EXTENDED TO NOVEMBER 16, **Return of Private Foundation**

Department of the Treasur

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

2020

				► Go to www i	rs gov/Form990PF for instr	uctions and t	he latest info	rmation.	Open to Public Inspection
			r tax year begin	ning		, and e	nding		
Nar	me of	foundation					<u></u> .	A Employer identification	number
т	HE	HAGEN F	AMILY F	OUNDATIO	N			38-3482329	
		•			ddress)		Room/suite	B Telephone number	2242
								<u> </u>	
				33483	ostai code				
G C	Check	all that apply:	=		=	ormer public o	harity	D 1 Foreign organizations	, check here
			===		==			2 Foreign organizations me	eting the 85% test,
H (Check	type of organiza					M	1	
	Se	ction 4947(a)(1)			Other taxable private founda	ation	<u> </u>		. —
				· —	•	Accr	ual		
•						ıs)		under section 507(b)(1)	(B), check here
		Analysis of Re	venue and Expe	INSES (c), and (d) may not	(a) Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
	T .				expenses per books	11100			(cash basis only)
								N/A	
	3	Interest on savings		-4					
	4		nterest from sec	urities	53,843.	5	3,843.		STATEMENT 1
	5a	Gross rents							
	b	Net rental income of	or (loss)		27 105				
ē	6a				27,185.				
le le	, D	assets on line 6a				2	7.185.		
æ	8						,,		
	9	Income modific	ations						
	10a	Gross sales less re and allowances	eturns						
	l	=							
	l		(loss)						
	111		1 through 11		81 028.	8	1.028.	Maria Rever	o o o o o o o o o o o o o o o o o o o
		•		ustees, etc	0.		0.	Received US	Jank - USB 0.
	14						·		
	15	Pension plans, e	employee benefi	ts				iii iii a t	1 * 4 0 0 7 0 0 U
ses		•						NOA 1 C	ZUZU
pen	b	•		വസ്യന 2	27 096	2	7 096		0.
Ω ώ	17	-	nai tees	SIMI Z	27,030.		7,000.	Ogden	UT.
ative	18			STMT 3	1,015.	-	1,015.		_ m, n 0.
Istra	19		d depletion			-			
Ē	20	Occupancy							
				gs ~	1,419.		710.		709.
	22			CIDMID 4	2 104		300	 	2,894.
ing	23	-			3,194.		300.	<u> </u>	2,034.
erat	24				32,724.	2	9,121.		3,603.
õ	25	•			138,438.				3,603. 138,438.
	1	_	-						
	<u> </u>				171,162.	2	9,121.		142,041.
	l				00 134				
	l				-90,134.	5	1 907		
	l						<u> </u>	N/A	
	For Na T Na 4 C D G H Frequence of the state	For calen Name of THE Number at 4 0 1 City or to DELI G Check H Check For calen Name of THE Number at 4 0 1 City or to DELI G Check For calen Name of THE Number at 4 0 1 City or to DELI G Check I Fair ma (from F) Se Part I 1 2 3 4 5a b 6a b 7 7 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 19 20 21 22 23 24 25 26 27 a b	THE HAGEN INTO THE HAGEN INTO THE HAGEN INTO THE HAGEN INTO TO THE LINT CITY OF TOWN, state or property of the	Name of foundation THE HAGEN FAMILY E Number and street (or P O box number if mail is 401 E. LINTON BLVI City or town, state or province, country, a DELRAY BEACH, FL G Check all that apply: Initial Address H Check type of organization. X S Section 4947(a)(1) nonexempt cha Fair market value of all assets at end of (from Part II, col (c), line 16) S 2, 624, 03 Part I Analysis of Revenue and Expe (The total of amounts in columns (b), nocessarily equal the foundation is not of the foundation in columns (b), nocessarily equal the foundation is not of the foundation in columns (b), nocessarily equal the foundation is not of Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets or discussion in 6a 7 Capital gain net income (from Part IV, 8 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, to the organization of officers, directors, t	Name of foundation THE HAGEN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street at 401 E. LINTON BLVD. #257 City or town, state or province, country, and ZIP or foreign p DELRAY BEACH, FL 33483 G Check all that apply: Initial return Address change H Check type of organization.	Name of foundation THE HAGEN FAMILY FOUNDATION Number and street (or P C box number if mail is not delivered to street address) 401 E. LINTON BLVD. #257 City or town, state or prownee, country, and ZIP or foreign postal code DELRAY BEACH, FL 33 483 6 Check all that apply: Initial return Address change Name of foundation Final return Address change Name through Initial return of a final return Address change Name change H. Check type of organization, Section 501(c)(3) exempt private foundation Fair market value of all assets at end of year J Accounting method: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year J Accounting method: Cash (from Part II, col (c), line 16) Section 4947(a)(1) nonexempt charitable trust Other (spectry) S 2, 624, 019. (Part I, column (d), must be on cash bas Part II Analysis of Revenue and Expenses Columbia Fair market value of all assets at end of year J Accounting method: Section 501(c), dependent of the part II, column (d), must be on cash bas	Name of foundation	Name of foundation	THE HAGEN PAMILY FOUNDATION THE HAGEN PAMILY FOUNDATION A Employer identification THE HAGEN PAMILY FOUNDATION A Employer identification THE HAGEN PAMILY FOUNDATION B 1 eleghone number (561) 279— (561) 279— (561) 279— (561) 279— (561) 279— (661) 27

