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Form **990-PF**

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

2010

OMB No 1545 0052

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

For cal	endar year 2010, or tax year beginning	, 2010, and ending	
G Che	ck all that apply. Initial return	Initial Return of a former public charity	Final return
	Amended return	Address change N	lame change
			A Employer identification number
HARR'	Y F. MAGNUSON FAMILY FOUR	DATION	82-0360036
	BOX 469		B Telephone number (see the instructions)
WALL	ACE, ID 83873		208 752-1131
			C If exemption application is pending, check here
			D 1 Foreign organizations, check here
H C	heck type of organization. Section	n 501(c)(3) exempt private foundation	2 Foreign organizations meeting the 85% test, check
		ole trust X Other taxable private foundation	here and attach computation
I Fa		Accounting method. X Cash Accrual	E If private foundation status was terminated
(fi	rom Part II, column (c), line 16)	Other (specify)	under section 507(b)(1)(A), check here
► \$	210. <i>(f</i>	art I, column (d) must be on cash basis)	under section 507(b)(1)(B), check here
Part I	Analysis of Revenue and		cost (a) Adjusted not (d) Dishursements
	Expenses (The total of amounts i	expenses per books income	nent (c) Adjusted net (d) Disbursements for charitable
	columns (b), (c), and (d) may not ne sarily equal the amounts in column (ces-	purposes
	(see the instructions))	"	(cash basis only)
	1 Contributions, gifts, grants, etc, received (a)	sch) 50,500.	
	2 Ck F if the foundn is not req to att S		
	3 Interest on savings and temporar		
	cash investments		
	4 Dividends and interest from securities		
	5a Gross rents b Net rental income		7
_	or (loss)	e 10	_01
R	6 a Net gain/(loss) from sale of assets not on li b Gross sales price for all	e 10	764
V	assets on line 6a	2011	191
E N	7 Capital gain net income (from Part IV, line 28 Net short-term capital gain	12 MAY 0 3 7011	12
U	9 Income modifications		
Ε	10 a Gross sales less returns and		
	allowances	3000	
	b Less Cost of goods sold	The same with the same	
	c Gross profit/(loss) (att sch)		
	11 Other income (attach schedule)		
	12 Total. Add lines 1 through 11	50,500.	0.
	13 Compensation of officers, directors, trustees14 Other employee salaries and wages	etc U.	
	14 Other employee salaries and wages15 Pension plans, employee benefits		
	16 a Legal fees (attach schedule)		
A D	b Accounting fees (attach sch) See S	1,895.	1,895
M	c Other prof fees (attach sch)	· -	1,693
0 1	17 Interest		
P S	18 Taxes (attach schedule)(see instr.)		
OPERAT	19 Depreciation (attach		
7 7	sch) and depletion		
N V	20 Occupancy		
-	21 Travel, conferences, and meeting	3	
N X	22 Printing and publications		
D P	23 Other expenses (attach schedule)		
E N S	24 Table position and the total of		
Ĕ	24 Total operating and administrative expenses. Add lines 13 through 2	1,895.	1,895
3	25 Contributions, gifts, grants paid Part		144,365
	26 Total expenses and disbursemen		1 111,303
	Add lines 24 and 25	146,260.	0. 146,260
	27 Subtract line 26 from line 12:		
	a Excess of revenue over expenses	-95,760.	
	and disbursements		0.
	b Nat		V . I
N X P P P P P P P P P P P P P P P P P P	b Net investment income (if negative, enter 0 C Adjusted net income (if negative, enter 0)	' 	0.

