Departir on of the Treasury

Internal Rovenuc Service

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

▶ Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning an	d end	ing					
B 0	herk if opticable	C Name of organization			D Employer identific	ation number			
	Adute	REX HAGEN FAMILY FOUNDATION, INC.							
	Narc Grangi	Doing business as			31-1157920				
<u></u>]r tial	Number and street (or P 0 box if mail is not delivered to street address)	Roo	m/suite	E Telephone number				
	JFin ≇í	P.O. BOX 550				394-3136			
_	termin- ated	City or town, state or province, country and ZIP or foreign postal code			G Gross (meipts \$ H(a) Is this a group re	323,988.			
느	Ameno								
١	Applica tica pendin			7	for subordinates				
	-	SAME AS C ABOVE	\bigcirc	4507	H(b) Arc all subordinates in				
		mpt status X 501(c)(3) 501(c)() (msert no) 4947(a)(1) 00/]′ 527	ſ	list (see instructions)			
		e N/A Organization X Corporation Trust Association Other >	ė 1	· Voir	H(c) Group exemption	State of legal domicile IN			
		organization X Corporation Trust Association Other Summary	<u> </u>	Liteari	or to matter 1 2 2 2 1 M	State of legal dollariae 114			
عا			POR	T CT	TIES, CHURCI	HES AND			
Activities & Governance		Briefly describe the organization's mission or most significant activities SUP EDUCATION			1125, 611616				
r.	2	Check this box 🕨 📗 if the organization discontinued its operations or disp	oosed	of more	than 25% of its net as	sets			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	7			
ঞ	4	Number of independent voting members of the governing body (Part VI, line 1b	o)		4	6			
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	0			
ξ	1	Total number of volunteers (estimate if necessary)			6	0			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
	b	Net unrelated business taxable income from Form 990 T. line 34		1		0.			
	_	RECEIVED		i	Prior Year 0.	Current Year 0 -			
ne		Contributions and grants (Part VIII line 1h)	ᄀ있	ያ ├──	<u> </u>				
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)MAY 17 2018	Ϊ́	ቭ ├	183,911.	155,716.			
æ	10	Observations (Part VIII, Column (A), lines 3, 4, gate 70 mA 110	RS-OSC	:}	0.	133,710.			
	11	Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e).	183,911.	155,716.					
	12	Crants and similar amounts paid (Parl IX column (A), lines 13)		3	76,500	100,800.			
		Benefits paid to or for members (Part IX, column (A) line 4)	The distance panel (and the distance panel)						
S		Salaries other compensation, employee benefits (Part IX column (A), lines 5-10	D)		 0 .	0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	•		0.	0.			
ē		Fotal fundraising expenses (Part IX, column (D), line 25)	0			· · ·			
ũ	t	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)		_	1,613.	2,812.			
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)			78,113.	103,612.			
	19	Revenue less expenses. Subtract line 18 from line 12			105,798.	52,104.			
Net Assets or Fund Balar ces				Ве	ginning of Current Year	End of Year			
Set	20	Total assets (Part X. line 16)		<u> </u>	2,622,739.	7,514,257.			
랿	21	Total liabilities (Part X Ime 26)		-	0.	7 514 257			
컱	22	Net assets or fund balances Subtract line 21 from line 20		Щ.	2,622,739.	7,514,257.			
	art II	Signature Block	ulaa an	d atalanı	anta and to the hart of m	chandrades and ballet at a			
		thes of pergury. I declare that I have exernined this return, including accompanying schedit, and complete. Declaration of preparer (other than officer) is based on all information of				Andwieuge and belief, it is			
uur,	COTTEC	i, and complete the aximon of preparer (differ than thin ery) is based on an information of	WHITE	рісрагы	Thas arry knowledge	1-18			
e.a.		Signature of officer			Date	<u> </u>			
Sigi		PEGGY DANIELS, SECRETARY							
1161	Type or print name and title								
		Print/Type preparer's name Preparer's signature			Tate Lieuk _	PTIN			
Parc	1	CHRISTINE E. SANDS, CPA Christine & Sand	4, 4	Pa 0	5/03/18 " seti emplays	P00990073			
	parer	Firm s name SANDS ACCOUNTING, INC.			Firm's LIN	26-1555622			
Use Only Turn's address 1150 LINCOLNWAY SOUTH									
		LIGONIER, IN 46767			Phone no 26	0-894-3931_			
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No			

