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Department of the Treasury Internal Revenue Service For calendar year

990-PF

Return of Private Foundation

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

2007

OMB No 1545-0052

partment of the Treasury
email Revenue Service

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

	For	cale	endar	year 2007	', or tax year be	eginning Jai	nuary 1,	2007, and e	nding	December 31	, 20 07			
	G	Chec	k all th	at apply	☐ Initial retu	urn 🗌 Fınal retu	rn 🗌 Ameno	led return	Ado	lress change [Name change			
		e the IRS label.		Name of foundation Hanson Family Foundation						A Employer identification number 20 4562272				
MA	Otherwise, print or type.		Number and street (or P O box number if mail is not delivered to street address) Room/suite 1411-4th Avenue, Suite 410						B Telephone number (see page 10 of the instructions) ()					
Y	Instructions. Sea			Seattle, \			C If exemption application is pending, check here ▶ □ D 1. Foreign organizations, check here ▶ □							
7 20	H Check type of organization: ☐ Section 501(c)(3) exempt ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other							taxable private foundation check here and attach computation						
010	I Fair market value of all assets at end of year (from Part II, col. (c),					Other (specif	fy)		E if private foundation status was terminated under section 507(b)(1)(A), check here . ▶ ☐ F if the foundation is in a 60-month termination under section 507(b)(1)(B), check here . ▶ ☐					
	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	Ti Ti	estment	(c) Adjusted net income	(d) Disbursements					
		1				red (attach schedule)								
		2 3		_		equired to attach Sch B cash investments				, , , , <u>-</u>				
		4	Divide	ends and	oterest from sec									
	1			rents . ental incor	ne or (loss)					-				
	ine	6a	Net ga	ain or (loss)) from sale of ass	ets not on line 10								
	evenue				r all assets on line &									
	8	8			capital gain .									
		9	Incom	ne modific	ations									
		1			rurns and allowances oods sold .									
		i e		-	oods sold (loss) (attach sch	nedule)								
		11	Other	income (a	attach schedule)									
					s 1 through 11	<u></u>	1	7						
	Ses	13			f officers, director	`	—							
	1	15(~ " " "	7 11 11 11 11 11 11 11 11 11 11 11 11 11	employee benefi	-								
_ ٦	욻				schedule) .		\triangleright							
2-683	tive	MΔ₽	Accou	unting feet	্রিattach schedu প্রিবিees (attach :	le)		 						
臣	aţi	17	Other	professio	tees (attach	schedule)	1	-	$\overline{}$		-			
١	충	/BT	Jex47	rattach sch	edule) (see page 1	4 of the instructions)		4						
-	-틤	19	Depre	ciation (at	tach schedule) a	and depletion		V /_						
	ч.	20						V-						
	and	21				ngs		+						
	a	22 23						+	$\langle \cdot \rangle$					
	Operating					trative expenses.			$\overline{\lambda}$					
	era		Add I	ines 13 thi	rough 23									
	Ö	25 26	Contr Total e	ibutions, g expenses ar	gifts, grants paid nd disbursements.	Add lines 24 and 25								
		27	Subtra	act line 26	from line 12 [.]									
		b	Net in	nvestmen	t income (if nega									
		С	Adjus	stea net ir	ncome (if negative	ve, enter -U-)	L							

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat No 11289X

Form **990-PF** (2007)

Pai	t XVI		n Regarding rganizations	Transfers	To and	Transact	tions	and F	Relationship	s With	Non	char	itable
1 a	in sec organ	ction 501(c) of th	directly or indirectly or indi	an section 50	01(c)(3) orga	anızations)	or in se	ection 5				Yes	No
	(1) C (2) O										1a(1) 1a(2)	-	
b	(1) S		o a noncharitable								1b(1) 1b(2)		
	(3) R	ental of facilities	ets from a nonc s, equipment, or arrangements .	other assets							1b(3) 1b(4)		
	(5) Lo	oans or loan gua									1b(5) 1b(6)	_	
	Share If the value	ng of facilities, e answer to any of the goods, o	equipment, maili of the above is ' ther assets, or s	ng lists, othe "Yes," comple ervices given	r assets, o ete the folk by the rep	r paid emp owing sche orting found	loyees dule. (dation.	Column If the fo	(b) should alvoundation rec	vays shoverved less	s than	fair m	narket
(a) Lu		tue in any transaction or sharing arrangement, show in column (d) the value of the goods, other ass (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transaction											
												•	
	desci	ribed in section	ectly or indirect 501(c) of the Co e following sche	ode (other tha							☐ Ye	s [No
		(a) Name of or	ganization	(b) Type of org	anization			(c) Description	on of relatio	nship		
					-								
	Under	penalties of perjury,	I declare that I have d complete Declarat	examined this re	turn, including	g accompanyin	ig sched	ules and	statements, and t	o the best o	of my kn	owledg	ge and
a		nature of officer or tri	ane X	>	uner man taxp	sayer or inducta		/10	Title	easung	i ilas ai		medge
Sign Here	Preparer's Coult			_		Date		Check self-em	of ployed ▶ □	Preparer' (See Signa instruction	ature or		
	Prep P	Firm's name (or y self-employed), and ZIP code							EIN ▶	- !			