Form	990-F	PF (2010) HARRY F. MAGNUSON FAMILY FOUNDATION		82-036	0036 Page 2
Dark	11	Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End o	f year
Fall	# 1	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	95,970.	210.	210.
	2	Savings and temporary cash investments			
	3	Accounts receivable		;	
		Less. allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less. allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts ▶			
A S E T	8	Inventories for sale or use			
Ē	9	Prepaid expenses and deferred charges .			
S	10 a	Investments – U.S. and state government obligations (attach schedule)		•	
	ь	Investments — corporate stock (attach schedule)			
		: Investments — corporate bonds (attach schedule)	<u> </u>		
		Investments – land, buildings, and equipment, basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment, basis ▶			
		Less accumulated depreciation			
		(attach schedule)			
		Other assets (describe		··	
	16	Total assets (to be completed by all filers —	95,970.	210.	210.
	17	see instructions. Also, see page 1, item 1)	93,910.	210.	210.
L	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	
A	18	Grants payable			
B	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
÷	21	Mortgages and other notes payable (attach schedule)			ł
<u>i</u>	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			1
		and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted .	95,970.	210.	
ΕU	25	Temporarily restricted			
D	l	Permanently restricted			1
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĘĹ	27	Capital stock, trust principal, or current funds			
T A S N	28	Paid-in or capital surplus, or land, building, and equipment fund			1
С	29	Retained earnings, accumulated income, endowment, or other funds			1
O E R S	30	Total net assets or fund balances (see the instructions)	95,970.	210.	
	31	Total liabilities and net assets/fund balances (see the instructions).	95,970.	210.	
Part	111	Analysis of Changes in Net Assets or Fund Balanc			
				ae with	
I	end-	l net assets or fund balances at beginning of year — Part II, colun of-year figure reported on prior year's return)	iii (a), iiile 30 (must agr	ee with 1	95,970.
2		r amount from Part I, line 27a		2	-95,760.
3		increases not included in line 2 (itemize)		3	1
_		lines 1, 2, and 3		4	210.
		ases not included in line 2 (itemize)		5	
		I net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	e 30 6	210.

(Fartiv (C	(a) List and describ	the kind(s) of property sold (e.g., r se; or common stock, 200 shares ML	eal estate,	(b) How ac P — Purc D — Dona	hase	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A							
b							
С С							
d							
ее							
(e) G	ross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) m	
a							
ь							
с							
<u>d</u>							
<u>e</u>	<u>-</u>	<u> </u>	<u> </u> _				
		ng gain in column (h) and owned by				(I) Gains (Coll	
	of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar			gain minus column (k nan -0-) or Losses (fr	
a						·	
ь						·	
<u>c</u>							
<u>d</u>							
<u>e</u>		<u> </u>	<u> </u>		 .	r	
2 Capital	gain net income or (net	capital loss). If gain, also lf (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		
Net short	t-term capital gain or (l	oss) as defined in sections 1222(5) a	nd (6)				
lf gain, a in Part l		8, column (c) (see the instructions)	If (loss), enter -0-		3		
Part V C	ualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investme	nt Inco	ne		
Was the found	undation does not quali	ion 4942 tax on the distributable amount fy under section 4940(e). Do not com n each column for each year; see the	plete this part.			Yes	X No
Base Calenda	(a) e period years r year (or tax year eginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asso		(col	(d) Distribution umn (b) divided	ratio by column (c))
	2009	271,223.	7	,462.			36.347226
	2008	440,733.		453.		9	72.920530
	2007	435,501.	· · · · · · · · · · · · · · · · · · ·	438.			94.294521
	2006	431,075.		441.			77.494331
	2005	294,932.		144.			48.138889
2 Total of	line 1, column (d)				2	5,0	29.195497
		e 5-year base period — divide the tota has been in existence if less than 5 y			3	1,0	05.839099
4 Enter the	e net value of noncharit	able-use assets for 2010 from Part X	, line 5	į	4		41,428.
5 Multiply	line 4 by line 3				5	41	,669,902.
6 Enter 1%	6 of net investment inco	ome (1% of Part I, line 27b)			6	<u>-</u>	
7 Add line	s 5 and 6				7	41	,669,902.
8 Enter qu	alifying distributions fro	m Part XII, line 4		Ĺ	8		146,260.
If line 8	s equal to or greater th	an line 7, check the box in Part VI, li	ne 1b, and complete that par	t using a 1	% ta	x rate See the	
	nstructions					 	990 DE (2010)