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

2019.04030 THE HAGEN FAMILY FOUNDATI 16628-21

1,664,342.

Form 990-PF (2019)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Page 3

Form 990-PF (2019) THE HAGEN FAMILY FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

ı •	dititi dapital dallio	uu ===	Jood Tol Tax Oil III									
_			of property sold (for exar		te,	(b)	How a - Purc - Don	cquired hase		acquired day, yr)	(d) Date (mo , da	
-	PUBLICLY TRADE					╁	יוטט -		VARI		VARIC	
_	CAPITAL GAINS								VIIICI	000	VILLE	- O D
_		<u> </u>				 						
_	<u>. </u>					1		<u> </u>			 	
_											<u> </u>	
	(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale			L		Gain or (loss s (f) minus		
_	407,331.				382,36	6.					24,	965.
_ <u>`</u>	2 222				, , , , , , , , , , , , , , , , , , , ,						2,	220.
_	C .				•							
	d											
_	8											
	Complete only for assets showing	ng gain in d	column (h) and owned by t	he foundation	on 12/31/69			(1) Gains (C	Col (h) gair	minus	-
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				(k), but i	not less tha (from col	ın -0-) or	
_	B							-			24,	965.
ī	b				•			•••			2,	220.
_	c									-		
_	d											
_	В											
2	Capital gain net income or (net ca	ipital loss)	If gain, also enter	ın Part I, line ın Part I, line	7	}	2				27,	185.
3	Net short-term capital gain or (los	ee) ae defir										
٠	If gain, also enter in Part I, line 8,	•		u (0).		ĴΙ						
	If (loss), enter -0- in Part I, line 8	•	,			<u>ال</u>	3			N/A		
ľ	Part V Qualification U	nder Se	ection 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	me			
` If	or optional use by domestic private section 4940(d)(2) applies, leave the as the foundation liable for the sec	his part bla	nk	` '			•,				Yes	X No
	"Yes," the foundation doesn't qualif	y under se	ction 4940(e). Do not com	plete this part	•							
÷	(a)	cacii coluli		Structions bei	ore making any er				I		(d)	
	Base period years Calendar year (or tax year beginnii	no in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) nchar		use assets		Distri	(d) bution ratio vided by col. (c))
-	2018	''y ''')		6,844.				5,373	$\overline{}$	(cor (b) an		9617
_	2017			0,813.				7,212				2339
_	2016			4,543.				6,827				3815
_	2015		10	2,303.		1	, 72	3,640				9353
_	2014			5,981.				9,353				0008
_		-		- ,								
2	Total of line 1, column (d)								2		.27	5132
	Average distribution ratio for the	5-vear basi	e period - divide the total o	n line 2 by 5 (), or by the numbe	er of v	ears		_			
•	the foundation has been in exister	•	•		,,,	,			3		.05	5026
									1			
4	Enter the net value of noncharitab	le-use ass	ets for 2019 from Part X, I	ine 5					4	i	2,506,	<u>750.</u>
5	Multiply line 4 by line 3								5		137,	936.
6	Enter 1% of net investment incom	ne (1% of F	Part I, line 27b)						6	- -		519.
7	Add lines 5 and 6								7		138,	455.
8	Enter qualifying distributions from	n Part XII, I	line 4						8		142,	041.
	If line 8 is equal to or greater than See the Part VI instructions.	ı lıne 7, chı	eck the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax r	ate				

