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SCANNED MAY 0 7 2012

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	ication number
	Addre:	REX HAGEN FAMILY FOUNDATION, INC.			
L	Name chang	Doing Business As		31-1	.157920
Ļ	Initial return Termir	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe		
닏	_ated	1.0. DOX 330	<u> </u>	260-	894-3136
늗	retum	City or town, state or country, and ZIP + 4		G Gross receipts \$	222,269.
L	Application pendir			H(a) Is this a group r	etum
		F Name and address of principal officer B • REX HAGEN		for affiliates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: X 501(c)(3)	or 52	┥	list. (see instructions)
		e: N/A	1	H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other ► Summary	L Year	r of formation: 1980	M State of legal domicile: IN
<u> </u>			OPT C	TOTEC CUITOC	HES AND
Governance		Bnefly describe the organization's mission or most significant activities: SUPP EDUCATION			
ern		Check this box 🕨 📖 if the organization discontinued its operations predispo	sed of mor	e than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	RFCE	IVED 3	9
<u>ح</u>		Number of independent voting members of the governing body (Part VI, ine itb)	TLOL	4	6
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line	100 0	2012 OS 6	0
ΞΞ	6	Total number of volunteers (estimate if necessary)	APR 3 (2012 [9] 6	0
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12		<u></u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	CULI	\(\ 	0.
	1		74/4	Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.
Revenue		Program service revenue (Part VIII, line 2g)	⊢	0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,157.	80,032.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		103,157.	80,032.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		106,782.	48,480.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	⊢	<u>0.</u>	0.
ĕ	1	Professional fundraising fees (Part IX, column (A), line 11e)	o. -	0.	U •
껇	1	Total fundraising expenses (Part IX, column (D), line 25)	- 	1,443.	1,392.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	⊢	108,225.	49,872.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	⊢	<5,068.	
70.0	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	
Net Assets or	20	Total assets (Part X, line 16)	<u>ا</u>	2,255,482.	End of Year 2,285,642.
ASS	21	Total liabilities (Part X, line 26)	-	0.	0.
je Se	22	Net assets or fund balances. Subtract line 21 from line 20		2,255,482.	2,285,642.
P	art II	Signature Block			2720070121
_		lties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	nents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			,
		X Heary I mul		4-	14-12
Sig	ın	Signature of officer / /		Date / 6	7. /
He	re	▶ PEGGY DĂNÍELS, SECRETARY			
		Type or print name and title			-
		Print/Type preparer's name Preparer's synaptie	, 1	Date Check	PTIN
Pai	d	SAMUEL W PATTON, JR CPA	<i>#</i>	if setf-employ	P00126051
Pre	parer	Firm's name SANDS ACCOUNTING, INC.		Firm's EIN	26-1555622
Use	Only	Firm's address 401 S CAVIN STR, PØ BOX 176			
		LIGONIER, IN 46767-0176		Phone no. 2	60-894-3931
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form 990 (2011)

	n 990 (2011) REA HAGEN FAMILI FOUNDATION, INC. 31-	-115/920 Page 2
1 641	Check if Schedule O contains a response to any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:	·
	SUPPORT CITIES, CHURCHES AND EDUCATION	
2	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants others, the total expenses, and revenue, if any, for each program service reported.	and allocations to
4a	(Code) (Expenses \$ 48,480 • Including grants of \$ 48,480 •) (Revenue \$	
	1) PURDUE UNIVERSITY - WEST LAFAYETTE, IN - SCHOLARSHIP	\$19,780.00
		\$21,200.00
	3) LIGONIER UNITED METHODIST CHURCH - CHURCH PROJECTS -	\$ 7,500.00
4b	(Code) (Expenses \$ 1,392. including grants of \$) (Revenue \$	
7.0	TAX SERVICE \$995; BANK FEES - \$15; FOREIGN TAX WITHHELD	- \$382.
		
		
40		
4c	(Code) (Expenses \$) (Revenue \$)	
		
4d		,
40	(Expenses \$ Including grants of \$) (Revenue \$ Total program service expenses > 49,872.)
<u>4e</u>	iotal program service expenses > 20 / 0 / 2 /	Form 990 (201

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4=		x
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		┝┻
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	l	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	і	\vdash	
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ات ا		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_	-	Form	990	2011

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	8		x
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2-TG	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			- -
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			1.5
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
35	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	TOTAL STATE OF THE TOTAL			2011)

Page 5

Form 990 (2011) REX HAGEN FAMILY FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 0			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ь 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable gaming			
	(gambling) winnings to prize winners?	•	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	a 0	•	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	counts.		`	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or gifts	i		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?	,	7c		X
d		d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	• • •	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any	time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_		
a	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	. 1			
	· · · · · · · · · · · · · · · · · · ·	Da	ł		
b		Db	ł		
11	Section 501(c)(12) organizations. Enter:	. 1		*	
a		1a	ł		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				
40		1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a	ļ	
		2b	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40:		├
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				l
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the	s. 1			
		3b	ł	١.	
	· · · · · · · · · · · · · · · · · · ·	3c	44:		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule C		14a		<u> </u>
D	- III. Les - Das II Died a COMD 720 TO RECOM UNESA DAVIRENTS 7 IL 190. DIOVIDE AN EXCIANATION IN SCREOUIE U	1	l 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c $\overline{\mathbf{x}}$ Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request ☐ Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PEGGY DANIELS - 260-894-3136 P.O. BOX 550, LIGONIER, IN 46767-0550

		•	
Form	990	(201)	11

REX HAGEN FAMILY FOUNDATION, INC.