Form 990	PF (2010) HARRY F. MAGNUSON FAMILY FOUNDATION	82-	03600	36	F	age 4
Part VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see t	he instr	uctions)		
1 a Exem	ot operating foundations described in section 4940(d)(2), check here					*
Date	of ruling or determination letter (attach copy of letter if necessary - see instr.)					
b Don	estic foundations that meet the section 4940(e) requirements in Part V,	_ '	1	_		0.
che	k here 🕒 🗌 and enter 1% of Part I, line 27b					
c All o	her domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b).					
2 Tax	under section 511 (domestic section 4947(a)(1) trusts and taxable					
four	dations only Others enter -0-)		2			<u>0.</u>
	lines 1 and 2		3			<u>0.</u>
	title A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-	•)	4			0.
	based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			0.
	hts/Payments.					
	estimated tax pmts and 2009 overpayment credited to 2010 6a					
	mpt foreign organizations – tax withheld at source					
	paid with application for extension of time to file (Form 8868)					
	kup withholding erroneously withheld		_			^
	I credits and payments. Add lines 6a through 6d		7		<u> </u>	0.
	er any penalty for underpayment of estimated tax. Check here If Form 2220 is attached		8			
	lue If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
	the amount of line 10 to be Credited to 2011 estimated tax	>	11			
Pan VI	-A Statements Regarding Activities				1,,	Τ.,
1 a Dur part	ng the tax year, did the foundation attempt to influence any national, state, or local legislation or did cipate or intervene in any political campaign?	it		1 a	Yes	X
b Did (see	t spend more than \$100 during the year (either directly or indirectly) for political purposes the instructions for definition)?			1 b		Х
	e answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materia istributed by the foundation in connection with the activities	s publ	ished			
c Dıd	the foundation file Form 1120-POL for this year?			1 c		Х
d Ente	er the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			_		
	On the foundation \$ 0. (2) On foundation managers \$			0.		
	er the reimbursement (if any) paid by the foundation during the year for political expenditure tax important dation managers $ ightharpoonup$ \$ 0.	sea or	1			
	the foundation engaged in any activities that have not previously been reported to the IRS?			2	İ	X
	es,' attach a detailed description of the activities.			- <u>-</u> -		<u> </u>
3 Has	the foundation made any changes, not previously reported to the IRS, in its governing instrument, as corporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	rticles		3	İ	X
	the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	\vdash	X
	es,' has it filed a tax return on Form 990-T for this year?			4b	N	VA
	here a liquidation, termination, dissolution, or substantial contraction during the year?			5	<u> </u>	X
	es,' attach the statement required by General Instruction T.					 -
	the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	language in the governing instrument, or					
•						
• B ₃	r state legislation that effectively amends the governing instrument so that no mandatory directions the the state law remain in the governing instrument?	at cor	iflict	6	x	1
	ne foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	Х	
	er the states to which the foundation reports or with which it is registered (see the instructions)	>				
N/	A					
	answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General esignate) of each state as required by <i>General Instruction G² If 'No,' attach explanation</i>			8 b	Х	<u> </u>
9 Is the	e foundation claiming status as a private operating foundation within the meaning of section 4942(j)(calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' con	3) or 4 oplete	942(j)(5) Part XI\) 9		<u>x</u>
10 Did	any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing to	heir na	mes			
	addresses			10 Form 9	10-PF	(2010)
						(2010)

	990-PK (2010) HARRI F. MAGNUSON FAMILI FOUNDATION	02-	036003	0		age 5
Par	t VII-A Statements Regarding Activities Continued			,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exempt Website address N/A	on application	on?	13	Х	<u> </u>
14	The books are in care of M.F. Magnuson & Company Teleph	one no 🕨	208 7	52-1	131	
	Located at ► P.O. Box 469 Wallace ID ZIP+	4 ► 838	73 73			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		: 	N/A	. ▶	NI/A
	and enter the amount of tax-exempt interest received or accrued during the year		15			N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other bank, securities, or other financial account in a foreign country?	authority ov	er a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the foreign country ►		•			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		,		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly)		_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	XNo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	XNo			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes	XNo			
ŀ	o If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruc	n ctions)?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•	· 🔲			
¢	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2010?	s,		1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)					
ā	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes	XNo			
	If 'Yes,' list the years > 20, 20, 20, 20					
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494	12(a)(2) 2(a)(2) to				,,
	all years listed, answer 'No' and attach statement — see the instructions.)			2b	N	/A
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20, 20, 20, 20	s here				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
ł	o If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approximately the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	ved		3ъ	N	/A
4 8	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
ŀ	Do Did the foundation make any investment in a prior year (but after December 31, 1969) that could peopardize its charitable propose that had not been removed from jeopardy before the first day of			41		v
B * *	the tax year beginning in 2010?	 		4b	0.05	(2010)
BAA			г	ハロロ ゴゴ	U-FF	(2010)