	rt III Statement of Program Service Accomplishments
га	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SUPPORT CITIES, CHURCHES AND EDUCATION
	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?
	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?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 100,800 · including grants of \$ 100,800 ·) (Revenue \$)
70	1) PURDUE UNIVERSITY - WEST LAFAYETTE, IN - SCHOLARSHIP \$22,320.00
	3) LIGONIER UNITED METHODIST CHURCH - CHURCH PROJECTS - \$24,179.50
	3 012
4b	(Code:) (Expenses \$ 2,812 · including grants of \$) (Revenue \$)
	TAX SERVICE \$1000; BANK FEES - \$30; FOREIGN TAX WITHHELD - \$1782
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 103,612.
	Form 990 (2017)

31-1157920

Form 990 (2017) REX HAGEN FAMILY FOUNDATION, INC.

Part IV Checklist of Required Schedules

			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			
•	multiple office 2 If "Von " complete School do C. Port 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	3_		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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		. }	X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		$\frac{x}{x}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate or consolidated infancial 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	- 1	X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	- (x
ь	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 and XII is optional	12b	- 1	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		- 1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	j	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1	ì	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		- 1	v
	complete Schedule G, Part III	19		<u> </u>

Part IV Checklist of Required Schedules (continued)

No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 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 X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a . ., 24a 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 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I X 25a b 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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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 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 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V. line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2017)

	Check if Schedule O contains a response or note to any line in this Part V			\Box
		· · ·	V	<u></u>
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	and the field of t			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
L	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4_		
2-		1c		
23	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			
	and the the charles you ording with a within the your covered by this fetting.	~		
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		X
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
В	If "Yes," enter the name of the foreign country:			
6 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	x
_	any contributions that were not tax deductible as charitable contributions?	6a		A
0	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-		X
a	· · · · · · · · · · · · · · · · · · ·	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·		7.		X
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Ì	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)		- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1		
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	}	j	
	organization is licensed to issue qualified health plans	}	}	
С	Enter the amount of reserves on hand	- 1	- 1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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 or note to any line in this Part VI			X
Sec	tion 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 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing	}		1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	}	•	ĺ
b	Enter the number of voting members included in line 1a, above, who are independent 1b	ł	Ì :	l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}	}	
	officer, director, trustee, or key employee?	2	Х	l
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		نجيبا	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	-100		<u> </u>
-	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 filing the form?	11a		X
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	and the second s	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	Annual and the second	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	102		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah		
	for public inspection. Indicate how you made these available. Check all that apply.	vandu	16	
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	oial	
19	statements available to the public during the tax year.	unan	udi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	PEGGY DANIELS - 260-894-3136			
	P.O. BOY 550 LICONTER IN 46767-0550			

form 990 (2017)	REX	HAGEN	FAMILY	FOUNDATION,	INC.

31-1157920

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

Check if Schedule O contains a response or note to any line in this Part VII

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 organizat (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				1 than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NANCY HAGEN	0.50				Γ	Г				
DIRECTOR		X	<u></u>	_			L.	0.	0.	0.
(2) MARK HAGEN	0.50									
TREASURER/PRESIDENT		X		X	L	<u> </u>	L	0.	0.	0.
(3) PEGGY DANIELS	0.50			1	}	}				
SECREATRY		X	L_	X	_			0.	0.	0.
(4) PATTY FISEL	0.50									
DIRECTOR		X			L.	L_		0.	0.	0.
(5) BOB JOHNSON	0.50							{		_
DIRECTOR		X						0.	0.	0.
(6) NANCY CROSS	0.50									
DIRECTOR		X		نسا				0.	0.	0.
(7) JILL WRIGHT	0.50									
DIRECTOR		X		<u></u>	L_			0.	0.	0.
							-			
	,									
					_					
V										·