923521 12-17-19

Form 990-P	F (2019) THE HAGEN FAMILY FOUNDATION		38-3	482329)	Page 4	
Part VI	Excise Tax Based on Investment Income (Section 4940	0(a), 4940(b), 4940(e), or 4	1948 - se	ee instru	ction	s)	
1a Exemp	pt operating foundations described in section 4940(d)(2), check here 🕒 🔲 and e	enter "N/A" on line 1.				ļ	
	of ruling or determination letter: (attach copy of letter if ne						
b Domes	stic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1		5	19.	
of Par	t I, line 27b						
c All oth	ner domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 49	% of Part I, line 12, col (b) ノ					
2 Tax ur	nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers, enter -0-)	2			0.	
3 Add lir	nes 1 and 2		3		5	<u> 19.</u>	
4 Subtit	le A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers, enter -0-)	4			0.	
5 Tax ba	ased on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5		5	19.	
6 Credits	s/Payments:					ł	
a 2019 6	estimated tax payments and 2018 overpayment credited to 2019	6a 1,619				- 1	
b Exemp	pt foreign organizations - tax withheld at source	6b 0				- 1	
c Tax pa	aid with application for extension of time to file (Form 8868)	6c 0				- 1	
d Backu	p withholding erroneously withheld	6d 0	- -			ليا	
	credits and payments. Add lines 6a through 6d		7		1,6		
	any penalty for underpayment of estimated tax. Check here 🔃 if Form 2220 is atta	ached	8			0.	
	ue If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		4 4	~~	
10 Overp	ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		1,1		
	the amount of line 10 to be: Credited to 2020 estimated tax	1,100. Refunded	11			0.	
	I-A Statements Regarding Activities			-	TV	TKI-	
_	g the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or interver	ie in	-	Yes		
	olitical campaign?			1a	 	X	
	spend more than \$100 during the year (either directly or indirectly) for political purpo		inition	1b	ļ	X	
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any materials published or]	
	outed by the foundation in connection with the activities				·	البيا	
	e foundation file Form 1120-POL for this year?			1c	├	X	
	the amount (if any) of tax on political expenditures (section 4955) imposed during the						
	on the foundation. > \$0 (2) On foundation managers		<u>.</u>				
	the reimbursement (if any) paid by the foundation during the year for political expend	iture tax imposed on foundation					
	gers ▶ \$0.			<u> </u>	·	 	
	ne foundation engaged in any activities that have not previously been reported to the l	RS?		2	-	X	
	s," attach a detailed description of the activities					li	
	ne foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation,	or		·		
	s, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X	
	e foundation have unrelated business gross income of \$1,000 or more during the yea	L,S	3T /	4 <u>8</u>	_	X	
	s," has it filed a tax return on Form 990-T for this year?		N/			x	
	here a liquidation, termination, dissolution, or substantial contraction during the year?	,		5			
	s," attach the statement required by General Instruction T	Albania		-	İ	↓	
	e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	uner.		ĺ			
•	anguage in the governing instrument, or	na dina skip op de skip skip skip skip skip skip skip skip	ha lau				
	state legislation that effectively amends the governing instrument so that no mandator	y directions that conflict with the sta	ie iaw				
	n in the governing instrument?	data Band Hand Jak and Band Ser		6	X		
7 Did the	e foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	piete Part II, coi (c), and Part XV		7	X		
	de la contrata de la	📐					
	the states to which the foundation reports or with which it is registered. See instruction	ons ►		— I		İ	
MI	,FL						
MI b If the a	, FL answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A						n
MI b If the a of each	, FL answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A h state as required by <i>General Instruction G</i> ? If "No," attach explanation	attorney General (or designate)			X		7
b If the a of each	, FL answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A h state as required by <i>General Instruction G?</i> If "No," attach explanation foundation claiming status as a private operating foundation within the meaning of se	attorney General (or designate) action 4942(j)(3) or 4942(j)(5) for cal	endar		x		3
b If the a of each	, FL answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A h state as required by <i>General Instruction G</i> ? If "No," attach explanation	ection 4942(j)(3) or 4942(j)(5) for cal	endar	8b 9	x	X	3