31-1157920

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r		orga	aniza			mpe	nsa		director, or trustee.	····
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	(do not check more than		than	one	Reportable	Reportable	Estimated		
	hours per week	box, unless person is both a officer and a director/trustee			compensation from	compensation	amount of other			
	(describe	ē					Г	the	from related organizations	compensation
	hours for	direc				<u></u>		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			an Staff		(W-2/1099-MISC)	`,	organization
	organizations	l trus	nad th		oyee	E E				and related
	(describe hours for related organizations in Schedule O)	iwdus	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former			organizations
(1) B. REX HAGEN	0)	Ĕ	Ē	.₹	 	王島	훈			
PRESIDENT	1.00	x		x		ļ		0.	0.	0.
(2) NANCY HAGEN	1 2.00		╁┈	 	-	╁─		<u> </u>	· · ·	
DIRECTOR	0.50	x						0.	0.	0.
(3) MARK HAGEN		<u> </u>	┢	 	<u> </u>	T				
TREASURER	0.50	X		x				0.	0.	0.
(4) MARGE FLECK						Π				
DIRECTOR	0.50	X	L.	L				0.	0.	0.
(5) PEGGY DANIELS				l						_
SECREATRY	0.50	X		X	ļ	<u> </u>	<u> </u>	0.	0.	0.
(6) PATTY FISEL	0.50	٦,			ŀ					
DIRECTOR	0.50	Х	_	<u> </u>	┝	├-	├	0.	0.	0.
(7) BYRON KAISER DIRECTOR	0.50	x	ļ					0.	٥.	0.
(8) NANCY CROSS	0.50	Ĥ	⊢	-	╁	╁	┢	-	· · · · · ·	•
DIRECTOR	0.50	x						0.	0.	0.
(9) RICH BOHNENBERGER			<u> </u>		T		T		<u></u>	
DIRECTOR	0.50	X					L	0.	0.	0.
	-	<u> </u>	<u> </u>	<u> </u>	<u> </u>		L		 	
	 	╁	H		H	\vdash	H			
	⊥			L		<u> </u>				
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					L					
			l							
					T					
	-	┝			\vdash	\vdash	├			
	1				L					

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key E	mpl	oyee	es, a	nd l	High	est	Compensated Employ	rees (continued)				
	(A) (B)			(B) (C) Average Position					(D) (E)				(F)	
	Name and title	Average	I (do no					one	Reportable	Reportable	,	E	stimate	∌d
		hours per	box	, unle	ss pe	rson	is bot	h an	1 '	compensation		ar	mount (of
		week (describe			T	ī	T	Ιω,	from	from related			other	
		hours for	lact				L		the organization	organization (W-2/1099-MIS			npensa rom the	
		related	1 5	異			E S		(W-2/1099-MISC)	(44-2/1099-1418	30)	ı	anizatı	
		organizations	E SE	od trustee		æ	E E		(11 2 1000 111100)			ı ~	d relate	
		in Schedule	g	Institutional 1	_	кеу етріоуев	S St						anizatio	
		(describe hours for related organizations in Schedule O)	age Age	in SE	Officer	Key B	Highest compensated employee	Р огла						
			L											
				<u>L</u>	L									
								1						
		ļ	<u> </u>	_		L	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$				L		
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		-	<u> </u>	_	<u> </u>	\vdash	_	<u> </u>				<u> </u>		
		-	⊢	_	L	┡		<u> </u>				<u> </u>		
		1												
			┢	-		┢	┾	┡		 		<u> </u>		
45	Cub total	i	<u> </u>	L	L	1	_	L	0.		0.	-		0.
	Sub-total Total from continuation sheets to Part V	II Castian A							0.	-	0.			0.
	Total (add lines 1b and 1c)	ii, Section A		•	•				0.		0.	\vdash		ŏ.
2	Total number of individuals (including but n	ot limited to the	nose	liste	ed a	hov	e) w	no r	<u> </u>	000 of reportab				
_	compensation from the organization	.01	.000	,	.	201	o,		COCITOR MOTO LINEM PTO	o,ooo or reportab				0
													Yes	No
3	Did the organization list any former officer,	director, or tr	uste	e. ke	er ve	nola	ovee	. or	highest compensated e	mplovee on			, T	12.2
	line 1a? If "Yes," complete Schedule J for s			-,	, -		-,	,	g			3	Va.1857	X
4	For any individual listed on line 1a, is the su			omp	ensa	ation	n and	d ot	her compensation from	the organization				عَقْطَت ک
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" cc	mpl	ete S	Sch	edul	9 J 1	for such individual			4	3-3-	X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni	elat	ted organization or indiv	idual for services	;		**	- 100 - 100 - 100
	rendered to the organization? If "Yes," com					_						5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	end	ng y	with	or w	rthir	n the organization's tax	year.				
	(A)								(B)				C)	
	Name and business	address	N	ONI	€			_	Description of s	services	C	ompe	ensatio	n
														
														
								ı						
								ŀ						
2	Total number of independent contractors (including but r	not li	mite	d to	the	ise li	ster	d above) who received n	nore than				
-	\$100,000 of compensation from the organi	_					0 "							
	,			_				_						

132005 01-23-12 Form **990** (2011)

Form 990 (2011) REX HAGEN FAM Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		 			
	Check if Schedule O contains a respon	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	1			
	organizations in the United States. See Part IV, line 21	48,480.	48,480.		
2	Grants and other assistance to individuals in			. A.	
	the United States. See Part IV, line 22	=		, *** ,**	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	
	United States. See Part IV, lines 15 and 16			*	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	995.	995.		
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				<u></u>
16	Occupancy	·			
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				···-·-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN TAX WITHHELD	382.	382.		
b	BANK FEES	15.	15.		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	49,872.	49,872.	0.	0.
26	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	179,456.	2	307,321.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
1		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			· · · · · · · · · · · · · · · · · · ·
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			*
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			•
	ь	Less: accumulated depreciation 10b	1	10c	· · · · · · · · · · · · · · · · · · ·
	11	Investments - publicly traded securities	2,076,026.	11	1,978,321.
	12	Investments other securities. See Part IV, line 11		12	·
	13	Investments - program-related. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	· · · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,255,482.	16	2,285,642.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	•	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ģ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
=		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here			
စ္သ		lines 27 through 29, and lines 33 and 34.		<u> </u>	
Ē	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here			
<u></u>		complete lines 30 through 34.			
ats	30	Capital stock or trust principal, or current funds	0.	30	0.
SS	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2,255,482.	32	2,285,642.
ž	33	Total net assets or fund balances	2,255,482.		2,285,642.
			2,255,482.		2,285,642.