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	Name and title Name and title Avera hours wee (list a hours relate		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot or/trus	one h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	ion amount of other compensation ISC) from the				
	(list any hours for related organizations below line) Second Continue or the continue organization below line) Second Continue organization organization organization organization organization organization organization (W-2/1099-MISC)								organization and related organizations					
			_		_	_	-	_		·		· 		
			-				-							
						_								
													 -	
1h	Sub-total	<u> </u>				L	<u>. </u>		0.	· · · · · · · · · · · · · · · · · · ·	0.			0.
C	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)							20.76	0.	000 of reportab	0.			0.
	compensation from the organization									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	e, ke	y en	•	•		highest compensated e	mployee on	. [3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	te S	Sche	dule	J fo	or such individual			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		elate	ed organization or indivi	dual for services		5		X
	tion B. Independent Contractors									A400.000 - 6				
1	Complete this table for your five highest co the organization. Report compensation for									•	ipens:	ation ii	om	
	(A) (B) Name and business address NONE Description of service							ervices	С	(C omper) Isation			
								1						·····
								1	 					
								+						
			 -					+						
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lir	nited	i to	thos		ted	above) who received m	ore than				
	4. 23/200 of componential from the organic											(190 (2)	04.70

Form 990 (2017) REX HAG.
Part VIII Statement of Revenue

Total Add lines 1a-11 Sustiness Code		•	Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or	(C) Unrelated	Revenue excluded from tax under
Total Add lines 12-11 Total Add lines 13-11 Tota					İ				
Business Code Business Code				 			revenue	revenue	512 - 514
Business Code Business Code	nts	1	,	· · ·			ļ		
Business Code Business Code	or a	b	Membership dues	1b					
Business Code Business Code	A, C	C	Fundraising events	1c	i		[
Business Code Business Code	ぎゅ						[
Business Code Business Code	S,E								1
Business Code Business Code	وَق						[1
Business Code Business Code	ŽĒ				ı]		1
Business Code Business Code	20	_		· · · · · · · · · · · · · · · · · · ·					}
Business Code Business Code	ŠE			14-11. \$]]
2 a b b d d d d d d d d d d d d d d d d d	<u> </u>		1 Total. Add lines 1a-11	- 	During and			<u>-</u>	
Total Add lines 2a-2f 3 Investment income (including dividends, interest, and other smillar amounts) 4 Income from investment of fax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses b C Net income or (loss) from fundraising events 9 a Gross income from fundraising events 10 a Gross sales of inventory less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from garning activities D Miscellaneous Revenue 11 a b Less: cost of goods sold b Lest: cost of goods sold c All other revenue e Total, Add lines 11a-11d	_	_			Business Code]]
Total Add lines 2a-2f 3 Investment income (including dividends, interest, and other smillar amounts) 4 Income from investment of fax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses b C Net income or (loss) from fundraising events 9 a Gross income from fundraising events 10 a Gross sales of inventory less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from garning activities D Miscellaneous Revenue 11 a b Less: cost of goods sold b Lest: cost of goods sold c All other revenue e Total, Add lines 11a-11d	ŝ	2 a	·						
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d Net gain or (loss) — — 6,090 — 6,090 — — 6,090 — — 6,090 — 6,090 — — 6,090 — — 6,090 — — 6,090 — — 6,090 — — 6,090 — — 6,090			and sales expenses	168,272.			į		
8 a Gross income from fundraising events (not including \$		C	: Gain or (loss)	-6,090.			(ļ
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d		d	Net gain or (loss)		▶	6,090.			-6,090.
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contributions reported on line 1c). See Part IV, line 18	5		including \$	of	į į				
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Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d	i			_					
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Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d	i	þ	Less: cost of goods sold	b	L				1
11 a		c	Net income or (loss) from sales	of inventory					
b			Miscellaneous Revenue	.	Business Code		l		
b		11 a	·				<u> </u>		<u> </u>
d All other revenue e Total. Add lines 11a-11d		b							
e Total. Add lines 11a-11d	i	c							
e Total. Add lines 11a-11d		d	I All other revenue						
12 Total revenue. See instructions. 155.716. 0. 0. 155.716		_							<u> </u>
		12	Total revenue. See instructions.			155,716.	0.1	0.	155,716.