orm 990-PF (20,19) THE HAGEN FAMILY FOUNDATI			38-34823	29		² age 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be R	equired _{(contin}	ued)			
5a During the year, did the foundation pay or incur any amount to:			L		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No		1	
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indire	ctly,				
any voter registration drive?		Y	es X No		- 1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?)	Y	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section					1
4945(d)(4)(A)? See instructions		☐ Y	es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fe					•
the prevention of cruelty to children or animals?	or cooding narpoods, or n		es X No			1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	lar the eventions described i		CS [12] NO			
section 53 4945 or in a current notice regarding disaster assistance? See instru	•	ii negulations	N/A	5b		
				30		
Organizations relying on a current notice regarding disaster assistance, check h						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					-	i
expenditure responsibility for the grant?	IN	[/A	es L No	İ		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)				- 1		1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on					
a personal benefit contract?		Y	es 🗶 No 📙			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		L	6b		<u>X</u>
If "Yes" to 6b, file Form 8870						ſ
7a At any time during the tax year, was the foundation a party to a prohibited tax st	nelter transaction?	Y	es 🗶 No 📙			
b If "Yes," did the foundation receive any proceeds or have any net income attribut	table to the transaction?		N/A L	7b_		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					1
excess parachute payment(s) during the year?		Y	es X No			
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly				
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.		•			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	_(e) Expi	ense
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	al	allowar	ices
	•					
SEE STATEMENT 6		0.	0.			0.
				\vdash		
· · · · · · · · · · · · · · · · · · ·						
				1		
-			-	+		
				1		
Compensation of five highest-paid employees (other than those incl	uded on line 1) If none	ntor "NONE "				
Compensation of five nighest-paid employees (other than those incli	(b) Title, and average	INTEL NOISE.	(d) Contributions to	,	e) Expe	ence
(a) Name and address of each employee paid more than \$50,000	' hours per week "	(c) Compensation	employee benefit plans and deferred	aè	count,	other
	devoted to position		compensation	ļi	allowar	ices
NONE						
				└		
				1		
				↓		
				1		_
				<u></u>		
				1		
				П		
Total number of other employees paid over \$50,000		<u> </u>				0
Total number of other employees paid over 400,000	-	··	Form	990	-PF (
			1 01111		- • (_UIJ)

Form 990-PF (2019) THE HAGEN FAMILY FOUNDATION		3482329 Page 7
Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers		Expenses
	Joudeu, etc	
1 <u>N/A</u>		
2		
	-	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax yea	r on lines 1 and 2	Amount
1 <u>N/A</u>		
		0
		0.
2		
All other program-related investments. See instructions.		
3		
<u> </u>		
Total, Add lines 1 through 3	•	0.