orm	990 (2011) REX HAGEN FAMILY FOUNDATION, INC.	31-1157920) Pag	ge 12
P.a	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		30,0	
2	Total expenses (must equal Part IX, column (A), line 25)		19,8	
3	Revenue less expenses. Subtract line 2 from line 1		30,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2,25	55,4	82.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 2,28	35,6	42.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1	No X X
c	Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	2b audit, 2c		
d	If the organization changed either its oversight process or selection process during the tax year, explain in Sche If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audrt		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>
		Form	n 990 ((2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

REX HAGEN FAMILY FOUNDATION, INC. Employer identification number 31-1157920

Part I	Reason 1	for Public Chan	ty Status (All organiz	ations must complet	e this part.) See inst	ructions.			
The organ	nization is not a	private foundation l	pecause it is: (For lines 1	through 11, check	only one box.)			-	
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches described in se	ction 170(b)(1)(A)(i)				
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)					
з 🔲	A hospital or	a cooperative hospit	al service organization o	described in section	170(b)(1)(A)(iii).				
4 🔲	A medical res	earch organization of	perated in conjunction	with a hospital desci	ibed in section 170	(b)(1)(A)(iii). Enter	the hospital's	name,	
	city, and state:								
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity owned or op	erated by a governr	nental unit describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)						
6 🔲			ent or governmental unit	t described in sectio	n 170(b)(1)(A)(v).				
7 🗀	An organizati	on that normally rec	eives a substantial part	of its support from a	governmental unit o	r from the general	public describ	oed in	
	section 170(b)(1)(A)(vi). (Comple	te Part II.)	.,	•	J	•		
8 🔲			ection 170(b)(1)(A)(vi). ((Complete Part II.)					
9 🗀	-		eives: (1) more than 33 1		rom contributions, m	embership fees, a	nd gross rece	ipts from	
	activities relat	ted to its exempt fur	ictions - subject to certa	nin exceptions, and (2	2) no more than 33 1	/3% of its support	t from gross in	vestment	
	income and u	inrelated business ta	axable income (less sect	tion 511 tax) from bu	sinesses acquired b	y the organization	after June 30.	, 1975.	
	See section	509(a)(2). (Complete	Part III.)	· · · · · · · · · · · · · · · · · · ·	•				
10 🔲	An organizati	on organized and op	erated exclusively to te	st for public safety. S	See section 509(a) (4) .			
11 X	An organizati	on organized and op	erated exclusively for th	ne benefit of, to perfo	orm the functions of,	or to carry out the	purposes of	one or	
	more publicly	supported organiza	tions described in section	on 509(a)(1) or sectio	on 509(a)(2). See sec	tion 509(a)(3). Ch	eck the box th	nat	
	describes the	type of supporting	organization and comple	ete lines 11e through	11h.				
	a Type I	b] Type II 💢 🔻	: 🔲 Type III - Func	tionally integrated	d X	Type III - Otl	her	
e X	By checking t	this box, I certify tha	t the organization is not	controlled directly o	r indirectly by one oi	more disqualified	persons othe	r than	
	foundation m	anagers and other t	nan one or more publicly	y supported organiza	itions described in s	ection 509(a)(1) or	section 509(a	1)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS that it is a Ty	pe I, Type II, or Type	e III			
	supporting or	rganization, check th	is box			• •	-		
g	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or contribution	from any of the folk	owing persons?	_		
	(i) A person	n who directly or ind	rectly controls, either al	one or together with	persons described i	n (ii) and (iii) below	, <u> </u>	Yes No	
	the gove	erning body of the su	pported organization?				11g(i)	X	
	(ii) A famıly	member of a persor	n described in (i) above?			••	11g(ii)	X	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above?		•	11g(iii)	X	
h	Provide the fe	ollowing information	about the supported or	ganızation(s).					
			AUD Toron of						
	e of supported	(II) EIN	(iii) Type of organization	(iv) is the organization		(vi) Is the organization in col.	(vii) Amo	unt of	
org	rganization (described on lines 1-9 (i) organization in co. (i) organized in the				suppo	ort			
			above or IRC section	go. onling accument:	(1) St your oupports	U.S.?			

(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organizi U.S.	on in col. I	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
PURDUE									
UNIVERSITY	35-6002041	2	X		X	İ	Х]	19,780.
CITY OF									•
LIGONIER, IN	35-6001090	6	X		X		Х		21,200.
CITY OF									
HOLMES BEACH	59-1010006	6	X		Х		Х		0.
LIGONIER									
UNITED METHO	35-1093274	1	X		Х		Х		7,500.
Total						-			48,480.

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

Schedule A (Form 990 or 990-EZ) 2011

	(1 0111 930 01 930 LZ Z 2 0 1 1	<u>r ay</u>
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization	ition
	fails to qualify under the tests listed below, please complete Part III.)	
Section A	A. Public Support	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		İ				
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions	*			1		
-	by each person (other than a			,		~	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	. ,					
	amount shown on line 11,					•	
	column (f)					-	
6	Public support. Subtract line 5 from line 4		· ·· · · · · · · · · · · · · · · · · ·				. " '
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(2) 2001	(5) 2000	(6) 2000	(4) 2010	(6) 2011	(1) 10.0.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties				İ		
	and income from similar sources						
9	Net income from unrelated business						l
9	activities, whether or not the						
	·		•				
40	business is regularly carried on			······································	 		
10	Other income. Do not include gain						
	or loss from the sale of capital						ŀ
44	assets (Explain in Part IV.) Total support, Add lines 7 through 10						
	Gross receipts from related activities,	eta (see inetmiet			,	12	<u> </u>
	•		•	nd farreth ar fifth t			· · · ·
13	First five years. If the Form 990 is for	-	s iirst, second, triii	a, tourin, or little	ax year as a secu	on 50 f(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Pub	ic Support Pe	rcentage		•		
14	Public support percentage for 2011 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2011. If the	organization did ne	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	1			. ▶□
t	33 1/3% support test - 2010. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not	check a box on lin-	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_	=				
	meets the "facts-and-circumstances"			•	•		▶□
Ł	10% -facts-and-circumstances tes				-	17a, and line 15 is	10% or
-	more, and if the organization meets the	_	=				
	organization meets the "facts-and-cire				•		.
18	Private foundation. If the organization				-		ns • 🗖
	The state of the s			,,		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u>L</u>		
2	Gross receipts from admissions,						
	merchandise sold or services per-	i				1	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that		 	······································	 		
-	are not an unrelated trade or bus-				1	1	
	iness under section 513						
4	Tax revenues levied for the organ-				 		
•	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	·		·	 	 	
3	fumished by a governmental unit to						
	the organization without charge						1
æ	Total. Add lines 1 through 5	·	 		 	 	
-	Amounts included on lines 1, 2, and				 -	 	
16	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received					···	
•	from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year		<u> </u>		 	 	
	Add lines 7a and 7b			 	 		
	Public support (Subtract line 7c from line 6.)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	endar year (or fiscal year beginning in)	(=) 0007	(h) 0000	(=) 0000	(4) 0040	(-) 0011	(A T-+-1
_	•	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10:	Amounts from line 6 Gross income from interest,		-		 	 	
100	dividends, payments received on						
	securities loans, rents, royalties						1
	and income from similar sources				 	 	
ľ	Unrelated business taxable income						1
	(less section 511 taxes) from businesses acquired after June 30, 1975						1
	•		<u> </u>	 	 	 	
	Add lines 10a and 10b				 		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is		1]	1	ì	1
	regularly carried on		_				<u> </u>
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)				 	ļ	ļ <u> </u>
	Total support (Add lines 9, 10c, 11, and 12)	L	<u>L</u>	L	L	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	r the organization'	s first, second, thii	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organı	zation,
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·	••	·	<u></u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage	 .			
15	Public support percentage for 2011 (line 8, column (f) c	livided by line 13, o	column (f))		15	%
	Public support percentage from 2010					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from:	2010 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2011. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	zation	. ▶□
ı	33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization			•			▶□
_							

