) | |
| | SALES PRICE | OTHER BASIS | S | | SALE | | | DEPRE(| С. | GAIN | OR LOS | S |
| | 16,049. | | 0. | | | 0 | • | | 0. | | 16,0 | 49. |

| (A) DESCRIPTION OF PROPERTY | | MANNER ACQUIREL | | | DATE S | SOLD |
|---|----------------------------|--------------------|----------------|--------------------------|---------------------------|--------------|
| LOSS ON SALE OF ADVANTAGE ADVISORS FUND | AUGUSTA | | VARIC | US | VARIO | OUS |
| (B) (C) GROSS COST OR | (D) EXPENSE (| | | | (F) | ~ ~ |
| SALES PRICE OTHER BASI | S SALE | DEPR | REC. | GAIN | OR LOS | |
| 0. 2,0 | 11. | 0. | 0. | | -2,0 | 011. |
| CAPITAL GAINS DIVIDENDS FROM PART | IV | | | | | 41. |
| TOTAL TO FORM 990-PF, PART I, LINE | 6A | | = | | 5,8 | 397. |
| | | | | | | |
| FORM 990-PF DIVIDENDS AND | INTEREST FROM | I SECURITI | ES | STA! | PEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPITAL DIVIL | | | LUMN (A | A) |
| ADVANTAGE ADVISERS AUGUSTA FUND LLC ADVANTAGE ADVISERS WHISTLER FUND LLC | 1,535. 6,780. | | 0. | | - | 535. 780. |
| OPPENHEIMER WACHOVIA | 15,433. 8,391. | | 41. | | 15,3 | |
| TOTAL TO FM 990-PF, PART I, LN 4 | 32,139. | | 41. | | 32,0 | 98. |
| l | | | | | | |
| FORM 990-PF O | THER INCOME | | | STA' | PEMENT | 3 |
| DESCRIPTION | (A) REVENUE PER BOOK | | (B) INVEST- | - 2 | (C) ADJUSTI ET INCO | |
| OTHER INCOME FROM ADVANTAGE ADVISERS WHISTLER FUND OTHER INCOME FROM ADVANTAGE | - | 380. | -380 | | | |
| ADVISERS WHISTLER FUND EXCISE TAX REFUND | | 263. 959. | |) .) . | | |
| TOTAL TO FORM 990-PF, PART I, LINE | 11 | 842. | -380 |) . = == | | |

| FORM 990-PF | LEGAL | FEES | S'. | PATEMENT | 4 |
|--|------------------------------|-----------------------------------|-------------------------------|----------------------------|-----------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITAE PURPOSE | |
| LEGAL FEES | 685. | 343. | | 34 | 12. |
| TO FM 990-PF, PG 1, LN 16A = | 685. | 685. 343. | | 34 | 12. |
| FORM 990-PF | ACCOUNTI | NG FEES | STATEMENT | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITAE PURPOSE | |
| ACCOUNTING FEES | 2,955. | 1,478. | | 1,47 | 77. |
| TO FORM 990-PF, PG 1, LN 16B | 2,955. | 1,478. | | 1,47 | 77. |
| FORM 990-PF | TAX | ES | S | FATEMENT | 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | |
| FOREIGN TAXES WITHHELD | 956. | 956. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 956. | 956. | | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S. | PATEMENT | 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | |
| INVESTMENT FEES MEMBERSHIP FEES WEBSITE FEES | 21,381. 495. 394. | 21,381. 0. 197. | | | 0. 95. |
| MISCELLANEOUS PARTNERSHIP DEDUCTIONS | 4,001. | 4,001. | | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 26,271. | 25,579. | | 69 | 92. |
| | | | | | |