Form 990 (2017) REX HAGEN FAMILY FOUNDATION, INC.
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
7b,	8b, 9b, and 10b of Part VIII.	i otal expenses	expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	100.00	100 000	-	
	and domestic governments. See Part IV, line 21	100,800.	100,800.		
2	Grants and other assistance to domestic	Ì			
	individuals. See Part IV, line 22				*
3	Grants and other assistance to foreign		}		
	organizations, foreign governments, and foreign]	`	
	Individuals. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4 5	Benefits paid to or for members				
J		j	}		
6	Compensation not included above, to disqualified				· · · · · · · · · · · · · · · · · · ·
•	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			· ····	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	***************************************
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management ,				
b					
C	Accounting	1,000.	1,000.		
d					
е	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		ł		
	column (A) amount, list line 11g expenses on Sch O.)			· 	
12	Advertising and promotion				
13	Office expenses			······································	
14	Information technology				
15	Royalties				
16	Occupancy				
17 10	Travel				
18	Payments of travel or entertainment expenses		ĺ		
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	· · · · · · · · · · · · · · · · · ·				<u></u>
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
22 23	Insurance				
24 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 0.)	S	ļ		
а	FOREIGN TAX WITHHELD	1,782.	1,782.		· · · · · · · · · · · · · · · · · · ·
b	BANK FEES	30.	30.		
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	103,612.	103,612.	0.	0.
26	Joint costs. Complete this line only if the organization	7			
	reported in column (B) joint costs from a combined	į			
	educational campaign and fundraising solicitation.	ĺ	ļ		
	Check here from if following SOP 98-2 (ASC 958-720)	1	ľ		

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	291,046.	2	472,557
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
į	trustees, key employees, and highest compensated employees. Complete		1	
}	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
1	employers and sponsoring organizations of section 501(c)(9) voluntary		1	
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
}	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	2,331,693.	11	7,041,700
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	,, <u>, , , , , , , , , , , , , , , , , ,</u>
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,622,739.	16	7,514,257
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			'
	key employees, highest compensated employees, and disqualified persons.			
ā	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			
- i	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
8	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
5 ∤	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ │			
5	and complete lines 30 through 34.		1	
g 30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
27 28 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds	2,622,739.	32	7,514,257
2 33	Total net assets or fund balances	2,622,739.	33	7,514,257
34	Total liabilities and net assets/fund balances	2,622,739.	34	7,514,257

	990 (2017) REX HAGEN FAMILY FOUNDATION, INC.	31-11!	57920	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	····	_ ::	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	155	5,716.
2	Total expenses (must equal Part IX, column (A), line 25)	2	103	3,612.
3	Revenue less expenses. Subtract line 2 from line 1	3	52	2,104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,622	2,739.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior penod adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,839	7,414.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	7,514	1,257.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		لياري
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	} }	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	[
	separate basis, consolidated basis, or both		1 1	j
_	Separate basis Consolidated basis Both consolidated and separate basis		1 _ 1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1	}
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		1 1	}
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o nudit	} {	
·	review, or compilation of its financial statements and selection of an independent accountant?	e auun,	2c	į
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		· - - 	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		1 1	
	Act and OMB Circular A-133?	igio Audit	3a	x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	<u>~</u>	+
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1
			Form	90 (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number REX HAGEN FAMILY FOUNDATION, INC. 31-1157920 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. 3 f Enter the number of supported organizations g Provide the following information about the supported organization(s). (I) Name of supported (iii) Type of organization (iv) Is the organization listed (vi) Amount of other (ii) EIN (v) Amount of monetary <u>i your gov</u> (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions)) PURDUE UNIVERSITY 35-6002041 2 X 22,320. CITY OF LIGONIER, 6 **|35-6001090** X 54,300. LIGONIER UNITED L35-1093274 METHODIST CHURCH, 1 X 24,179.

100,799

0.