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. INC. REX HAGEN FAMILY FOUNDATION, General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I

Employer identification number 31-1157920

2 | X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Assarts and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV line 21 for any	ocedures for mon	itoring the use of grant	funds in the United	d States.	(" berewered ")	As to Form 990. Part	IV. line 21. for any
7	\$5,000. Check thi	is box if no one recipier	nt received more th	an \$5,000. Part II	can be duplicated if	no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	ded P
1 (a) Name and address of organization or government	(p) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAPAYETTE, IN 47907	35-6002041	UNIVERSITY	19,780.	0.	CASH		SCHOLARSHIPS - RECIPIENTS DETERMINED BY UNIVERSITY
CITY OF LIGONIER 103 W THIRD STREET LIGONIER, IN 46767	35-6001090	CITY GOVERNMENT	21,200.	0.	O, CASH		CITY IMPROVEMENTS
CITY OF HOLMES BEACH FLORIDA 5801 MARINA DRIVE HOLMES BEACH, FL 34217	59-1010006	CITY GOVERNMENT	0.	0.	саѕн		
LIGONIER UNITED METHODIST CHURCH TOWNLINE RD LIGONIER, IN 46767	35-1093274	сниясн	.500.	0.	Cash		снивсн ррозветя
	-						
2 Enter total number of section 501(c)(3) and covernment organizations listed in the line 1 table	and government of	roanizations listed in th	e line 1 table				

Enter total number of section 501(c)(3) and government organizations listed in the Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 31-1157920 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2011) REX HAGEN FAMILY FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. LINE 2: PERSONAL INSPECTION BY MEMBERS OF BOARD. (d) Amount of non-cash assistance REX HAGEN FAMILY FOUNDATION, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, PART I, 132102 01-27-12

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 31-1157920 REX HAGEN FAMILY FOUNDATION, INC. FORM 990, PART VI, SECTION A, LINE 2: MARK HAGEN AND NANCY HAGEN ARE CHILDREN OF REX HAGEN. ALSO, PEGGY DANIELS HAS A BUSINESS RELATIONSHIP WITH NANCY HAGEN. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS SERVE ON BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY OFFICERS BEFORE MAILING AND ENTIRE BOARD AT NEXT REGULAR MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE PUBLIC CAN ATTEND ANNUAL ALL RECORDS AND CORPORATE POLICIES ARE AVAILABLE AT THAT TIME. MEETING. THE PUBLIC CAN REQUEST THIS INFORMATION FROM ANY OFFICER OR DIRECTOR. ALSO,

2011

November 26 - December 31, 2011

Statement type: In-depth

Account number: 943-10503-1-0

201 Progress Parkway Maryland Heights, MO 63043-3042 www edwardjones.com Member SIPC

Edward Jones.

MAKING SENSE OF INVESTING

			2012												
Mutuai Funds	Tax Info.	Tax Info. Quantity	NAC	FEB	MAR	APR	MAY	N O S	JUL	AUG	SEP	OCT	NOV	DEC	Total
CAPITAL INCOME BUILDER FUND A*	a	3,359			1545			1562			1579			2318	7,004
CAPITAL WORLD GRW & INC FUND A*	ø	3,849			277			1539			277			962	3,655
FUNDAMENTAL INVESTORS FUND A:	σ	3,530			423			423			4			882	2,169
Total			5,070	4,898	986'8	5,694	4,920	13,212	4,591	4,898	8,205	5,694	8,986 5,694 4,920 13,212 4,591 4,898 8,205 5,694 4,920 13,850	3,850	84,938

Maturity Schedule				
Maturing in	0-5 years	6-15 years	6-15 years 16 or more years	1
Amount maturing	\$23,000	\$113,000	\$469,000	ļ
Current market value	\$23,242	\$121,429	\$472,289	1
Percent of total maturing value	3.80%	18.68%	77.52%	1

Your Assets at Edward Jones

Cash, insured Bank Deposit & Money Market funds	Current Yield/Rate	value
Money Market*	0.01% \$294	\$294,256.98
Total Cash, Insured Bank Deposit & Money Market funds	767 \$	\$294,256.98

^{*} Current Yield - The average yield on the money market fund for the past seven days.