| FORM 990-PF OTHER INCREASES IN NET | ASSETS OR FU | ND BALANCES | STATEMENT | 8 |
|---|---------------------|--|---|--------------------------|
| DESCRIPTION | | | AMOUNT | |
| UNREALIZED DEPRECIATION & TIMING DIF WHISTLER FUND TIMING DIFFERENCES DUE TO PARTNERSHI | | | 12,9 4,6 | 16. 63. |
| TOTAL TO FORM 990-PF, PART III, LINE | 3 | | 17,5 | 79. |
| FORM 990-PF OTHER DECREASES IN NE | T ASSETS OR F | UND BALANCES | STATEMENT | 9 |
| DESCRIPTION | | | AMOUNT | |
| UNREALIZED DEPRECIATION & TIMING DIF AUGUSTA FUND | FERENCES FROM | ADVANTAGE | 1,9 | 68. |
| TOTAL TO FORM 990-PF, PART III, LINE | 5 | | 1,9 | 68. |
| FORM 990-PF CORP | STATEMENT | 10 | | |
| DESCRIPTION | | BOOK VALUE | FAIR MARKE VALUE | T |
| WACHOVIA SECURITIES - SEE ATTACHMENT OPPENHEIMER SEE ATTACHMENT | - | 304,605. 112,371. 201,014. 136,049. 115,493. 124,889. | 373,7 138,7 260,8 169,3 78,8 132,7 | 77. 76. 38. 35. |
| TOTAL TO FORM 990-PF, PART II, LINE | 10B : | 994,421. | 1,154,3 | |
| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT | 11 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKE VALUE | T |
| ADVANTAGE ADVISERS AUGUSTA FUND LLC | FMV | 123,054. | 123,0 | 54. |
| ADVANTAGE ADVISERS WHISTLER FUND LLC | FMV | 242,671. | 242,6 | 71. |
| TOTAL TO FORM 990-PF, PART II, LINE | 13 | 365,725. | 365,7 | 25. |

| | ST OF OFFICERS, D D FOUNDATION MANA | STAT | EMENT 12 | |
|---|-------------------------------------|-------------------|---------------------------------|----|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | |
| DAVID F. HAGEN 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | PRESIDENT/TREA | SURER 0. | 0. | 0. |
| VIRGINIA L. HAGEN 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | VICE PRESIDENT 0.00 | 0. | 0. | 0. |
| REV. ANDREW HAGEN 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | DIRECTOR 0.00 | 0. | 0. | 0. |
| PATRICIA H. BORN 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | SECRETARY/DIRE 0.00 | CTOR 0. | 0. | 0. |
| LAURA C. HAGEN 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | DIRECTOR 0.00 | 0. | 0. | 0. |
| SUSAN DINGLE HAGEN 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | DIRECTOR 0.00 | 0. | 0. | 0. |
| CHRISTOPHER J. BORN 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | DIRECTOR 0.00 | 0. | 0. | 0. |
| DANE G. PATTERSON 2760 NE 16TH STREET FT LAUDERDALE, FL 33304 | DIRECTOR 0.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE | 6, PART VIII | 0. | 0. | 0. |

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 13

NAME OF MANAGER

DAVID F. HAGEN VIRGINIA L. HAGEN

20

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE HAGEN FAMILY FOUNDATION 2760 NE 16TH STREET FT LAUDERDALE, FL 33304

TELEPHONE NUMBER

(954) - 561 - 1580

FORM AND CONTENT OF APPLICATIONS

BACKGROUND OF THE ORGANIZATION APPLYING FOR FUNDING

DESCRIPTION OF THE PROJECT FOR WHICH THE ORGANIZATION IS SEEKING FUNDS

QUALIFICATIONS OF THE PEOPLE WHO WILL BE DIRECTING THE PROJECT

EXPLANATION OF HOW THE SUCCESS OF THE PROJECT WILL BE MEASURED

ROLES OF OTHER ORGANIZATIONS YOU WILL BE WORKING WITH TO ACCOMPLISH YOUR OBJECTIVES

PLANS FOR THE FUTURE SUSTAINABILITY OF THE PROJECT

SPECIFIC DOLLAR AMOUNT BEING REQUESTED FROM THE FOUNDATION

ANY SUBMISSION DEADLINES

JUNE 11TH, 2011

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION DOES NOT CONSIDER CONTRIBUTIONS TO ANNUAL DRIVES, CAPITAL CAMPAIGNS, RESEARCH, OR OTHER SUPPORT OF ON-GOING PROGRAMS.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 15 PART XV, LINES 2A - 2D (CONTINUATION)

FORM AND CONTENT OF APPLICATIONS

OPERATING BUDGET FOR THE PROJECT SHOWING WHAT THE ORGANIZATION AND OTHER APPROPRIATE PARTIES ARE COMMITTING TO THE EFFORT