	ATIVE MINIMUM Investment Heturn (All domestic foundations	s must complete this pa	art Foreign four	idations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charit	table, etc., purposes:			
a	Average monthly fair market value of securities			1a	2,270,588.
Ь	Average of monthly cash balances			1b	274,336.
C	Fair market value of all other assets			1c	0.
d	Total (add lines 1a, b, and c)			1d	2,544,924.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	2,544,924.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	unt, see instructions)		4	38,174.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and	d on Part V, line 4		5	2,506,750.
6	Minimum investment return Enter 5% of line 5			6	125,338.
IP.	art:XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operatii	ng foundations an	d certain	
	foreign organizations, check here 🕨 🔛 and do not complete this pa	art)			
1	Minimum investment return from Part X, line 6			1	125,338.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	519.		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2c	519.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	124,819.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	124,819.
6	Deduction from distributable amount (see instructions)			6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on P	art XIII, line 1		7	124,819.
<u>P</u>	Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	ourposes.			140 041
a				1a	142,041.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out char	itable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
8	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	140 041
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8	•		4	142,041.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	nvestment		_	E10
_	income Enter 1% of Part I, line 27b			5	519.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	141,522.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years	s when calculating whether	r the foundation q	ualifies for t	he section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(¢) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
line 7				124,819.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 2,314. b From 2015 18,929.				
c From 2016 8,661.				
d From 2017 7,156.				
e From 2018 22,637.				•
f Total of lines 3a through e	59,697.			
4 Qualifying distributions for 2019 from	Ī			
Part XII, line 4: ► \$ 142,041.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				124,819.
e Remaining amount distributed out of corpus	17,222.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	76,919.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		i
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2018 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019 Subtract				
lines 4d and 5 from line 1 This amount must	į			
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	ļ			
section 170(b)(1)(F) or 4942(g)(3) (Election	ł			<u>'</u>
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014			 	
not applied on line 5 or line 7	2,314.			1
9 Excess distributions carryover to 2020				.,
Subtract lines 7 and 8 from line 6a	74,605.			,
10 Analysis of line 9				
a Excess from 2015 18,929.				
b Excess from 2016 8,661.				
c Excess from 2017 7,156.				
d Excess from 2018 22,637.				1
e Excess from 2019 17, 222.				
923581 12-17-19				Form 990-PF (2019)

m 990-PF (2019) THE HAGE art XIV Private Operating Fo	EN FAMILY F		A guestion 9)	N/A	.82329 Pa
			A, question 9)	N/A	
a If the foundation has received a ruling or					
foundation, and the ruling is effective for b Check box to indicate whether the foundation			n continu	4942(J)(3) or 4	942(j)(5)
· · · · · · · · · · · · · · · · · · ·	Tax year	ly touridation described	Prior 3 years	1 4942())(3) 01 2 4	942(])(3)
a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	2016	(e) Total
investment return from Part X for	(4) 20.0	(5) 25 15	(4) 23	1 /2,250	(0) 10121
each year listed b 85% of line 2a			 	4	
c Qualifying distributions from Part XII,				+	1
line 4, for each year listed					
d Amounts included in line 2c not				· †·· - · · · · · · · · · · · · · · · ·	
used directly for active conduct of					
exempt activities		,	Y		
e Qualifying distributions made directly		 			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
Complete 3a, b, or c for the		· /	<u> </u>		
alternative test relied upon		/			
a "Assets" alternative test - enter. (1) Value of all assets		1			1
``			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:			-		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalfies) (2) Support from general public			<u> </u>		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					· · · · · · · · · · · · · · · · · · ·
an exempt organization	· -				
(4) Gross investment income art XV Supplementary Infor	mation (Comple	l te this part only i	l f the foundation	had \$5,000 or mo	re in assets
at any time during th			· ····································	1144 40,000 01 1110	o iii doooto
				·	
Information Regarding Foundation a List any managers of the foundation who	-	than 20/ of the total cont	ributions received by the	foundation hafara the alon	o of any tay
year (but only if they have contributed mo			ibutions received by the	i louridation before the clos	e ur arry tax
EE STATEMENT 7	40,000, (0000	(-)(-)			
b List any managers of the foundation who	own 10% or more of th	e ctack of a corneration	or an equally large ports	on of the ownership of a pa	ertnerchin er
other entity) of which the foundation has			or an equally large porti	on of the ownership of a pa	ii tiiei siiip oi
ONE					
Information Regarding Contribution	- Crost Cift Loop	Sahalarahin ata Da			
. —				not accept unsolicited requ	acte for funde. If
the foundation makes gifts, grants, etc., t	•	•	=		6313 101 101103 11
					ATEMENT 9
a The name, address, and telephone number	er or email address of th	e person to whom applic	ations should be addres	Seu. DEE DIA	AIDMENI 9
PP CTATEMENT 8					
EE STATEMENT 8 b The form in which applications should be	submitted and informat	ion and materials they sl	nould include;		
			·		
Any submission deadlines:					
c Ally Submission deadines.					