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Part VII-B Statements Regarding Activit		n 4720 May Be Rec	<u> uired (continued)</u>		
5a During the year did the foundation pay or incur	•	4 4 40454 110			
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e)) ⁷	∐ Yes X	No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	tion drive?			No	
(3) Provide a grant to an individual for travel,			Yes X	No	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instruc	ganization described ctions)	Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	ne transactions fail to qua a current notice regard	ualify under the exception ing disaster assistance	ons	51	b N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ _		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ibility for the grant?		N/A Yes	No	
If 'Yes,' attach the statement required by Regu	ilations section 53.4945	-5(d).			
6a Did the foundation, during the year, receive an on a personal benefit contract?				No S	
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefi	t contract?	61	b X
If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the found	ation a party to a probit	hited tax shelter transac	tion? Yes X	No	
b If yes, did the foundation receive any proceeds				71	Ы
Part VIII Information About Officers, D	irectors, Trustees	, Foundation Mana	gers, Highly Paid	Employ	ees,
and Contractors	·				
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		nse account, illowances
See Statement 2					
		0.	0.		0.
2 Compensation of five highest-paid employees	(other than those incl	uded on line 1— see inst	ructions). If none. ente	r 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper	nse account, illowances
<u>None</u>					
Total number of other employees paid over \$50,000			· · · · · · · · · · · · · · · · · · ·		0
BAA	TEEA0306L	07/23/10		Form 9	990-PF (2010)

Form 990-PF (2010) HARRY F. MAGNUSON FAMILY FOUNDATION	82-0360036	
Part X Minimum Investment Return (All domestic foundations must complete this par see instructions.)	t. Foreign foi	indations,
		<u> </u>
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. a Average monthly fair market value of securities	1 _a	
b Average of monthly cash balances	1b	42,059.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	42,059.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		•
(attach detailed explanation)	o.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	42,059.
		·-·
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	631.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	41,428.
6 Minimum investment return. Enter 5% of line 5.	6	2,071.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	perating four	ndations
and certain foreign organizations check here ► and do not complete this		
1 Minimum investment return from Part X, line 6	1	2,071.
2a Tax on investment income for 2010 from Part VI, line 5		
b Income tax for 2010. (This does not include the tax from Part VI)		
c Add lines 2a and 2b .	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,071.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	2,071.
6 Deduction from distributable amount (see instructions)	6	<u>-</u>
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,071.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	146,260.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	146,260.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	146,260.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years.	her the foundation	on

Form **990-PF** (2010)