RCK HAges From 1/9 Forwors Darson

Statement type: In-depth November 26 - December 31, 2011 Account number 36 - December 31, 2011 Account number 31, 2011 Account number 31, 2011 Account number 3043 3042 Account number 3043 3042 Account number 3043
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Bonds								
Municipal bonds	Rating	Maturity value Maturity date	Maturity date	Interest	Current Purchase value date	Cost basis	Unrealized gain/loss	Estimated yield
SOUTHWEST MICHIGAN REGL SAN	AA	\$30,000 00	04/01/2029	8 000 9	\$32,619 60 05/18/2011	\$31,579.95	\$1,039.65	5.51%
SWR & WTR AUTH MI TAXABLE BAB								
DTD 04/05/2010								
CALLABLE 04/01/2020 @ 100.00								
ALTOONA PENNSYLVANIA WATER	AA-/Aa3	50,000.00	12/01/2039	6.435%	55,104.50 01/22/2010	52,192.45	2,912.05	5.83%
AUTH SEWER REVENUE SER B BABS								
DTD 02/04/2010								
AGM INSURED								
CALLABLE 12/01/2020 @ 100 00								
CHICAGO ILLINOIS RECOVERY ZONE	A+/Aa3/AA-	30,000 00	01/01/2040	6.257%	31,284 30 07/30/2010	30,855.75	428 55	6.00%
ECONOMIC BONDS DIRECT PYMT GO								
DTD 01/27/2010								
CORPUS CHRISTI TEXAS UTILITY	A+/Aa3/AA-	30,000.00	07/15/2040	6.243%	32,571.60 07/30/2010	30,867.45	1,704.15	5.75%
SYSTEM REVENUE BLD AMER BONDS								
DTD 07/01/2010								
CALLABLE 07/15/2020 @ 100.00								
Total municipal bonds		\$140,000.00			\$151,580.00	\$145,495.60	\$6,084.40	
Corporate bonds	Rating	Maturity value Maturity date	Maturity date	Interest	Current Purchase value date	Cost basis	Unrealized E	Estimated
NATIONAL RURAL UTILITIES	A/A2	\$23,000.00	03/01/2012	7.250%	\$23,241.73 03/07/2002	\$23,690.00	-\$448.27	7.17%
COOPERATIVE FINANCE CORP NOTES DTD 03/07/2002								
DUKE ENERGY CORP	BBB+/Baa2	25,000.00	06/15/2018	6.250%	29,693.25 08/12/2008	25,394.95	4,298.30	5.26%



SENIOR NOTES DTD 06/16/2008

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Account number: 943-10503-1-0 PCY HAGE JERMIN FURAIRE TIEN 201 Progress Parkway EM: 31-1157920

2011

November 26 - December 31, 2011

Statement type: In-depth

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Maryland Heights, MO 63043-3042 Member SIPC

Bonds									
Corporate bonds, continued	Rating	Maturity value	Maturity date	Interest rate	Current Pr value	Purchase date	Cost basis	Unrealized gain/loss	Estimated yield
BANK OF AMERICA CORP INTERNOTES DTD 07/29/2005	BBB+/Baa2/A-	\$43,000.00	07/15/2020	6.000%	\$39,658.04 08/19/2005	19/2005	\$43,000.00	-\$3,341.96	6.50%
CALLABLE 01/15/2012 @ 100.00 GE GLOBAL INSURANCE HOLDING CORP NOTES SWISS RE	A/A3/A	45,000.00	02/15/2026	7.000%	52,078.05 11/13/2003	13/2003	49,223.70	2,854.35	6.04%
GOLDMAN SACHS GROUP INC SUBORDINATED GLOBAL NOTE DTD 11/09/2006	BBB+/A2/A-	25,000.00	01/15/2027	5.950%	23,433.25 06/08/2007	08/2007	24,194.95	-761.70	6.34%
GENERAL ELECTRIC CAPITAL CORP MEDIUM TERM NOTES DTD 03/20/2002	AA+/Aa2	25,000.00	03/15/2032	6.750%	29,273.50 08/14/2003	14/2003	27,004.95	2,268.55	5.76%
GOLDMAN SACHS GROUP INC SENIOR NOTE DTD 02/13/2003	A-/A1/A	25,000.00	02/15/2033	6.125%	24,224.50 08/14/2003	14/2003	24,411.20	-186.70	6.32%
V F CORP NOTE DTD 04/15/2004	A-/A3	38,000.00	10/15/2033	6.000%	42,750.00 02/13/2007	13/2007	37,678.15	5,071.85	5.33%
CITIGROUP INC SUBORDINATED NOTE DTD 10/30/2003	BBB+/Baa1/A-	56,000.00	10/31/2033	6.000%	47,976.32 06/14/2004	14/2004	54,114.95	-6,138.63	7.00%
BELLSOUTH CORP NOTES DTD 11/15/2004	A-/A	25,000.00	11/15/2034	6.000%	28,366.75 10/02/2006	02/2006	24,424.95	3,941.80	5.28%

REA BASCU FOMILY FOUNDATIONS Progress Parkway
EIN: 31-1157920
Maryland Heights, MO 6

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November 26 - December 31, 2011

Statement type: In-depth

Account number: 943-10503-1-0

Maryland Heights, MO 63043-3042 www edwardjones com Member SIPC

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MAKING SENSE OF INVESTING

Bonds									
Corporate bonds, continued	Rating	Maturity value	Maturity date	Interest	Current	Purchase date	Cost basis	Unrealized qain/loss	Estimated vield
COUNTRYWIDE FINANCIAL CORP MEDIUM TERM NOTES DTD 12/15/2005 CALLABLE 06/14/2012 @ 100.00	A-/A	\$60,000.00	12/14/2035	8.000%	\$48,196 20 12/06/2005	12/06/2005	\$60,000 00	-\$11,803.80	7.46%
GOLDMAN SACHS GROUP INC SUBORDINATED NOTE DTD 04/18/2006	BBB+/A2/A-	50,000.00	05/01/2036	6.450%	45,116.00 06/28/2006	06/28/2006	48,379.95	-3,263.95	7.14%
HOME DEPOT INC SENIOR NOTES DTD 12/19/2006	A-/A3/A-	25,000.00	12/16/2036	5.875%	31,372.00 06/08/2007	06/08/2007	23,532.45	7,839.55	4.68%
Total corporate bonds		\$465,000.00			\$465.379.59		\$465,050.20	\$329.39	
Total bonds		\$605,000.00			\$616,959.59		\$610,545.80	\$6,413.79	
Stocks	Our asset category/ Our recommendation	Purchase n date	Current	Current	Current	Cost per share	Total cost basis	Unrealized Estimated	Estimated
AT&T INC Symbol: T	Growth & Income Buy	09/22/2009	30.240	1153	\$34,866 72	\$26 90	\$31,019.12	\$3,847.60	5 82%
BANK OF AMERICA CORP	Aggressive	08/23/2001	5.560	86.40525	480 41	46 66	4,032.53	-3,552.12	0.71%
Symbol. BAC	D D D	08/23/2001 02/03/2006		3/5.6/5 437.	2,088 75 2,429 72	46 66 43 86	17,532.75 19,169.47	-15,444.00 -16,739.75	
		Div reinvest		212.29414	1,180 36 6,179 24	39 54 -	8,395.27	-7,214.91	
BAXTER INTERNATIONAL INC Symbol. BAX	Growth Buy	08/23/2001 Div. reinvest	49.480	410. 61 57338	20,286.80	52.91	21,693.43	-1,406.63	2.70%
				471 57338	23,333 45		24,426.11	-1,092.66	



