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990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements OMB No 1545-0052

2006

	For calendar year 2006, or tax year beginning January 1 , 2006, and ending December 31 , 20								, 20 06				
> -	G	Chec	k all th	nat apply: 🗸 Initial ret	urn 🗌 Fınal retur	n 🗌 Amende	ed return	☐ Add	dress change] Name change			
	J (Use the IRS label. Otherwise, print or type. See Specific		Name of foundation Hanson Family Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite					A Employer identification number 20 4562272 B Telephone number (see page 11 of the instructions)				
<u>a</u> :	₹ s			1411-4th Avenue, Suite 410 City or town, state, and ZIP code					C If exemption application is pending, check here ▶ □				
` ≫∩	In	nstruc	tions.	Seattle, WA 98101					D 1. Foreign organizations, check here >				
	' H			e of organization: Sect 947(a)(1)-nonexempt-charit				2. Foreign organizations meeting the 85% test, check here and attach computation.					
EARE		Fair market value of all assets at end of year (from Part II, col. (c),							section 507(b)(1)(A), c	heck here . ▶ ☐			
ರ್ಷ	<u>'</u>	line 16) ► \$ (Part I, column (d) mu					sis)	under section 507(b)(1)(B), check here . ▶ □					
STATUTE CLEARED WING		Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))				(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
S	1	1		butions, gifts, grants, etc., recei		-				` * *			
		3		if the foundation is not rest on savings and temporary	•					*			
		4		ends and interest from se						*			
				s rents					* * * * * * *	7 W. S. W.			
	<u>a</u>			ental income or (loss)	JPR BRANCH		. ,	······································	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	Revenue	5 b		sales price for all assets on line 6					- 4 ° × ½.	i Çi s			
	Š	7		al gain net income (from I	•	·			*	** · ·			
	α	8		short-term capital gain .		4	<u> * </u>	· · · · · · · · · · · · · · · · · · ·		4			
		9		ne modifications	$\cdot, \cdot, \cdot, \cdot, \cdot, \cdot$	* > , , ,	 			: 🕸 🧸			
				sales less returns and allowance	s	•		* *					
				: Cost of goods sold s profit or (loss) (attach so	bodulo)			' * 1 a.		(No. 186)			
		111		r income (attach schedule	•		1						
		12		I. Add lines 1 through 11	<u> </u>					₹ · · · · · · · · · · · · · · · · · · ·			
	ď	13	Comp	pensation of officers, director	ors, trustees, etc.		10						
	Sesue	14		r employee salaries and w	- \		+ \						
-		ΣΙ'`		ion plans, employee bene	fits 🞾		 						
2	ц			fees (attach schedule)	· · · · · · ·		-	$\overline{}$					
	ح ر		V-Cob	hting fees (attach sched)		7							
83	rative State												
L C E2-6	hinietra		faxes	(attach schedule) (see page	14 of the instructions)								
		19	Depre	eciation (attach schedule)	and depletion		<u> </u>						
≾L_			Θ¢ ¢μ	ıpah¢y									
	Pue	21		t, conferences, and meeti			+	\leq	<i>c</i>				
الد الل				ng and publications				_					
Z	į	23		r expenses (attach schedu	•			$\overline{}$					
$\frac{\mathbf{z}}{\mathbf{z}}$	ţ	24		l operating and adminis lines 13 through 23	strative expenses.								
SGANNED	Operation	25	Conti	ributions, gifts, grants paid	1								
ഗ	_	26		expenses and disbursements	. Add lines 24 and 25					<u></u>			
		1		ract line 26 from line 12:									
		1 -		ss of revenue over expenses nvestment income (if ne		-							
				sted net income (if negat									

orm	990-P	F (2006)								Pag	e 13		
Par	t XV	Information Exempt Or	n Regarding ganizations	Transfers To and	Transactions	and Re	lationship	s With					
1	ın se	ection 501(c) of the		ly engage in any of the in section 501(c)(3) org						Yes	No		
а	_	anizations? asfers from the re	porting foundatio	on to a noncharitable e	xempt organization	on of:							
_		Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash											
	` '	Other assets							1a(2)	_			
Ø		ther transactions:) Sales of assets to a noncharitable exempt organization								İ	1		
		(2) Purchases of assets from a noncharitable exempt organization							1b(2)				
									1b(3)				
			=						1b(4) 1b(5)				
		(5) Loans or loan guarantees							1b(6)	j			
c				ig lists, other assets, o					1c				
d	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.												
a) Lı	ne no.	(b) Amount involved	(c) Name of no	ncharitable exempt organizat	tion (d) Descri	ption of trans	fers, transaction	ons, and sha	aring arra	ngeme	ents		
													
													
								_					
_													
				·									
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No b If "Yes," complete the following schedule.													
		(a) Name of or	ganization	(b) Type of org	(b) Type of organization			(c) Description of relationship					
				 					-				
										•			
	Unde belie	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge											
စ	S	Signature of officer or trustee Date Title											
Sign Here	Paid Preparer's	Preparer's	0		Date	Check if self-empt	oyed ▶ 🏻	Preparer (See Signator of the Inst	ature on	page :			
	Pre-	Firm's name (or y				<u> </u>	EIN ▶						
		self-employed), address, and ZIP code						Phone no ()					