LISTING OF THE ORGANIZATION'S BOARD OF DIRECTORS

COPY OF THE ORGANIZATION'S IRS 501(C)(3) DETERMINATION LETTER

STATEMENT

16

FORM 990-PF

| PAID DURING THE YEAR | | | | | | | | | | |
|---|--|--------|--------|--|--|--|--|--|--|--|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | | AMOUNT | | | | | | | |
| ALZHEIMER'S COMMUNITY CARE 800 NORTHPOINT PARKWAY SUITE 101-B WEST PALM BEACH, FL 33407 | FOR THE PROGRAM | PUBLIC | 9,000. | | | | | | | |
| LAUDERDALE, FL 33304 | NONE TO PROVIDE FOR DIGITAL SCANNING OF ART WORK FOR ARCHIVES AND REPRODUCTION | PUBLIC | 5,000. | | | | | | | |
| FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 | | PUBLIC | 5,000. | | | | | | | |
| TENDER HEARTS MINISTRIES P.O. BOX 634 YORK, SC 29745 | NONE TO PROVIDE NEW PLAYGROUND EQUIPMENT | PUBLIC | 1,000. | | | | | | | |
| OUR SAVIOR LUTHERAN CHURCH 8001 NW 5TH STREET PLANTATION, FL 33324 | NONE TO PROIVDE A PORTABLE SOUND SYSTEM FOR THE MUSICAL GROUPS | PUBLIC | 5,000. | | | | | | | |
| 2823 NORTH AUSTRALIAN AVENUE | NONE TO UNDERWRITE AN EDUCATIONAL FIELD TRIP TO DISNEY YOUTH EDUCATION SERIES | PUBLIC | 2,300. | | | | | | | |
| HENRY FORD HOSPITAL 15855 19 MILE ROAD CLINTON TOWNSHIP, MI 48038 | NONE MEALS ON WHEELS | PUBLIC | 4,000. | | | | | | | |
| RESOURCE DEPOT INC 3680 INVESTMENT LANE RIVIERA BEACH, FL 33404 | NONE TO HELP EXPAND RECYCLING PROGRAM | PUBLIC | 8,800. | | | | | | | |

GRANTS AND CONTRIBUTIONS

| THE HAGEN FAMILY FOUNDATION | | | 38-3482329 |
|--|--|--------|------------|
| HOPEWELL RANCH 650 N. SCHOOL RD. WEIDMAN, MI 48893 | NONE TO BUILD TWO CABINS FOR RETREATS AND GENERAL PROGRAM SUPPORT | PUBLIC | 6,000. |
| WARM BLANKETS CARE INTERNATIONAL 5105 TOLLVIEW DR, SUITE 155 ROLLING MEADOWS, IL 60008 | | PUBLIC | 5,000. |
| OPERA GUILD INC. 8390 NW 25TH STREET MIAMI, FL 33122 | NONE TO HELP INTRODUCE YOUNGER AND MORE DIVERSE AUDIENCES TO OPERA | PUBLIC | 15,000. |
| GAINING GROUND INC. P.O. BOX 374 CONCORD, MA 01742 | NONE TO PROVIDE SUPPORT FOR CONSTRUCTION OF A BRIDGE TO INCREASE FOOD SUPPLY | PUBLIC | 8,000. |
| | NONE TO HELP CREATE DVDS TO CHRONICLE AFRICAN AMERICAN LUTHERANISM | PUBLIC | 1,900. |
| TOTAL TO FORM 990-PF, PART XV, LI | NE 3A | | 76,000. |

