

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**

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

Treated as a Private Foundation

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 calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number MAGISTRO FAMILY FOUNDATION 68-0527894 Number and street for P.O. box number if mail is not delivered to street address? Room/suite B Telephone number 3816 HOLLINS 909-447-4488 City or town, state, and ZIP code C If exemption application is pending, check here 91711 CLAREMONT, CA G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Address change Name change H Check type of organization; Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 651,067. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome eneck the foundation is not required to attach Sch B 50,000 Contributions, gifts, grants, etc., received 2 544 544 STATEMENT Dividends and interest from securities 17,133 17,133 STATEMENT Gross rents 0 2 2012 5a -43,156ets not on line 10 .25 <u>, 412 .</u> 0 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 24,521 677 0 12 Total Add lines 1 through 11 0 0. 13 Compensation of officers, directors, trustees, etc 4,925 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees STMT 3 2,150 0 0 0. STMT 4 150 150 0 c Other professional fees 0. 😩 17 Interest STMT 5 307 0 0 0. 18 Taxes 19 Depreciation and depletion Occupancy 3,288 21 Travel, conferences, and meetings 0 0 0. 22 Printing and publications 55 0 0 0. 23 Other expenses STMT 6 24 Total operating and administrative 10,875 150 0 0. expenses. Add lines 13 through 23 Contributions, gifts, grants paid 40,000. 40,000. 25 26 Total expenses and disbursements. 50,875 0 40,000. Add lines 24 and 25 150 27 Subtract line 26 from line 12: -26,354a Excess of revenue over expenses and disbursements 17,527 b Net investment income (if negative, enter -0-) 0 C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions

_		0 PF (2011) MAGISTRO FAMILY FOUNDAT:	ION , INC . Beginning of year	_	0527894 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	of year (c) Fair Market Value
_	1	Cash - non-interest-bearing	(u) Book value	(b) book value	(v) i dii Market Value
	1	Savings and temporary cash investments	150,416.	141,714.	141,714.
		Accounts receivable ▶	130/1101	111/111	141,714.
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other	····		
	•	disqualified persons			
	7	Other notes and loans receivable			
G	'	Less: allowance for doubtful accounts			
	Я	Inventories for sale or use			
ssets	I	Prepaid expenses and deferred charges		 -	
As	I	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 7	404,403.	509,353.	509,353.
		Investments - corporate bonds	404,403.	309,333.	303,333.
		Investments - land, buildings, and equipment basis			
	''	_			
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other			
		F	···		
	14	Land, buildings, and equipment: basis Less accumulated depreciation			
	15				
	13	Other assets (describe ►)			
	10	Total assets (to be completed by all filers)	EE 4 010	CE1 0C7	CE1 0C7
	1	Total assets (to be completed by all filers) Accounts payable and account appears	554,819.	651,067.	651,067.
	1	Accounts payable and accrued expenses	_		-
	18	Grants payable Deferred revenue			-
Liabilities	19	F			-
þi	20	Loans from officers, directors, trustees, and other disqualified persons			-
Ë	21	Mortgages and other notes payable			-
	22	Other liabilities (describe)			1
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	20	Foundations that follow SFAS 117, check here	0.	<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted	<u>55</u> 4,819.	651,067.	
Net Assets or Fund Balances	25	Temporarily restricted	334,013.	051,007.	
3alg	26	Permanently restricted	···		
ᅙ	20	Foundations that do not follow SFAS 117, check here	······	 -	
Ē		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
et/		· · · · · · · · · · · · · · · · · · ·	554 Q1Q	6E1 067	
Z	30	Total net assets or fund balances	554,819.	651,067.	
	24	Total liabilities and net assets/fund balances	EE 4 010	6E1 067	
\equiv	31		554,819.	651,067.	
<u> P</u>	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	1	554,819.	
2	•	r amount from Part I, line 27a		-26,354.	
		r increases not included in line 2 (itemize) UNREALIZED (אדאו או דאויהפייי	MENTS 3	122,602.
		lines 1, 2, and 3	CTATA ON THANDI	4	651,067.
		eases not included in line 2 (itemize)		5	051,007.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	dump (h) line 30	6	651,067.
_	· c·u	Tatti, co	(0), 1110 00		Form 990-PF (2011)

123521 12-02-11

Form **990-PF** (2011)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

	990-PF (2011) MAGISTRO FAMILY FOUNDATION, INC. rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	68- 948	0527 - see i	894 nstru		Page 4
-	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		}			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			3	51.
	of Part I, line 27b	•				<u> </u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			3	51.
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			3	51.
	Credits/Payments:					
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a		ŀ			
	Exempt foreign organizations - tax withheld at source 6b		İ			
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			3	51.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11				
	rt VII-A Statements Regarding Activities					_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-				
	managers ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r		_		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	ļ	_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or			1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV					ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				!	
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
J	of each state as required by General Instruction G? If "No," attach explanation			8ь	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar			<u> </u>	
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
	and the state of t			~ 000	DE	