BAA

Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2010 from Part XI, Inc.? 2. Indistributable amount for 2009 only 3. Enter amount for 2009 only 3. Enter amount for 2009 only 3. Enter amount for 2009 only 4. Total far pring years 70		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
2. Undestributed recome, if any, as of the ent of 2010. a Enter around ror 2019 only b Total for gran years 20 20 30					0 071
a Enter amount for 2009 only bit fold for pror years 20					2,071.
3 Excess distributions carryover, if any, to 200 a From 2005 b From 2006 431, 075. c From 2007 435, 479. d From 2008 440, 710. e From 2009 270, 850. 1 Total of lines 3 at brough e 1,873,046. 4 Qualifying distributions for 2010 from Part XII, line 4 + 5 146, 260. a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a b Applied to undistributed income of prory years (Election required — see instructions) c Freated as distributions out of corpus (Election required — see instructions) c Freated as distributions out of corpus (Election required — see instructions) c Freated as distributions out of corpus (Election required — see instructions) c Freated as distributions out of corpus (Election required — see instructions) c Enter than 1 and 1 an				0.	
a From 2006	b Total for prior years 20, 20, 20		0.		
b From 2006	· I				
d From 2008					
A From 2008					
e From 2009 270,850. 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4 ► \$ 146,260. a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a c Treated as distributions out of corpus (Election required — see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Less distributions carpyoer applied to 201 (if an amount appears in column (a), the same amount must be shown in column (a), the same amount must be shown in column (a), the same amount must be shown in column (a), the same amount must be shown in column (a), the same amount must be shown in column (a), the same amount for years' undistributed income. Subtract line 4b from line 2b b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the net total of each column as indicated below: a Cirpus Add line 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of pror years' undistributed an one for which a notice of deficiency has been issued, or on which the section 494(26) tax has been previously assessed d subtract line 6 from line 6b. That all amount must be distributed mome for 2009. Subtract line 4b distributed mome for 2009. Subtract line 4b distributed mome for 2010. Subtract lines 4b distributed mome for 2010. Subtract lines 4b distributed mome for 2049. Subtract lines 4b distributed mome for 205 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) 9 Excess from 2000 431, 075. 5 Excess from 2007 435, 479. 5 Excess from 2007 435, 479. 5 Excess from 2009 270, 850.					
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Subtract lines 7 and 8 from line 6a 1,722,303. 10 Analysis of line 9. a Excess from 2006 431,075. b Excess from 2007 435,479. c Excess from 2008 440,710. d Excess from 2009 270,850.	· · · · · · · · · · · · · · · · · · ·	294,932.			
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b Excess from 2007 435, 479. c Excess from 2008 440, 710. d Excess from 2009 270, 850.	10 Analysis of line 9.				
c Excess from 2008 440,710. d Excess from 2009 270,850.					
d Excess from 2009 270, 850.				1	
				1	
		1		1	

Form 990-PF (2010) HARRY F. MAGNUSO	N FAMILY FOU	NDATION		82-0360036	
Part XIV Private Operating Foundati					N/A
1a If the foundation has received a ruling or our is effective for 2010, enter the date of the	ruling				,
b Check box to indicate whether the foundate		rating foundation de T		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1,000	Prior 3 years	4.0.007	/-> -
investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed			-		·
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test - enter					
(1) Value of all assets		<u>-</u> -			
(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.					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
•					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(111)					· · · · · · · · · · · · · · · · · · ·
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during t	he year – see ii	s part only if the nstructions.)	e organization b	nad \$5,000 or mo	ore in
 Information Regarding Foundation Managers of the foundation who 	jers: have contributed mi	ore than 2% of the to	ntal contributions re	ceived by the found:	ation before the
close of any tax year (but only if they hav	e contributed more	than \$5,000) (See s	section 507(d)(2)	ceived by the lound	ation before the
None					
b List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 10	f the stock of a corp 0% or greater intere	oration (or an equa st	lly large portion of th	e ownership of .
2 Information Regarding Contribution, Gran	nt. Gift. Loan, Schol	arship, etc. Program	ns:		
Check here X if the foundation only requests for funds. If the foundation make	makes contributions	to preselected char	itable organizations	and does not accep nizations under othe	nt unsolicited r conditions,
a The name, address, and telephone numb	er of the person to	whom applications s	hould be addressed	1.	
a mo name, address, and telephone name					
b The form in which applications should be	submitted and infor	mation and material	s they should includ	de.	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charitat	ole fields, kinds of ii	nstitutions, or other f	actors
		<u> </u>		- ,	
BAA	TI	EEA0310L 07/23/10			Form 990-PF (2010)

	ear or Approved for Futu	re rayment	· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year See schedule attached ,	No		Charitable	144,365.
			► 3a	144,365.
Total b Approved for future payment			► 3a	
Total			▶ 3b	