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DALLAS, TX 75229 TECH GARAGE NONE PC TO SUPPORT STEM SUMMER CAMP CAMP TO SUPPORT THE EYE CLINIC 20,				PROGRAMS FOR PEOPLE	
TECH GARAGE 901 NW 35TH STREET BOCA RATON, FL 33431 VILLAGE OF HOPE INC. 300 E YAMATO RD BOCA RATON, FL 33431 20,	3224 MODELLA AVE			WITH SPECIAL NEEDS	
SOI NW 35TH STREET BOCA RATON, FL 33431 VILLAGE OF HOPE INC. NONE PC TO SUPPORT THE EYE CLINIC 20,	DALLAS, TX 75229		1		18,00
SOI NW 35TH STREET BOCA RATON, FL 33431 VILLAGE OF HOPE INC. NONE PC TO SUPPORT THE EYE CLINIC 20,					
BOCA RATON, FL 33431 VILLAGE OF HOPE INC. 300 E YAMATO RD BOCA RATON, FL 33431 20,		NONE	PC	1	
VILLAGE OF HOPE INC. NONE PC TO SUPPORT THE EYE CLINIC 20,				CAMP	10.00
300 E YAMATO RD BOCA RATON, FL 33431 CLINIC 20,	BOCK RATON, FL 33431				10,00
300 E YAMATO RD BOCA RATON, FL 33431 CLINIC 20,	VILLAGE OF HOPE INC.	NONE	PC	TO SUPPORT THE EYE	
			1	1	
	BOCA RATON, FL 33431				20,00
		-	·		
				-	
Total from continuation sheets 91,	Total from continuation chacts		<u>l</u>		91,18

Part XVI-A	Analysis of Income-Producing Activities	s
FOIL AVIEN	Aligivals of illoutife-Lioudoilla votivities	•

inter gross amounts unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	Amount	Tanction income
a	<u> </u>				
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			\rightarrow		
3 Interest on savings and temporary cash investments				_	
4 Dividends and interest from securities			14	53,843.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	27,185.	-
9 Net income or (loss) from special events					_
O Gross profit or (loss) from sales of inventory					·
1 Other revenue:					
a					
b					
c					
d					
e					
2 Subtotal Add columns (b), (d), and (e)		().	81,028.	
3 Total. Add line 12, columns (b), (d), and (e)				13	81,02
See worksheet in line 13 instructions to verify calculations)					

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)				
- · · · · · · · · · · · · · · · · · · ·	_			
Form 000-DE /0	110)			
	the foundation's exempt purposes (other than by providing funds for such purposes)			