PUBLIC DISCLOSURE COPY

| Form 990-T Department of the Tr | reasury | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | | | | | | | |
|--|---------------------|--|-----------|---|----------------|----------|---|--|--|--|
| Internal Revenue Ser | 1 01 | calendar year 2010 or other tax year beginning | | , and ending | | | i01(c)(3) Organizations Only yer identification number | | | |
| A Check be address | ox if changed | Name of organization (Check box if name of | cnanged | and see instructions.) | | (Emplo | byees' trust, see ctions.) | | | |
| B Exempt under | r section Print | THE HAGEN FAMILY FOUND | ITAC | ON | | 38 | 8-3482329 | | | |
| 501()(|) or ooo(a) Type | I walling, succe, and room of suite no. If a r.o. bu | x, see in | structions. | | | ted business activity codes structions.) | | | |
| 408(e) | | 2760 NE 16TH STREET | | | | | | | | |
| 408A | 530(a) | City or town, state, and ZIP code | | | | - 0 2 6 | 200 | | | |
| 529(a) | -11 | <u> </u> | 3304 | | | 5230 | 100 | | | |
| at end of year | | up exemption number (See instructions.) ck organization type X 501(c) corporation | <u> </u> | 501(c) trust | 401(a) trust | | Other trust | | | |
| 1,399,6 | | ck organization type |)II _ | 50 i(c) ii usi | 40 I(a) II uSt | | | | | |
| | | nary unrelated business activity. | SEE | STATEMENT 17 | 7 | | | | | |
| | | rporation a subsidiary in an affiliated group or a pare | | | | Yes | s X No | | | |
| - | | ntifying number of the parent corporation. | | , | | | | | | |
| | | MR. DAVID HAGEN | | Telephoi | ne number 🕨 (| 954) |)561-1580 | | | |
| Part I Ur | related Tra | de or Business Income | | (A) Income | (B) Expenses | 3 | (C) Net | | | |
| 1a Gross recei | pts or sales | | | | | | | | | |
| | s and allowances | | 1c | | | | | | | |
| | | le A, line 7) | 2 | | | | | | | |
| | t. Subtract line 2 | | 3 | 126 | | | | | | |
| | | ach Schedule D) | 4a | 136. | | | 136. | | | |
| | | Part II, line 17) (attach Form 4797) | 4b | | | | | | | |
| | | usts hips and S corporations (attach statement) | 4c | 263. | STMT 1 | .9 | 263. | | | |
| • | | , | 6 | 203. | DIMI I | . 9 | | | | |
| | | ome (Schedule E) | 7 | | | | | | | |
| | | and rents from controlled organizations (Sch. F) | 8 | | | | | | | |
| | | ion 501(c)(7), (9), or (17) organization | | | | | | | | |
| | | | 9 | | | | | | | |
| 10 Exploited ex | xempt activity inc | come (Schedule I) | 10 | | | | | | | |
| | | ile J) | 11 | | | | | | | |
| 12 Other incom | ne (See instructio | ons; attach schedule.) | 12 | | | | | | | |
| | | ugh 12 | | 399. | | | 399. | | | |
| | | lot Taken Elsewhere (See instructions f | | | :\ | | | | | |
| | | outions, deductions must be directly connected | | | <u> </u> | | | | | |
| | | directors, and trustees (Schedule K) | | | | 14 | | | | |
| | | | | | | 15 16 | | | | |
| | | | | | | 17 | | | | |
| | | | | | | 18 | | | | |
| | | | | | | 19 | | | | |
| 20 Charitable | contributions (S | ee instructions for limitation rules.) | | | | 20 | | | | |
| | | 4562) | | | | | | | | |
| | | on Schedule A and elsewhere on return | | | | 22b | | | | |
| 23 Depletion | | | | | | 23 | | | | |
| | | ompensation plans | | | | 24 | | | | |
| 25 Employee | benefit programs | 3 | | | | 25 | | | | |
| 26 Excess exe | empt expenses (S | Schedule I) | | | | 26 | | | | |
| 27 Excess rea | adersnip costs (S | chedule J) | | | | 27 | | | | |
| | | chedule) | | | | 28 | 0. | | | |
| | | ines 14 through 28income before net operating loss deduction. Subtra | | | | 30 | 399. | | | |
| | | on (limited to the amount on line 30) | | | | 31 | 399. | | | |
| 32 Unrelated | business taxable | income before specific deduction. Subtract line 31 f | rom line | 30 | | 32 | 0. | | | |
| | | Ily \$1,000, but see instructions for exceptions.) | | | | 33 | 1,000. | | | |
| | d business tax | xable income. Subtract line 33 from line 32. If line | | | | | | | | |

023701 03-03-11 LHA For Paperwork Reduction Act Notice, see instructions.

orm **990-T** (2010)