Page 12

Part XVI-A Analysis of Income-Producing Activities

Enter gross	amounts unless otherwise indicated.	Unrelat	ed business income	Excluded	by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (see the instructions)
1 Progra	am service revenue:			code	<u> </u>	
		<u> </u>				
		ļ		1		
		<u> </u>		1		
				 		
f				 		
7 Fees	and contracts from government agencies			†		
-	pership dues and assessments					
	t on savings and temporary cash investments					
	ends and interest from securities					
-	ental income or (loss) from real estate				,	
	financed property					
	ebt-financed property					
	ital income or (loss) from personal property			T		
	investment income					
8 Gain or	(loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory					
11 Other	revenue:					
a				<u> </u>		
е				ļ		
12 Subto	otal. Add columns (b), (d), and (e)					<u> </u>
13 Total	. Add line 12, columns (b), (d), and (e)				13	0.
13 Total	. Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calo	culations)			13	0.
13 Total (See works			ishment of Exemp	ot Purpo		0.
13 Total (See works Part XVI	Relationship of Activities to the	Accompl			oses	
13 Total (See works	heet in the instructions for line 13 to verify calc	Accompl			oses	
13 Total (See works Part XVI Line No.	Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI Line No.	Relationship of Activities to the	Accompl			oses	
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13 Total (See works Part XVI Line No.	Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI Line No.	Relationship of Activities to the	Accompl			oses	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de ree a Tr (1 (2 b O (1 (2 (3 (3 (4 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5	d the organization directly escribed in section 501(c) of lating to political organization series from the reporting (ansfers from the reporting from	of the Code (others) foundation to a ncharitable exer m a noncharita nment, or other ements	her than section 56 a noncharitable ex mpt organization ble exempt organi rassets	01(c)(3) organizal	zations) o	r organization r in section 52	7,	1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5)	Yes	X X X X X X X X X X
c S	naring of facilities, equipme	ent, mailing list	s, other assets, o	r paid employe	es			1c		Х
th ar	the answer to any of the a e goods, other assets, or y transaction or sharing a	services given rrangement, sh	by the reporting for now in column (d)	oundation. If the the value of the	foundati goods, o	on received les other assets, o	ss than fair ma r services rece	rket value in ived		
(a) Line	no (b) Amount involved	(c) Name o	f noncharitable exempt	organization	(a) (Description of tran	sfers, transactions,	and snaring arrar	iyement	2
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			·····	·- 						
						· · · · · · · · · · · · · · · · · ·				
		 								
		 								
		 								
		_								
d€	the foundation directly or escribed in section 501(c) of 'Yes,' complete the following	of the Code (ot	ted with, or related her than section 50	d to, one or mo 01(c)(3)) or in s	ection 52	empt organiza 7?	tions	Yes	5 X	No
	(a) Name of organizat	ion	(b) Type (of organization		(c) Description o	f relationship		
N/A										
									•	
				· ·	$\overline{}$		 			
Sign Here	Under penalties of perjury, I declar correct, and complete Declaration Signature of officer or trustee	Fin	ined this return, includir than taxpayer or fiducia	ng accompanying so ary) is based on all i	chedules and information of Date	d statements, and to which preparer h	o the best of my knowledge Secretarite Tritle		, it is tri	ıe,
	Print/Type preparer's na	ame	Preparer's sig	nature /	$\overline{\mathcal{O}}$	Date	Charlest and	PTIN		
Paid		Sec		-AW-C	<u> </u>	5/4/11	Check if self employed	N/A		
Prepa			ison & Compa	iny '			Firm's EIN ► N/	/A		
Use O	nly $ _{\text{Firm's address}} \rightarrow \frac{1}{10}$							2001 752	1121	
		Mallace, I	D 83873				Phone no	208) 752-		
BAA								Form 99	/U-F F	(2010)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2010