P00053811

(248) 375-7100

PTIN

Firm's EIN ► 38-1357951

Paid

Preparer

Use Only

Preparer's signature

LYNNE M. HUISMANN

Date

11/04/20

Check

self- employed

Print/Type preparer's name

LYNNE M. HUISMANN

Firm's name ▶ PLANTE & MORAN, PLLC

Firm's address ▶ 2601 CAMBRIDGE CT., STE. 500

AUBURN HILLS, MI 48326

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUR	ITIES S'	PATEMENT 1
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OPPENHEIMER 27,39 RAYMOND JAMES 28,66		0. 25,175. 0. 28,668.		
TO PART I, LINE 4 56,06	2,22	53,843.	53,843.	
FORM 990-PF	OTHER PROFES	SIONAL FEES	S	PATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	27,096.	27,096.		0.
TO FORM 990-PF, PG 1, LN 160	27,096.	27,096.		0.
FORM 990-PF	TAX	ES	Si	PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES WITHHELD	1,015.	1,015.		0.
FOREIGN TAXES WITHHELD				
TO FORM 990-PF, PG 1, LN 18	1,015.	1,015.	Action	0.
TO FORM 990-PF, PG 1, LN 18			ST	
	1,015. OTHER E		Si	0. TATEMENT 4
TO FORM 990-PF, PG 1, LN 18			(C) ADJUSTED NET INCOME	
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	OTHER E (A) EXPENSES	XPENSES (B) NET INVEST-	(C) ADJUSTED	CHARITABLE

FORM 990-PF CORPORATE STOC	eK .	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
OPPENHEIMER SEE ATTACHMENT	166,692.	336,506.
OPPENHEIMER SEE ATTACHMENT	201,644.	183,077.
OPPENHEIMER SEE ATTACHMENT	194,160.	296,891.
OPPENHEIMER SEE ATTACHMENT	170,746.	196,814.
RAYMOND JAMES SEE ATTACHMENT	780,809.	1,460,440.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,514,051.	2,473,728.

	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID F. HAGEN 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	CHAIRMAN 0.00	0.	0.	0.
VIRGINIA L. HAGEN 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	VICE CHAIRMAN 0.00	0.	0.	0.
REV. ANDREW HAGEN 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	PRESIDENT/TREA	SURER 0.	0.	0.
DR. PATRICIA SCHRIEFER 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	DIRECTOR 0.00	0.	0.	0.
LAURA C. HAGEN 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	SECRETARY/DIRE 0.00	CTOR 0.	0.	0.
DR. SUSAN DINGLE HAGEN 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	DIRECTOR 0.00	0.	0.	0.
DANE G. PATTERSON 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	DIRECTOR 0.00	0.	0.	0.
PAUL SCHRIEFER 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 7

NAME OF MANAGER

DAVID F. HAGEN VIRGINIA L. HAGEN

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE HAGEN FAMILY FOUNDATION 401 E. LINTON BLVD. #257 DELRAY BEACH, FL 33483

TELEPHONE NUMBER

(561) 279-8042

FORM AND CONTENT OF APPLICATIONS

BACKGROUND OF THE ORGANIZATION APPLYING FOR FUNDING

DESCRIPTION OF THE PROJECT FOR WHICH THE ORGANIZATION IS SEEKING FUNDS

QUALIFICATIONS OF THE PEOPLE WHO WILL BE DIRECTING THE PROJECT

EXPLANATION OF HOW THE SUCCESS OF THE PROJECT WILL BE MEASURED

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

PLANS FOR THE FUTURE SUSTAINABILITY OF THE PROJECT

ANY SUBMISSION DEADLINES

MID JUNE. PLEASE REFER TO THE FOUNDATION WEBSITE ADDRESS FOR ADDITIONAL DEADLINE DETAILS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 9

FORM AND CONTENT OF APPLICATIONS

SPECIFIC DOLLAR AMOUNT BEING REQUESTED FROM THE FOUNDATION

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

LISTING OF THE ORGANIZATION'S BOARD OF DIRECTORS

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