| Form 990- | T (2010) | THE HAGEN F | 'AMILY | FOUNDATI | ON | | | 38-34 | 82329 |) | Page 2 |
|--------------|------------------------------|---|---------------------------------------|--------------------------|------------|----------------------------|---------------------|------------------------|---------------|------------------------------------|--------------|
| Part | III T | Tax Computation | | | | | | | | | |
| 35 | Orga | nizations Taxable as Corpora | tions. See in | structions for tax c | omput | ation. | | | | | |
| | Contr | olled group members (section | ns 1561 and | 1563) check here | ▶ [| See instructions | s and: | | | | |
| а | Enter | your share of the \$50,000, \$5 | 25,000, and \$ | 9,925,000 taxable | incom | e brackets (in that o | order): | | | | |
| | (1) | \$ | (2) \$ | | | (3) \$ | ĺ | | | | |
| b | | organization's share of: (1) A | | tax (not more than | \$11.7 | | | | | | |
| | | dditional 3% tax (not more th | | • | | · - | | | | | |
| c | | ne tax on the amount on line 3 | | | | | | • | 35c | | 0. |
| 36 | Trust | s Taxable at Trust Rates. See | e instructions | for tax computation | n Inc | ome tax on the amo | unt on line 34 fr | | - | | |
| | | Tax rate schedule or | | · | | | | | 36 | | |
| 37 | | tax. See instructions | | | | | | | - | | |
| 38 | | | | | | | | | | | |
| 39 | | . Add lines 37 and 38 to line 3 | | | | | | | | | 0. |
| | | Tax and Payments | 100 01 00, Will | chover applies | | | | | 00 | | |
| | | gn tax credit (corporations att | ach Form 111 | 18: trusts attach Fo | rm 11 | 16) | 40a | | | | |
| | | credits (see instructions) | | | | | | | | | |
| 0 | Canai | ral business credit. Attach For | m 3800 | | | | 40c | | _ | | |
| | | t for prior year minimum tax (| | | | | | | _ | | |
| | | credits. Add lines 40a throug | | | | | | | 40e | | |
| 41 | | | | | | | | | | | 0. |
| | | taxes. Check if from: | orm 4055 | | T Ear | m 9607 | | hor | | | |
| 42 | | | | | | | | | 43 | | 0. |
| 43 | | | | | | | | 500 | | | <u> </u> |
| | | ents: A 2009 overpayment c | | | | | | 300 | - | | |
| | | estimated tax payments | | | | | | | _ | | |
| | | eposited with Form 8868 | | | | | | | _ | | |
| | | gn organizations: Tax paid or | | | | | | | _ | | |
| | | up withholding (see instructio | | | | | | | _ | | |
| | | t for small employer health in | | | 894 I |) | 44f | | | | |
| ć | | credits and payments: | | Form 2439 | | | . ., | | | | |
| | | Form 4136 | | Other | | Total | 44g | | - ,- | | 500. |
| 45 | lotai | payments. Add lines 44a thro | ougn 44g | 0000 !#- | | | | | 45 | | 500. |
| 46 | | ated tax penalty (see instructi | | | | | | | | | |
| 47 | | lue. If line 45 is less than the t | | | | | | | 47 | | EOO |
| 48 | | payment. If line 45 is larger th | | | | | 500. | | 48 | | 500. |
| A9 | | the amount of line 48 you wa Statements Regardi | | | | | | Refunded > | 49 | | 0. |
| | | e during the 2010 calendar ye | | | | | | | ooount | lv | es No |
| | - | - | | - | | = | | | | <u> </u> | es No |
| | | curities, or other) in a foreign (| - | - | - | | | - | | | x |
| 2 Dur | ancial <i>F</i> ing the t | Accounts. If YES, enter the na ax year, did the organization receiv instructions for other forms the orga | ffie Of the fore re a distribution | from, or was it the gra | ntor of, | or transferor to, a foreig | gn trust? | | | | X |
| | | | | | | | | | | | $+^{\wedge}$ |
| | | amount of tax-exempt interes A - Cost of Goods S | | | | | /A | | | | |
| | | at beginning of year | 1 | metriod of invert | <u> </u> | Inventory at end of | • | | 6 | | |
| | | | 2 | | | Cost of goods sold | | | | | |
| | rchases | | 3 | | ┤ ′ | from line 5. Enter h | | | 7 | | |
| | | section 263A costs | 4a | | ┨. | | | , | | Tv | oo No |
| | | ts (attach schedule) | 4a 4b | | ∤° | Do the rules of sec | • | • | | <u> </u> | es No |
| | | | 5 | | ┨ | property produced | - | , | | | x |
| 5 Tot | | d lines 1 through 4b | | ined this return, includ | ing acc | the organization? | | d to the best of my kr | | helief it is tru | |
| Sian | co | rrect, and complete. Declaration of | preparer (other | than taxpayer) is base | d on all | information of which pr | reparer has any kno | owledge. | | | _ |
| Sign Here | | | | 1 | | L | | | • | discuss this ret shown below (s | |
| | | Signature of officer | | Date | | - Title | | | | Yes | No No |
| | | Print/Type preparer's name | | 1 | naturo | | Date | Check | if PTIN | ZZ 1CS | NU |
| _ | | Transcrypt proparer 5 halle | | Preparer's sign | ialuit | | שמוס | self- employe | | | |
| Paid | | | | | | | | Sell- cilibioye | I | 005383 | 11 |
| Prepa | | Firm's name ▶ PLANT | TE & MC | DRANT DT.T | | | | Firm's EIN | | -13579 | |
| Use (| Only | | | | | SUITE 50 | 0 | THIII S LIN | - 50 | . 1337. | <i></i> |
| | | Firm's address > AUE | | | | | • | Phone no. | (248 | 375- | -7100 |