Form 990 ¹ -PF (2011) MAGISTRO FAMILY FOUNDATION, INC. 68-0527 Part VII-A Statements Regarding Activities (continued)	894	Page 5
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	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		
If "Yes," attach statement (see instructions)	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X	
Website address ► N/A		
14 The books are in care of ► THE FOUNDATION Telephone no. ► 909 - 44		
Located at ► 3816 HOLLINS, CLAREMONT, CA ZIP+4 ►91	.729-2	900
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	BT / 7	
and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	N/A Ye	s No
securities, or other financial account in a foreign country?	1	1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	16	X
Country		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	<u> </u>
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Ye	s No
1a 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 X No		ŀ
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		ŀ
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
(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)?		
(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.)		
b 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 instructions)?	1b	x
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
before the first day of the tax year beginning in 2011?	1c	X
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)):		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		İ
before 2011? Yes X No		
If "Yes," list the years >		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
statement - see instructions.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
<u> </u>		-
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1
during the year? Yes X No		
b If "Yes," did it have excess business holdings in 2011 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 approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or begins of the 10 of t		
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 2011)	25	
Form 4720, to determine if the foundation had excess business holdings in 2011.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	+x
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74	+
had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	x
	m 990-PI	

orm 990-PF (2011) MAGISTRO FAMILY FOUNDATION			<u>68-05278</u>	94 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	i l
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,		
any voter registration drive?		☐ Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	>	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check hi			> /	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		I/A □ Ye	s No	1 1
If "Yes," attach the statement required by Regulations section 53.4945		1/A16	.5	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	· ·			
a personal benefit contract?	ay premiums on		s X No	
·	organal hanafit agatraat?	re		ch V
b Did the foundation, during the year, pay premiums, directly or indirectly, on a profile of the Charles of t	ersonal denemi contract?		 	6b X
If "Yes" to 6b, file Form 8870	hallan I		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye		-
b If "Yes," did the foundation receive any proceeds or have any net income attribu		mana Himbl		7b
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, roundation ivia	inagers, migniy	,	
List all officers, directors, trustees, foundation managers and their	compensation			
List an officers, directors, it distees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	account, other
	to position	`enter -0-)	compensation	allowances
		4 005		
SEE STATEMENT 8		4,925.	0.	0.
	<u> </u>	<u> </u>		<u></u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	T 4.3 Europea
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(-,	compensation	allowances
NONE				
			_	
Total number of other employees paid over \$50,000				0
			Form	990-PF (2011)

		**
WITH GRANTS		40,000.
TO PROVIDE FINANCIAL SUPPORT FOR RESEARCH, EDU EXPANSION IN THE MEDICAL FIELD. PROVIDED 4 ORG		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced	information such as the d, etc.	Expenses
otal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
	<u></u>	
(a) Name and address of each person paid more than \$50,000 NONE	(6) 1) po 01 001 1100	(c) compensation
	ONE." (b) Type of service	(c) Compensation

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	403,351.
b	Average of monthly cash balances	1b_	403,351. 168,767.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	572,118.
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	572,118.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,582.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	563,536
6	Minimum investment return. Enter 5% of line 5	6	28,177.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	28,177.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	351
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,826.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	27,826.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,826
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	40,000
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 charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		-
а	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	40,000
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	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for t	he section
	4940(e) reduction of tax in those years		

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	00.700	10010 prior to 2010	2010	2011
line 7				27,826.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 48,802.				
b From 2007 22,750.				
c From 2008 12,717.				
d From 2009 11,228.				
e From 2010 7,384.	400 004			
f Total of lines 3a through e	102,881.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 40,000.			_	
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount	0.			27,826.
e Remaining amount distributed out of corpus	12,174.			27,020.
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	115,055.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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 2010. Subtract line				Ì
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				•
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	40 000			
not applied on line 5 or line 7	48,802.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	66,253.			
10 Analysis of line 9:	00,255.			
a Excess from 2007 22, 750.	:			
b Excess from 2008 12,717.				
c Excess from 2009 11,228.				
d Excess from 2010 7,384.				
e Excess from 2011 12,174.				
		<u> </u>	·	5 000 DE (00.44)

Form **990-PF** (2011)

	FAMILY FC		INC.		0527894 Page 10
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	•	▶ └	·	
b Check box to indicate whether the founda	—	ng foundation described		J 4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		⊣
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				-	
line 4 for each year listed					
d Amounts included in line 2c not			T		
used directly for active conduct of					
exempt activities				1	
e Qualifying distributions made directly	<u> </u>				
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					
` ′		 	 		
(2) Value of assets qualifying under section 4942(i)(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			į		
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)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	mation (Comple	ete this part only	if the foundatio	n had \$5,000 or	more in assets
at any time during tl	ne year-see inst	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total co	ntributions received by th	e foundation before the	close of any tax
year (but only if they have contributed m	ore than \$5,000). (See	section 507(d)(2))	,		•
CHARLES M. MAGISTRO					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large por	tion of the ownership o	f a partnership or
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarship etc. I	Programe:		·
Check here ► if the foundation of			•	not accept uneclicited	ranuacte for funde If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb					,
CHARLES M. MAGISTRO,	•	* *	ie auui esseu.		
3816 HOLLINS AVE, CL					
			abould polyidat		
b The form in which applications should b					
REQUEST LETTER AND T	AV DELEKWIL	NATION LETT	正なり		
c Any submission deadlines:					
NONE		-, -			
d Any restrictions or limitations on awards		cal areas, charitable field	s, kınds of ınstitutions, o	r other factors:	
MEDICAL RESEARCH AND	EDUCATION				
123601 12-02-11					Form 990-PF (2011