Name of the organization		Employer identification number		
HARRY F. MAGNUSON FAMILY FOUN	82-0360036			
Organization type (check one).				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation		
	X 501(c)(3) taxable private foundation			
Check if your organization is covered by the Ger Note . Only a section 501(c)(7), (8), or (10) organ	neral Rule or a Special Rule. Dization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions		
General Rule				
[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II.)				
Special Rules				
509(a)(1) and 170(b)(1)(A)(vi), and received	rm 990 or 990-EZ, that met the 33-1/3% support test of the refrom any one contributor, during the year, a contribution of t /III, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and	he greater of (1) \$5,000 or		
	tion filing Form 990 or 990-EZ, that received from any one co for use <i>exclusively</i> for religious, charitable, scientific, literary als. Complete Parts I, II, and III			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
religious, charitable, etc, contributions of \$5,	000 or more during the year	► \$		
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				
BAA For Paperwork Reduction Act Notice, see 990EZ, or 990-PF.	the Instructions for Form 990, Schedule B	(Form 990, 990-EZ, or 990-PF) (2010)		

Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	r identification number 360036		
	F. MAGNUSON FAMILY FOUNDATION		300030
Part I	Contributors (see instructions)	ī	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	H. James Magnuson Trust		Person X Payroll
	P.O. Box 469	\$10,000.	Noncash
	Wallace, ID 83873	-	(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Kathleen J. Magnuson Trust		Person X Payroll
	P.O. Box 469	\$10,000.	Noncash
	Wallace, ID 83873		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Thomas R. Magnuson Trust		Person X Payroll
	P.O. Box 469	\$ 10,000.	Noncash
		1'	
	Wallace, ID 83873		(Complete Part II if there is a noncash contribution.)
(a) Number		(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution
	Wallace, ID 83873 (b)	(c) Aggregate	(d) Type of contribution Person X
Number	Wallace, ID 83873 (b) Name, address, and ZIP + 4	(c) Aggregate	(d) Type of contribution
Number	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust	(c) Aggregate contributions	(d) Type of contribution Person X Payroll
Number	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust P.O. Box 469	(c) Aggregate contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there
A (a)	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b)	(c) Aggregate contributions \$10,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person X Payroll Noncash
4 (a) Number	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b) Name, address, and ZIP + 4	(c) Aggregate contributions \$10,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution
4 (a) Number	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b) Name, address, and ZIP + 4 John F. Magnuson Trust	(c) Aggregate contributions \$10,000. (c) Aggregate contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person X Payroll
4 (a) Number	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b) Name, address, and ZIP + 4 John F. Magnuson Trust P.O. Box 469	(c) Aggregate contributions \$10,000. (c) Aggregate contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there
(a) Number 5	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b) Name, address, and ZIP + 4 John F. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b)	(c) Aggregate contributions \$ 10,000. (c) Aggregate contributions \$10,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number 5	Wallace, ID 83873 (b) Name, address, and ZIP + 4 Mary E. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b) Name, address, and ZIP + 4 John F. Magnuson Trust P.O. Box 469 Wallace, ID 83873 (b)	(c) Aggregate contributions \$ 10,000. (c) Aggregate contributions \$10,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2010)	F	Page	1 or	f_1 of Part
Name of organ				1	entification number
HARRY I	F. MAGNUSON FAMILY FOUNDATION			82-036	0036
Part II	Noncash Property (see instructions)				
(a) No. from Part I	(b) Description of noncash property given	F ((MV (or see inst	c) estimate) ructions)	(d) Date received
	N/A			-	
		1			
		\$_			
(a) No. from Part I	(b) Description of noncash property given	F ((MV (or see inst	c) estimate) ructions)	(d) Date received
		\$			
(a) No. from Part I	(b) Description of noncash property given	F	MV (or see inst	c) estimate) ructions)	(d) Date received
		\$			ļ
(a) No. from Part I	(b) Description of noncash property given	F (:	(or osee inst	:) estimate) ructions)	(d) Date received
			-		
		\$			
(a) No. from Part I	(b) Description of noncash property given	F (:	(d MV (or e see inst	estimate) ructions)	(d) Date received
				-	
		\$			
(a) No. from Part I	(b) Description of noncash property given	F (s	(c MV (or e see instr	estimate) ructions)	(d) Date received
				· · · · · · · · · · · · · · · · · · ·	
]