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December 2011 page 10 of

Account number: 943-10503-1-0 RZK Higged Family Formilation 201 Progress Parkway Statement type: In-depth EIN: 31-1157 920 www.edwardings.com

November 26 - December 31, 2011

Maryland Heights, MO 63043 3042

Edward Jones

MAKING SENSE OF INVESTING

	Our asset category/ Our recommendation	/ Purchase on date	Current price	Current shares	Current value	Cost per share	Total cost basis	Unrealized Estimated gain/loss yield	stimated yield
CARNIVAL CORP	Growth	11/28/2000	32.640	300.	\$9,792.00	\$23.21	\$6,963.64	\$2,828.36	3.06%
Symbol: CCL	Buy	12/01/2000		200.	6,528.00	22.55	4,510.00	2,018.00	
		12/04/2000		100.	3,264.00	22.20	2,220.28	1,043.72	
		Div. reinvest		87.50591	2,856.19	41 18	3,604.27	-748.08	
				687.50591	22,440.19		17,298.19	5,142.00	
CITIGROUP INC	Aggressive	08/23/2001	26.310	39.55685	1,040.74	446.82	17,675.16	-16,634.42	0.15%
NEW	Buy	Div. reinvest		12.44315	327.38	379.56 *	4,722.99	-4,395.61	
Symbol: C									
		•		52.	1,368.12		22,398.15	-21,030.03	
CVS CORP	Growth	08/23/2001	40.780	1050.	42,819.00	18.43	19,352.44	23,466.56	1.59%
Symbol: CVS	Buy	Div. reinvest		63.40083	2,585.49	25.41	1,611.21	974.28	
				1113.40083	45,404.49		20,963.65	24,440.84	
DUKE REALTY CORP	Aggressive	08/23/2001	12.050	825.	9,941.25	26.22	21,637.64	-11,696.39	5.64%
Symbol: DRE	Hold	08/28/2007		100.	1,205.00	33.37	3,337.39	-2,132.39	
		08/28/2007		100.	1,205.00	33.38	3,338.39	-2,133.39	
		08/28/2007		800.	9,640.00	33.34	26,679.56	-17,039.56	
		Div. reinvest		932.93461	11,241.86	20.56	19,182.85	-7,940.99	
				2757.93461	33,233 11		74,175.83	-40,942.72	
ELI LILLY & CO	Growth & Income	03/30/2005	41.560	190.	7,896.40	53.37	10,141.45	-2,245.05	4.71%
Symbol: LLY	Hold	Div. reinvest		37.39597	1,554.18	45.38	1,697.18	-143.00	
				227.39597	9,450.58		11,838.63	-2,388.05	
EMC CORP	Aggressive	02/03/2006	21.540	1138.	24,512.52	13.47	15,339.91	9,172.61	
Symbol: EMC	Buy								
GENERAL ELECTRIC CO	Growth & Income	09/26/2001	17.910	500.	8,955.00	35.91	17,958.90	-9,003.90	3.79%
Symbol: GE	Hold	Div. reinvest		130.53236	2,337.83	26.68	3,482.71	-1,144.88	
				630.53236	11,292.83		21,441.61	-10,148.78	

Account number: 943-10503-1-0 RUX HBSCJ (MM1/4 Force) 201 Progress Parkway Statement type: In-depth

2011

November 26 - December 31, 2011

Statement type: In-depth

Maryland Heights, MO 63043 3042 www edwardjones com Member SIPC

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MAKING SENSE OF INVESTING

Stocks, continued	Our asset category/	/ Purchase	Current	Current	Current	Cost	Total	Unrealized Estimated	stimated
	Ou recommendan	İ	3	Salaris	vaiue	per snare	cost Dasis	gain/loss	yield
HARTFORD FINANCIAL SERVICES	Growth	10/20/2008	16 250	445.	\$7,231.25	\$29.27	\$13,028.61	-\$5,797.36	2 46%
GROUP INC Symbol: HIG	None	Div. reinvest		15.05671	244.67	15.52	233.79	10.88	
				460.05671	7,475 92		13,262.40	-5,786.48	
JOHNSON & JOHNSON	Growth & Income	08/23/2001	65.580	380.	24,920.40	55 16	20,962.31	3,958.09	3.47%
Symbol: JNJ	Buy	Div reinvest		75.20553	4,931.98	61 18	4,601.75	330.23	
				455.20553	29,852 38		25,564.06	4,288.32	
KIMBERLY CLARK CORP	Growth & Income	09/22/2009	73.560	200.	14,712 00	58 45	11,691.50	3,020.50	3.80%
Symbol KMB	Hold	09/22/2009		330.	24,274 80	58.44	19,288.28	4,986.52	
				530.	38,986 80		30,979.78	8,007.02	
KIMCO REALTY CORP	Aggressive	08/23/2001	16.240	1290.	20,949.60	16 79	21,671.80	-722.20	4 43%
Symbol: KIM	Buy	Div. reinvest	j	659 42254	10,709 02	24 42 *	16,109.47	-5,400.45	
				1949 42254	31,658.62		37,781.27	-6,122.65	
KRAFT FOODS INC CLASS A	Growth & Income	02/26/2009	37.360	546.	20,398.56	23.74	12,963.85	7,434.71	3.10%
Symbol: KFT	Hold	09/22/2009		371.	13,860.56	26 94	9,997.35	3,863.21	
		Div. reinvest		12.88262	481 29	24 73 *	318.65	162.64	
				929.88262	34,740.41		23,279.85	11,460.56	
MARATHON OIL CORP	Growth & Income	05/15/2000	29.270	1000.	29,270.00	7.76	7,766.43	21,503.57	2.04%
Symbol: MRO	None	Div reinvest		184 07776	5,387 96	18 41	3,389.33	1,998 63	
				1184.07776	34,657 96		11,155.76	23,502.20	
MARATHON PETE CORP	Growth & Income	05/15/2000	33.290	499.96125	16,643.71	10.09	5,046.18	11,597.53	3.00%
Symbol: MPC	None	06/05/2003		4.3564	145.02	10.39	45.29	99.73	
		09/05/2003		4.2951	142 98	11.56	49.66	93.32	
		03/05/2004		3.57008	118 85	14 14	50 49	68.36	
		09/07/2004		3.4847	116.01	14.69	51.21	64.80	
		03/07/2005		2.98782	99.46	19 46	58 17	41.29	
		09/07/2005		2.6259	87 42	26.39	69.32	18.10	
							•		