023711 03-04-11

| Schedule C - Rent Income | e (From Real | Proper | ty and | I Personal | Property | y Lease | 38-34 ed With Real Pr | <u>8⊿3</u> ope | rty)(see instructions) |
|---|---|---|--|---|--|--|---|---|--|
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrue | d | | | | | | |
| (a) From personal property (if the p rent for personal property is mo 10% but not more than 50 | ore than | (b) F | rom real ar f rent for pe the rent | nd personal proper ersonal property ex t is based on profit | ty (if the perce ceeds 50% or or income) | entage r if | 3(a) Deductions directions columns 2(a) | tly con and 2(l | nected with the income in b) (attach schedule) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) Total | 0. | Total | | | | 0. | | | |
| (c) Total income. Add totals of columns | s 2(a) and 2(b). En | ter | | | | | (b) Total deductions. Enter here and on page 1 | | • |
| here and on page 1, Part I, line 6, colun Schedule E - Unrelated De | nn (A)ebt-Financed | ▶ ∐ncom | e (see i | instructions) | | 0. | Part I, line 6, column (B) | <u> ▶</u> | 0. |
| | , D. T. III. G. T. C. | | 0001 | Tiotractions) | | | 3. Deductions directly of | onnecte | ed with or allocable |
| 1. Description of debt- | financed property | | | 2. Gross ind or allocable financed | e to debt- | (a) : | to debt-fina Straight line depreciation (attach schedule) | anced p | (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 of or a debt-financed | | e adjusted basis allocable to anced property h 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) | | | | | % | | | | |
| | | | | | | 1 | ter here and on page 1, art I, line 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| Totals | | | | |) | ▶ | | 0. | 0. |
| Total dividends-received deductions | included in columr | 18 | ····· | ····· | | | • • | | 0. |
| Schedule F - Interest, Ann | uities, Royal | ties, an | | | | | nizations (see in | struct | tions) |
| 1. Name of controlled organization | 2 . Employer ide | | Net un | 3. urelated income | 1 | 4. f specified | 5. Part of column 4 included in the control | that is | 6. Deductions directly connected with income |
| | numl | oer | (loss) (s | see instructions) | payme | ents made | organization's gross i | ncome | in column 5 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Nonexempt Controlled Organizatio | ns | | | | | | | | |
| 7. Taxable Income 8. | Net unrelated incom (see instructions | | 9. Tot | tal of specified pay made | rments 1 | in the cont | olumn 9 that is included rolling organization's ross income | | Deductions directly connected with income in column 10 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| · | | | | | | Enter here | olumns 5 and 10. and on page 1, Part I, 8, column (A). | Ente | Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B). |
| Totals | | | | | | | 0. | | 0. |
| Totals | | | | | | | ▽ • | | Form 990-T (2010 |

