

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990-PF

Department of the Treasury

Internal Revenue Service

SCANNED MAY 272010

**Return of Private Foundation** 

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

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

OMB No 1545-0052

2009

For	calen	dar year 2009, or tax year be	eginning Januar	y 1, 20	09, and	ending	December 31	, 20			
G	Check	all that apply:	eturn 🔲 Initial re	eturn of a former	public c	harity	☐ Final return				
			ed return 🔲 Ado	lress change	☐ Nar	ne change					
Us	e the l	IRS Name of foundation			A Employer identification number						
۰.	label.		Hanson Family Foundation					20-4562272			
Ot	herwi: print	se, Number and street (or PO box	number if mail is not delivered t	o street address) R	oom/suite	<b>B</b> Telephone	number (see page 10 c	f the instructions)			
	or type					C If exemption application is pending, check here D 1. Foreign organizations, check here					
Sec	e Spec	cific City or town, state, and ZIP coo	1 <del>e</del>								
	-	Seattle, WA 98101									
			ection 501(c)(3) exempt p			2. Foreign organizations meeting the 85% test, check here and attach computation   □					
			947(a)(1) nonexempt charitable trust					terminated under			
		arket value of all assets at year (from Part II, col. (c),		000			07(b)(1)(A), check here	_			
	line 16		Other (specify) (Part I, column (d) must be	on cash hasis )			ndation is in a 60-mont ction 507(b)(1)(B), checl	_			
	art I	Analysis of Revenue and		·	T	4.100, 00		(d) Disbursements			
		amounts in columns (b), (c), and (		(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable			
		the amounts in column (a) (see pa	ige 11 of the instructions))	books	"	ncome	income	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc.,	received (attach schedule)					1			
	2	Check ▶ ☐ if the foundation is n						Į.			
	3	Interest on savings and temp	orary cash investments								
	4	Dividends and interest from	securities								
	5a	Gross rents	<b>\</b>								
	b	Net rental income or (loss)									
Revenue	6a	Net gain or (loss) from sale o			<u> </u>			1			
en	b	Gross sales price for all assets on			-						
ě	7	Capital gain get income (from									
Œ	8	Net short-term capital gain .	· · · · · · · · · · · · · · · · · · ·		-						
	9	Income modifications .			<b></b>						
	10a	Gross sales less returns and allo	wances		1						
	b	Less. Cost of goods sold . Gross profit or (loss) (attach)	chadula)		<del> </del>						
	11		ther income (attach schedule)								
	12	Total. Add lines 1 through 11		7							
	13	Compensation of officers, dir			17						
Şe	14	Other employee salaries and			1	<del></del>					
Expenses	15	Pension plans, employee bei	nefits								
ά	16a	Legal fees (attach schedule)									
₹ <b>\</b>	- P	Accounting fees (attach sche	edule)	7	_						
	المار	Other professional fees (attached interest 0	ch schedule)								
net) Camingstration	17	Interest $ \sigma $			<del></del>						
MEY	1284	Zeves (attach schedule) (see pa	ge 14 of the instructions)		<del></del>						
<u>=</u>	19	Depreciation (attach schedul	,		+	_					
181	VI.V	Occupancy			<del>\-</del>						
ᄼᅝ	22	Printing and publications .	etings	<del> </del>							
a	23	Other expenses (attach sche			+ ×	7					
Operating an	24	Total operating and adm				$\angle$					
ā		Add lines 13 through 23									
ğ	25	Contributions, gifts, grants p	aid								
_	26	Total expenses and disbursem									
	27	Subtract line 26 from line 12:			_						
	а	Excess of revenue over exper			$\perp$						
	b	Net investment income (if n									
	С	Adjusted net income (if neg				<del> </del>					
For	Privac	y Act and Paperwork Reduction	n Act Notice, see page 30 o	f the instructions.		Cat No 11289X Form <b>990-PF</b> (2009)					

n2-12 4

	90-PF (20 XVII		n Regarding Tra	nsfers To and Tra	nsactions and	Relationships With Nonch	aritable	Page		
		Exempt Or	rganizations							
1	ın sec					any other organization described section 527, relating to political		es No		
а	Transfers from the reporting foundation to a noncharitable exempt organization of:									
_		ash	<del>-</del>				1a(1)	-		
	(2) Other assets									
b	Other transactions:									
	(1) Sales of assets to a noncharitable exempt organization									
	(2) Purchases of assets from a noncharitable exempt organization									
	(3) Rental of facilities, equipment, or other assets									
	(4) Reimbursement arrangements									
	(5) Loans or loan guarantees									
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees									
d						e. Column (b) should always sho	1c ow the fa	ır mark		
_						on If the foundation received les				
	value	in any transacti	on or sharing arrang	gement, show in colu	mn (d) the value	e of the goods, other assets, or s	ervices re	eceived		
) Lin	e no (l	b) Amount involved	(c) Name of none	charitable exempt organiza	tion (d) De	scription of transfers, transactions, and sl	naring arrang	gements		
				-						
	+	<del> </del>	_	····			<u> </u>			
		-		-						
2a b	descr	ribed in section	ectly or indirectly a 501(c) of the Code ( e following schedule	other than section 50	01(c)(3)) or in sec	nore tax-exempt organizations of the state o		□ No		
(a) Name of organization			(b) Type of or	ganization	(c) Description of relati	onship				
							<u></u>			
		· <del>-</del>								
			-							
						<u> </u>				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, 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.									
	W. Q D Combe X				<del>                                     </del>	1 resourer				
ere	Sign	ature of officer or tru	ustee		Date'	Title				
Sign Here	Paid sparer's se Only	Preparer's	V		Date	Check if Preparer's number (see page 30 of	e Signatu	re on		
	Paid Preparer Use Onl	signature		<u> </u>						
	۵-7	Firm's name (or yo self-employed), ad	urs it dress,			EIN►	<del></del>			
		and ZIP code	<b>7</b>			Phone no.				