Schedule A (Form 990 or 990-EZ) 2017 REX HAGEN FAMILY FOUNDATION, INC. 31-1157920 Page 2

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 fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						<i>j</i>
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	}	}	-	}		
	include any "unusual grants.")		<u> </u>	}			
2	Tax revenues levied for the organ-						f
	ization's benefit and either paid to	{	}	1	{		
	or expended on its behalf			1		1	! "
3	The value of services or facilities						{
	furnished by a governmental unit to	•	1	}			{
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3						
5	The portion of total contributions					-	
	by each person (other than a		{				{
	governmental unit or publicly			1	<i>!</i>	1	1
	supported organization) included	1	}	1		{	1
	on line 1 that exceeds 2% of the			į	<i>f</i>	Į	
	amount shown on line 11,		1	1	Į"	į	
	column (f)		{		A T		į
6	Public support. Subtract line 5 from line 4				1		
Se	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015 /	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest,	}					
	dividends, payments received on]	ł				
	securities loans, rents, royalties,	!	{				
	and income from similar sources		[
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on .		/				
10	Other income. Do not include gain	}					
	or loss from the sale of capital]				Ì	
	assets (Explain in Part VI.)		//				
11	Total support. Add lines 7 through 10	L	L/	li			
	Gross receipts from related activities,		. ,			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	·
	organization, check this box and stor	o here	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u></u>
	ction C. Computation of Publ					,	
	Public support percentage for 2017 (1	-	column (f))	, ,	14	%
	Public support percentage from 2016	ı,				15	%
16a	33 1/3% support test - 2017. If the c	- /			14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	, · · · · ·					▶ لــا
17a	10% -facts-and-circumstances tes	/					
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"	_		• •	•		▶ ┗
ь	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶⊨
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
		•			Sche	dule A (Form 990	or 990-EZ) 2017

(Complete only if you checked the box on line 10 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	•	†	1			
	membership fees received. (Do not		<u> </u>	1	j	}	1
	include any "unusual grants.")		<u> </u>				
2	Gross receipts from admissions, merchandise sold or services performed, 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- iness under section 513						
4	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to		1		1		
	or expended on its behalf			İ	/		
5	The value of services or facilities		<u> </u>		/		
	furnished by a governmental unit to	1	1	1			
	the organization without charge		1	ļ			1
6	Total. Add lines 1 through 5				/		
	Amounts included on lines 1, 2, and			 	 /		
,,	3 received from disqualified persons	1		}	/		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	 	 	/	ļ		
	Add lines 7a and 7b	} 					
8	Public support. (Subtract line 7c from line 6.)	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
	ction B. Total Support					, , , , , , , , , , , , , , , , , , , 	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(1) Total
9	Amounts from line 6		 	/			·
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income		1	· · · · · · · · · · · · · · · · · · ·			
	(less section 511 taxes) from businesses		{	į	{		1
	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L	L	لـــــــــــــــــــــــــــــــــــــ		<u> </u>
14	First five years. If the Form 990 is for	Trie organization's	s iirst, second, thir	a, tourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here				 		<u> • • • • • • • • • • • • • • • • </u>
	tion C. Computation of Publ						
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016			· <u>························</u>		16	%
Sec	tion D. Computation of Inves						
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lır	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 20,17. If the	organization did n				3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization					_	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	Δ	AII	Supi	norting	Org	anization	S
Secuon	м.	ΛII	Sup	porting	rury	annzauvn	10

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		x
	2		x
	3a		x
	- 30		
	3b		
	Зс		
	4a		X
			!
	4b		
	4c		
	5a		X
	5b		!
	5c		
	6		х
	7		x
j	8		<u> </u>
			47
į	9a		<u> </u>
	9b		<u>x</u>
	9c		x
İ			
į	10a		x
9	10b 90 or 99	0-F7\	2017
_		/	

	edule A (Form 990 or 990-EZ) 2017 REX HAGEN FAMILY FOUNDATION, INC. 31-11	5792	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
_	below, the governing body of a supported organization?	11a		x
ь	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	İ		ŀ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		Ì
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		•
	controlled the organization's activities. If the organization had more than one supported organization,	1	S	ł
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	Ì
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	}		}
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ì		l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	[1
<u> </u>	supervised, or controlled the supporting organization.	2	<u></u>	L
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	}	j	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ì]
	or management of the supporting organization was vested in the same persons that controlled or managed	١.	1	l
800	the supported organization(s). tion D. All Type III Supporting Organizations	1 1	<u>. </u>	.
360	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1 65	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	į		1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ł	1	l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	х
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		 	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Į.	[
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		x
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
_	significant voice in the organization's investment policies and in directing the use of the organization's	}	{ i	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1	
	supported organizations played in this regard.	3		x
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction:	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	f		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	[]	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	Ì l	
	how the organization was responsive to those supported organizations, and how the organization determined	ł		
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	}		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these]		1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	. 1	·