| Schedule G - Investme (see instru | | Section 5 | 501(c)(7 |), (9), or (17) O | rganizat | tion | | | |
|---|---|--|----------------------------|---|-------------------|--|----------|--------------------------------|---|
| 1. Descr | iption of income | | | 2. Amount of income | directly of | ductions connected schedule) | | Set-asides ach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | E F | Enter here and on page 1, Part I, line 9, column (A). | | • | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | | | 0. | | | | | 0. |
| Schedule I - Exploited I (see instru | | / Income | , Other | Than Advertis | ing Inco | ome | | | |
| | | 3 Evpoi | 2000 | 4. Net income (loss) | _ | | | | 7. Excess exempt |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Exper directly con with produ of unrela business in | nected action ated | from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | from act is not u | s income tivity that inrelated s income | att | Expenses ributable to column 5 | expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here a page 1, P line 10, co | art I, II. (B). | | | 1 | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0. | | 0. | | | | | | 0. |
| Schedule J - Advertisir | ng Income (see i | nstructions) | | | | | | | |
| Part I Income From F | Periodicals Rep | orted on | a Cons | colidated Basis | ; | | | | |
| 1. Name of periodical | 2. Gross advertising income | | Direct sing costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7. | 5. Ci | rculation come | | leadership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | | | | | | |
| Totals (carry to Part II, line (5)) | • | 0. | 0. | | | | | | 0. |
| Part II Income From F | | | | rate Basis (For | each neric | ndical listed | l in Pai | t II fill in | |
| | 7 on a line-by-line ba | | и сори | i ato Basis (1 6) | each penc | Julicai listeu | ııııaı | , | |
| | 1 | 1 | | 1 4 | 1 | 1 | | | 7 |
| 1. Name of periodical | 2. Gross advertising income | | Direct sing costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7. | | irculation come | | leadership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) Totals from Part I | | 0. | 0. | | | | | | 0. |
| | Enter here and | | ere and on | | | | | - | Enter here and |
| Totals, Part II (lines 1-5) | page 1, Part I, line 11, col. (A) | | 1, Part I, 1, col. (B). | | | | | | on page 1, Part II, line 27. |
| Schedule K - Compens | | rs, Direct | ors, an | d Trustees (see | instructio | ns) | | | |
| 1. Na | ame | | | 2. Title | | 3. Percentime devote business | ed to | | ensation attributable elated business |
| (1) | | | | | | | % | | |
| (2) | | | | | | İ | % | | |
| (3) | | | | | | | % | | |
| (4) | | | | | | | % | | |
| Total. Enter here and on page 1, Page 1 | art II line 14 | | <u> </u> | | | <u> </u> | ,,o | | 0. |
| 10 tar. Enter hore and on page 1, 1 | ٠٠٠٠٠ ١٦ | | | | | | 🗾 | | Form 990-T (2010) |

023731 03-03-11

| FORM 990-T | DESCRIPTION (| OF ORGANIZATIO | N'S PRIMARY | UNRELATED | STATEMENT | 17 | |
|-------------------|---------------|----------------|-------------|-----------|-----------|----|--|
| BUSINESS ACTIVITY | | | | | | | |

FLOWTHROUGH UBTI FROM ADVANTAGE WHISTLER FUND, LLC

TO FORM 990-T, PAGE 1

| | FOOTNOTES | STATEMENT 18 |
|---|-----------|-------------------------|
| NOL FROM 2008 AMOUNT USED IN 2009 AMOUNT USED IN 2010 | | -6,785. 3,173. 0. |
| AMOUNT AVAILABLE FOR FUTURE Y | EARS | -3.612. |

| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 19 |
|-----------------------|---------------------------------|--------------|
| DESCRIPTION | | AMOUNT |
| ADVANTAGE ADVISERS WH | 263. | |
| TOTAL TO FORM 990-T, | PAGE 1, LINE 5 | 263. |

SCHEDULE D (Form 1120) Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
See separate instructions.

OMB No. 1545-0123

Name

Employer identification number

| | THE HAGEN FAMIL | Y FOUNDAT | ION | | | 38- | 3482329 |
|--------|--|-----------------------------------|-------------------------------|---------------------------------------|---------------------------------------|-----|---|
| P | art I Short-Term Capita | I Gains and L | .osses - Asse | ets Held One Year o | r Less | | |
| | (a) Description of property (Example: 100 shares of Z Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price (see instructions) | (e) Cost or other (see instruction | | (f) Gain or (loss) (Subtract (e) from (d)) |
| 1 A | DVANTAGE ADVISERS | | | | | | |
| WH | ISTLER FUND | VARIOUS | VARIOUS | 136. | | | 136. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 01 | | 2050 11 20 0 | 7 | | | |
| 2 | Short-term capital gain from installment | | | | | | |
| 3 | Short-term gain or (loss) from like-ki | | | | | | |
| 4 5 | Unused capital loss carryover (attach | . , | | | | 5 | 136. |
| _ | Net short-term capital gain or (loss). | | | ets Held More Than | | J 0 | 150. |
| 6 | art II Long-Term Capital | | | Tield Wore Than | One real | | |
| | | + | | | | | |
| | | 1 | | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 | Enter gain from Form 4797, line 7 or | 9 | | | | 7 | |
| 8 | Long-term capital gain from installme | ent sales from Form | 6252, line 26 or 37 | 7 | | 8 | |
| 9 | Long-term gain or (loss) from like-kir | nd exchanges from ! | Form 8824 | | | 9 | |
| 10 | Capital gain distributions (see instruc | tions) | | | | 10 | |
| 11 | Net long-term capital gain or (loss). | | ough 10 | | | 11 | |
| P | art III Summary of Parts | | | | | | 1 |
| 12 | Enter excess of net short-term capita | | | | | | 136. |
| 13 | Net capital gain. Enter excess of net lo | | | | 5) | 13 | |
| 1/ | Add lines 12 and 12 Enter here and | on Form 1120 nage | a 1 lina 8 or the nr | ronar lina on other | | 1 | 1 |