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Account number: 943-10503-1-0 Rex Hingary Foundation Foundation Parkway Statement type: In-depth 5/1/15/920 Naryland Heights, Mo 6.

November 26 - December 31, 2011

Maryland Heights, MO 63043 3042 www edwardjones com Member SIPC

Edward Jones

MAKING SENSE OF INVESTING

Stocks, continued	Our asset category/ Our recommendation	Purchase on date	Current	Current shares	Current	Cost per share	Total cost basis	Unrealized Estimated qair/loss vield	stimated
MARATHON PETE CORP	Growth & Income	03/07/2006		2.50542	\$83.41	\$27.94	\$70.02	\$13.39	
Symbol: MPC	None	9002/90/60		2.61906	87.19	32.72	85.71	1.48	
		03/07/2007		2.35132	78.28	36.77	86.48	-8.20	•
		Div. reinvest		63.24295	2,105.36	25.86	1,635.98	469.38	
				592.	19,707.69		7,248.51	12,459.18	
NEW YORK CMNTY BANCORP INC	Growth & Income	07/27/2004	12.370	2000.	24,740.00	19.62	39,245.89	-14,505.89	8.08%
Symbol: NYB	None	Div. reinvest		809.82512	10,017.54	15.83	12,820.21	-2,802.67	
				2809.82512	34,757.54		52,066.10	-17,308.56	
NEXTERA ENERGY INC	Growth & Income	12/20/2006	60.880	432.	26,300.16	55.81	24,114.07	2,186.09	3.61%
Symbol: NEE	Buy	06/21/2010		300.	18,264.00	53.51	16,055.07	2,208.93	
	•	Div. reinvest		42.36636	2,579.26	56.42	2,390.73	188.53	
				774.36636	47,143 42		42,559.87	4,583.55	
ORACLE CORP	Growth	08/23/2001	25.650	1050.	26,932.50	15.18	15,942.61	10,989.89	0.93%
Symbol: ORCL	Buy						•	•	
PEPSICO INC	Growth & Income	08/23/2001	66.350	445.	29,525.75	47.54	21,158.37	8,367.38	3.10%
Symbol: PEP	Buy	Div. reinvest		77.88428	5,167 62	58.28	4,539.18	628.44	
				522.88428	34,693.37		25,697.55	8,995.82	
PFIZER INC	Growth & Income	08/23/2001	21.640	490.	10,603.60	41.02	20,100.11	-9,496.51	4.06%
Symbol: PFE	Buy	Div reinvest		161.04521	3,485 02	23.54 *	3,792.38	-307.36	
				651.04521	14,088.62		23,892.49	-9,803.87	
PROCTER & GAMBLE CO	Growth & Income	02/26/2009	66.710	258.	17,211.18	50.33	12,987.35	4,223.83	3.14%
Symbol: PG	Buy	Div. reinvest		6.16611	411.34	55.69	343.43	67.91	
1				264.16611	17,622.52		13,330.78	4,291.74	
REALTY INCOME CORP	Growth & Income	01/22/2010	34.960	1107.	38,700.72	27.08	29,981.83	8,718.89	4.98%
Symbol: O	Buy						-		
REPUBLIC SERVICES INC CL A	Growth & Income	02/16/2001	27.550	450.	12,397.50	10.67	4,805.25	7,592.25	3.19%
Symbol: RSG	None	02/16/2001		.009	16,530.00	10.70	6,420.00	10,110.00	



Account number: 943-10503-1-0

ELM: 31.1157920

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November 26 - December 31, 2011