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) n. 0. Net short-term capital gain 1 Ō. Ō. Recoveries of prior-year distributions 2 O. 0. Other gross income (see instructions) 3 Ō. Ō. Add lines 1 through 3 4 n. Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 0 0. maintenance of property held for production of income (see instructions) 6 0. 0. 7 Other expenses (see instructions) 0. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 0. Ō. a Average monthly value of securities 1a n. 0. b Average monthly cash balances 1b Ō. 0. c Fair market value of other non-exempt-use assets 1c O. O. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other 0. factors (explain in detail in Part VI): O. Acquisition indebtedness applicable to non-exempt-use assets 2 O. 0. 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount. 0 0. see instructions) 4 n. 0. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 O. O. Multiply line 5 by .035 6 0. n. 7 Recoveries of prior-year distributions 0. Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Ō. 1 Adjusted net income for prior year (from Section A, line 8, Column A) Ō. 2 Enter 85% of line 1 0. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 0. Enter greater of line 2 or line 3 4 0. Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 0. emergency temporary reduction (see instructions) L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizatione	1-115/920 Page 7
ь	ion D - Distributions	(a)(o) Supporting Org	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		Our ent Teal
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	1		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI), See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.	<u></u>		
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$		ł	
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount		<u> </u>	<u> </u>
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if		į	}
	any. Subtract lines 3g and 4a from line 2. For result greater		}	}
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:	 		
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016	- 		

e Excess from 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	- *
	
	
	
	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 2

► Attach to Form 990.

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2017
ONB No 1545-0047
Open to Public Inspection

Employer identification number 31-1157920

► Go to www.irs.gov/Form990 for the latest Information.

INC.

REX HAGEN FAMILY FOUNDATION,

Schedule I (Form 990) (2017) % **≥** SCHOLARSHIPS - RECIPIENTS ETERMINED BY UNIVERSITY (h) Purpose of grant or assistance CITY IMPROVEMENTS Yes CHURCH PROJECTS Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH CASH CASH ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 54,300, (d) Amount of 22,320 24,179 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CITY GOVERNMENT (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. UNIVERSITY CHURCH Enter total number of other organizations listed in the line 1 table 35-6002041 35-6001090 35-1093274 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization LIGONIER UNITED METHODIST CHURCH WEST LAFAYETTE, IN 47907 or government LIGONIER, IN 46767 103 W THIRD STREET LIGONIER, IN 46767 PURDUE UNIVERSITY CITY OF LIGONIER 610 PURDUE MALL TOWNLINE RD Part ∷ Part

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 31-1157920 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I (Form 990) (2017) REX HAGEN FAMILY FUUNDATIUN, INC.

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

Part III can be duplicated if additional space is needed. (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 732102 11-01-17

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 **Open to Public** Inspection

Department of the Treasury internal Revenue Service Name of the organization

Employer identification number

REA HAGEN FAMILY FOUNDATION, INC.	31-115/920
FORM 990, PART VI, SECTION A, LINE 2:	
MARK HAGEN AND NANCY HAGEN ARE CHILDREN OF REX HAGEN. AL	SO, 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 11B:	
REVIEWED BY OFFICERS BEFORE MAILING AND ENTIRE BOARD AT N	EXT REGULAR
MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE PUBLIC CAN ATTEND ANNUAL MEETING. ALL RECORDS AND CO	RPORATE POLICIES
ARE AVAILABLE AT THAT TIME. ALSO, THE PUBLIC CAN REQUEST	THIS INFORMATION
FROM ANY OFFICER OR DIRECTOR.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
REX HAGEN CRT TRANSFER UPON DEATH	4,839,414.