Note. If losses exceed gains, see Capital losses in the instructions.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2010)

136.

| Form 886 | 8 (Rev. 1-2011) | | | | | Page 2 |
|---|---|------------|---|-----------|----------------------|---------------|
| | are filing for an Additional (Not Automatic) 3-Month Ex | tension. | complete only Part II and check this b | ОХ | 1 | X |
| | ly complete Part II if you have already been granted an a | | | | | |
| | are filing for an Automatic 3-Month Extension, comple | | | | | |
| Part II | Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the original (no | copies r | needed). | |
| Type or | Name of exempt organization | | , , , | | loyer identification | n number |
| print | THE HAGEN FAMILY FOUNDATION | | | 3 | 8-3482329 | |
| File by the extended | Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions | | <u> </u> | |
| due date for filling your return. See 2760 NE 16TH STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | |
| | | | | | | |
| | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 |
| | | • | , | | | |
| Application | on | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 990 | | 01 | | | | |
| Form 990 | -BL | 02 | Form 1041-A | | | 08 |
| Form 990 | -EZ | 03 | Form 4720 | | | 09 |
| Form 990 | -PF | 04 | Form 5227 | | | 10 |
| Form 990 | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | |
| Form 990 | -T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do | o not complete Part II if you were not already granted | l an autor | natic 3-month extension on a previo | usly file | ed Form 8868. | |
| | MR. DAVID HAGE | | | | | |
| | poks are in the care of \blacktriangleright 2760 NE 16TH S | TREET | , FT. LAUDERDALE, F | <u> -</u> | 33304 | |
| - | none No. ► (954)561-1580 | | FAX No. ▶ | | | |
| | organization does not have an office or place of busines | | | | | |
| • If this i | is for a Group Return, enter the organization's four digit | 1 | | | | |
| box 🕨 | If it is for part of the group, check this box 🕨 📖 | | | ll memb | ers the extension | is for. |
| | | NOVEM. | BER 15, 2011 | | | |
| 5 For | calendar year 2010 , or other tax year beginning | | , and ending | | | · |
| 6 If th | ne tax year entered in line 5 is for less than 12 months, c | heck reas | on: L Initial return L | Final r | return | |
| | ☐ Change in accounting period | | | | | |
| | te in detail why you need the extension | ~ ~ | D MILE THEODIA MICH N | - C - C | (3.D.), MO. H | |
| | DDITIONAL TIME IS NEEDED TO | JATHE. | R THE INFORMATION N | ECES | SARY TO F | ILE A |
| <u>cc</u> | MPLETE AND ACCURATE RETURN. | | | | | |
| | | | | 1 | 1 | |
| | nis application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | nter the tentative tax, less any | | | 158. |
| | refundable credits. See instructions. | | and an electric constitue and a second section at all | 8a | \$ | 130. |
| | nis application is for Form 990-PF, 990-T, 4720, or 6069, | • | | | | |
| | payments made. Include any prior year overpayment all | lowed as a | a credit and any amount paid | 01- | | 350. |
| | eviously with Form 8868. | | de Aleia Saurea is us accius al leccorais a | 8b | \$ | |
| | ance due. Subtract line 8b from line 8a. Include your pa | • | in this form, if required, by using | 0. | | 0. |
| | TPS (Electronic Federal Tax Payment System). See instru | | d Verification | 8c | \$ | |
| Under nens | Signal alties of perjury, I declare that I have examined this form, includ | | | ne heet o | of my knowledge and | helief |
| | orrect, and complete, and that I am authorized to prepare this fo | | ourying somedules and statements, and to the | เบ มซอเ ป | n my knowieuge allu | Dolloi, |
| Signature | ► Title ► | | | Date | · • | |
| Signaturo | Title | | | Dulo | Form 8868 (l | Rev 1.2011) |
| | | | | | 1 01111 0000 (| 100. 12011) |