TEEA0703L 10/26/10

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

BAA

Name of organization

HARRY F. MAGNUSON FAMILY FOUNDATION

Employer identification number 82-0360036

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry

	For organizations completing Part III, enter t contributions of \$1,000 or less for the year.		arıtable, etc, e ınstructions	s) ►\$	N/A		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is			
raiti	N/A						
							
		(e)					
	_ , , , , , , , , , , , , , , , , , , ,	Transfer of gift	5.1	attenuate the table			
	Transferee's name, addres	s, and ZIP + 4	Kei	ationship of transferor to transfe	ree		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held		
Part I	r urpost or girt			Description of now gire.			
		(e) Transfer of gift					
	Transferee's name, addres		Rela	ationship of transferor to transfe	ree		
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gift is	s held		
							
		(e)					
	Turn of a value was and drag	Transfer of gift	Dale	ationship of transforms to transfo			
	Transferee's name, addres	s, and ZIF + 4	Reid	ationship of transferor to transfe	silp of transferor to transferee		
(a) No. from Part l	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held		
					·		
		(e)					
	Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
					 ·		

2010	Federal Statements	Page 1		
Client HFMFF F	HARRY F. MAGNUSON FAMILY FOUNDATION			
1/31/11		08 36AI		
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees				
Accounting & bank fees	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 1,895. Total \$ 1,895. \$ 0. \$ 0.	(d) Charitable Purposes \$ 1,895. \$ 1,895.		
Statement 2 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trus	Title and Contri-			
Name and Address	Average Hours Compen- bution t <u>Per Week Devoted</u> sation <u>EBP & D</u>			
Colleen B. Magnuson PO Box 469 Wallace, ID 83873	Director \$ 0.\$	0.\$0.		
Dennis M. O'Brien P.O. Box 469 Wallace, ID 83873	Secretary 0.	0. 0.		
H. James Magnuson P.O. Box 2288 Coeur d"Alene, ID 83816	Director 0.	0. 0.		
Kathleen Magnuson Sheppar PO Box 469 Wallace, ID 83873	President 0.	0. 0.		
Thomas R. Magnuson 2810 E Oxbow Colbert, WA 99005	Director 0.	0. 0.		
John F. Magnuson P.O. Box 2350 Coeur d'Alene, ID 83814	Director 0.	0. 0.		
	Total \$ 0. \$	0. \$ 0.		

H.F. Magnuson Family Foundation, Inc. Form 990-PF

SCHEDULE OF CONTRIBUTIONS

For the year ended December 31, 2010

	Purpose		
CATHOLIC CHARITABLE CONTRIBUTIONS		-	
St. Alphonsus Parish	Operating	\$	1,300
Gonzaga University	Educational & Building fur	ıd	125,350
Miscellaneous Churches	Operating		850
	· -	_	127,500
OTHER CHARITIES		_	
1910 Fire Committee	Operating		500
Greenwood Cemetery Association	Operating		100
Idaho Botonical Garden	Operating		200
Idaho Community Foundation	Operating		200
Humane Society	Operating		100
Hospice	Operating		100
Magnuson Charitable Trust	Charitable donations		1,000
Monistery of St. Gertrude	Operating		2,000
Mullan Community Foundation	Operating		
Mullan High School scholarship	Educational		100
Mullan Volunteer Fire Department	Operating		50
National Trust for Historic Preservation	Operating		65
Nine Mile Cemetery Association, Inc.	Cemetery maintenance		500
Northern Pacific Depot Foundation	Museum operations		600
Providence Hospice	Operating		100
Shoshone Community Concert Association	Operating		200
Silverwood Good Samaritan Center	Operating		100
Visitor Industry Charitable Walk	Operating		100
Wallace Civic Auditorium	Operating		9,200
Wallace District Mining Museum	Museum operations		200
Wallace Gyro Club	Youth activities		250
Wallace Public Library Foundation	Operating		1,000
Watson's Childrens Center	Operating		100
Wellesley College	Operating		100
TOTAL OTHER CHARITIES			46.005
TOTAL OTHER CHARITIES		_	16,865
TOTAL CONTRIBUTIONS		\$ =	144,365
Office services and bank charges		\$_	1,895
Total expenditures		\$ _	146,260