Statement type: In-depth

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Edward Jones

MAKING SENSE OF INVESTING

	Our asset category/ Our recommendation	/ Purchase on date	Current price	Current shares	Current value	Cost per share	Total cost basis	Unrealized Estimated gain/loss yield	stimated
REPUBLIC SERVICES INC CL A	Growth & Income	04/18/2001		150.	\$4,132.50	\$12 69	\$1,904.02	\$2,228.48	
Symbol: RSG	None	06/07/2001		150.	4,132 50	12.80	1,920.56	2,211.94	
				1350	37,192 50		15,049.83	22,142.67	
ROYAL DUTCH SHELL PLC	Growth & Income	08/23/2001	73.090	350.	25,581 50	58 51	20,481 97	5,099 53	4.59%
SPONSORED ADR REPSTG A SHS Symbol: RDS A	Buy	Div. reinvest		124.00396	9,063 45	59 93 .	7,431.76	1,631.69	
				474.00396	34,644 95		27,913.73	6,731.22	
RYDER SYSTEMS INC	Growth & Income	10/10/2000	53.140	400.	21,256.00	16.90	6,761.52	14,494.48	2.18%
Symbol: R	None	04/18/2001		400.	21,256 00	18 72	7,490.64	13,765.36	
		Div reinvest		103.96765	5,524 84	41 90 -	4,356.54	1,168.30	
	•			903.96765	48,036 84		18,608.70	29,428.14	
SOUTHERN CO	Growth & Income	08/23/2001	46.290	850.	39,346 50	23.54	20,016.56	19,329.94	4.08%
Symbol: SO	Hold	Div reinvest		398 46714	18,445 04	32 55 *	12,970.68	5,474.36	
				1248 46714	57,791 54		32,987 24	24,804.30	
TEVA PHARM IND LTD ADR	Growth	04/30/2008	40.360	305.	12,309 80	47.73	14,559.92	-2,250.12	2 12%
Symbol: TEVA	Buy	Div reinvest		5 01877	202.56	48 50 -	243 42	-40.86	
				310 01877	12,512 36		14,803.34	-2,290.98	
TEXAS INSTRUMENTS INC	Aggressive	08/23/2001	29 110	680.	19,794 80	34 29	23,318.46	-3,523.66	2 33%
Symbol: TXN	Buy	Div. reinvest		47 27725	1,376 24	24 83 -	1,174 15	202.09	
				727.27725	21,171.04		24,492 61	-3,321 57	
UNITED TECHNOLOGIES CORP	Growth & income	03/30/2005	73.090	200.	14,618.00	51 23	10,246 35	4,371.65	2 62%
Symbol. UTX	Buy	Div reinvest		19 81223	1,448 08	50.46	1,197.91	250 17	
				219 81223	16,066 08		11,444.26	4,621 82	
WALT DISNEY CO	Growth	08/23/2001	37 500	725.	27,187 50	26 16	18,966 17	8,221 33	1 60%
Symbol DIS	Buy	Div reinvest		73 5548	2,758.31	25 60 •	1,883.62	874 69	
				798 5548	29,945.81		20,849 79	9,096.02	



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Account number: 943-10503-1-0 REM HAGE From In Function 1 Progress Parkway Statement type: In-depth

November 26 - December 31, 2011

Edward Jones

MAKING SENSE OF INVESTING Maryland Heights, MO 63043 3042 www edwardjones com Member SIPC

Stocks, continued	Our asset catedory/	Purchase	Current	Current	Current	Cost	Total	Unrealized Estimated	stimated
	Our recommendation		price	shares	value	per share	cost basis	gain/loss	yield
WEINGARTEN REALTY INVESTORS	Aggressive	08/23/2001	21.820	1035.	\$22,583.70	\$22.00	\$22,770.97	-\$187.27	5.04%
Symbol: WRI	Hold	Div. reinvest		607.84514	13,263 18	28 76 *	17,483.05	-4,219.87	
				1642.84514	35,846.88		40,254.02	-4,407.14	
WELLS FARGO & CO	Growth & Income	09/19/2006	27.560	493.	13,587.08	36.32	17,910.19	-4,323.11	1.74%
Symbol: WFC	Buy	12/19/2007		52.7615	1,454.11	200.55	10,581.58	-9,127.47	
		Div reinvest		65.76299	1,812.43	30.22	1,987.94	-175.51	
				611.52449	16,853.62		30,479.71	-13,626.09	
WISCONSIN ENERGY CORP	Growth & Income	06/11/2001	34.960	400.	13,984.00	11.72	4,690.00	9,294.00	3.43%
Symbol: WEC	Buy	Div. reinvest		71.60812	2,503 42	20.28	1,452.44	1,050.98	
				471.60812	16,487.42		6,142.44	10,344.98	
зм со	Growth & Income	11/29/2000	81.730	200.	16,346.00	49.93	9,987.81	6,358.19	2.69%
Symbol: MMM	Buy	Div. reinvest		34.64617	2,831.63	74.07	2,566.34	265.29	
				234.64617	19,177.63		12,554.15	6,623.48	
Preferred Stocks	Our asset category/ Our recommendation	Purchase n date	Current	Current shares	Current	Cost per share	Total cost basis	Unrealized Estimated gain/loss yield	stimated
HARRIS PFD CAP CORP 7.375%	Aggressive Income 05/15/2008	05/15/2008	25.250	1000.	\$25,250.00	\$23.60	\$23,603.01	\$1,646.99	7.29%
PFD EXCHANGEABLE	None								
Symbol: HBC PR									
Total Preferred Stocks					\$994,076.39		\$919,956.91	\$74,119.48	

Estimated Yield

Average cost per share

investment held in your account will cause the EY to vary. The EY is only an estimate and cannot be guaranteed by Edward Jones or the issuers of the securities. Your The Estimated Yield (EY) in the preceding sections(s) compares the anticipated earnings on your investments in the coming year to the current price of the investments. actual yield may be higher or lower than the estimated amounts. Estimates for any securities that have a return of principal or capital gain may be overstated. Income It is based on past interest and dividend payments made by the securities held in your account. Changes in the price of a security over time or in the amount of the cannot be estimated for any securities that do not have an annual payment amount or frequency available at this time. Account number: 943-10503-1-0 REF HAGEN FAMILY FURN IN FORFIGURES Parkway
Statement type: In-depth

11011 November 26 - December 31, 2011

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Edward Jones. MAKING SENSE OF INVESTING

Mutual funds	Our asset category	Current	Current shares	Current	Amt. invested since inception	Amt. withdrawn since inception	Total cost basis	Unrealized qain/loss
CAPITAL INCOME BUILDER FUND CL A	Growth & Income	49.22	3,359.710	\$165,364.93	\$130,000 00		\$181,588.21	-\$16,223.28
CAPITAL WORLD GROWTH & INCOME	Growth & Income	32.12	3,849.059	123,631 78	100,000.00	1	141,365.81	-17,734.03
Quote Symbol: CWGIX								
FUNDAMENTAL INVESTORS FUND CL A	Growth & income	35.39	3,530.627	124,948.89	100,000.00		124,863.93	84.96
Quote Symbol: ANCFX								
Total mutual funds				\$413,945.60	\$330,000.00	1	\$447,817.95	-\$33,872.35
Total estimated asset value - EDWARD JONES - 12.	ingo dowes - 1	11-18-2			\$2,319,238.56	7	× 2,272,578.00	000
LANE	LAKE GITY BANT-CHELVING-12.31.11	- CHECK	149-12.3	11.1	13,017.00		13,06,00	00.

LAKE CITY BANK - CHECKING - 12.31.11

48AND TOTAL 12.31.11

\$ 2,332,303.00

7 2,285, 672.00