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
POMONA HOPE	NONE	CHARITY	PROGRAMS AND HIRING OF	
401 N GIBBS			PROGRAM DIRECTOR	
POMONA, CA 91767		 		6,000
BARTLETT REGIONAL HOSPITAL FOUNDATION	NONE	CHARITY	MOBILE UNIT EQUIPMENT	
3260 HOSPITAL DR				
JUNEAU, AK 99801		 		6,000
DOMONA WALLEY MOODETS				
POMONA VALLEY HOSPITAL MEDICAL CENTER 1798 N GAREY AVE	NONE	CHARITY	CANCER CENTER	
POMONA, CA 91767				20,000
CANTON DOGA MENODERAL MOCOTERAL	, and the same of			
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION	NONE	CHARITY	HOSPICE SERVICES	
1154 MONTGOMERY RD				
SANTA ROSA, CA 95405	 			8,000
Total		<u> </u>		40.000
b Approved for future payment				40,000
NONE				
NONE				
				
		į		
		1		
		 		
		{		
Total		<u> </u>	▶ 3b	
			Forr	n 990-PF (201

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelate	u business income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b	_	· · · · · · · · · · · · · · · · · · ·			
C					
d	_				
e	i I				
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	544.	
Dividends and interest from securities			14	17,133.	
	-		14	1/,133.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					- <u></u> -
Net rental income or (loss) from personal					
property	ļ				
Other investment income					
Gain or (loss) from sales of assets other					
than inventory	<u> </u>		18	-43,156.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b					
	1 1				
·	1 1				
d	-				
2 Subtotal. Add columns (b), (d), and (e)	_).	-25,479.	0
3 Total. Add line 12, columns (b), (d), and (e)	L	<u>_</u>	<u>, • </u>	13	
	1			13	-47,413
See worksheet in line 13 instructions to verify calculations					
Part XVI-B Relationship of Activitie	s to the Acco	omplishment of I	Exempt P	urposes	
ine No Explain below how each activity for which in	nooma is reported	un column (a) of Part VV	I A contributo	d importantly to the accome	alsohment of
				u importantiy to the accomp	Dustiment of
the foundation's exempt purposes (other th	- providing to	nus for such purposes).			
					
					
		·			
					
				·	
					· · · · · · · · · · · · · · · · · · ·
23621 2-02-11					Form 990-PF (201

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

1 Did 1	he organization directly	y or indirectly engage in any c	of the following	g with any other organizatio	n described in sect	ion 501(c) of		Yes	No
the (Code (other than sectio	n 501(c)(3) organizations) or	ın section 52	7, relating to political organ	izations?	'			
a Tran	sfers from the reportin	g foundation to a noncharitab	le exempt org	janization of:					
(1)	Cash					į	1a(1)		<u>x</u>
(2)	Other assets						1a(2)		<u>X</u>
b Othe	r transactions:								
		ncharitable exempt organizati					1b(1)		<u>X</u>
		om a noncharitable exempt of	rganization				1b(2)		<u>X</u>
		ipment, or other assets					1b(3)		<u>X</u>
٠,,	Reimbursement arrang	•					1b(4)		<u>X</u>
٠,,	Loans or loan guarante						1b(5)		<u>X</u>
٠,		es or membership or fundrais	•				1b(6)		<u>X</u>
		nent, mailing lists, other asset		•		mortina contra at the anada at	1c		<u>X</u>
		above is "Yes," complete the foorting foundation. If the foun						eis,	
		goods, other assets, or servi		cu 1655 tilali iali filafket valu	e iii any ii ansaciioi	TOF SHAFING ATTAINGUMENT, SH	OWIII		
(a) Line no				exempt organization	(d) Description	n of transfers, transactions, and sh	arıng arr	angeme	nts
(-,	(2)	(0) 10.00	N/A	one mpr or gameation	(a) bescription	TO WILLIOUS, WILLOUS, LITE O		arigerne	
	<u> </u>		14/11		 				
	 				 				
				· · · · · · · · · · · · · · · · · · ·	1				
								_	
	<u> </u>				<u></u>				
		r indirectly affiliated with, or r			zations described	_	7		-
		de (other than section 501(c)	(3)) or in sect	ion 527?			Yes	LX	No
<u>b</u> It "Y	es," complete the follow			(h) Type of example tion		(a) Decarration of seletionals			
		ne of organization		(b) Type of organization		(c) Description of relationsh	þ	. —	
		N/A		 					
									
									
	Under penalties of perjury,	, I declare that I have examined this	s return, includin	g accompanying schedules and	statements, and to the	e best of my knowledge			
Sign	and belief (is true, correc	et, and complete. Declaration of pre	eparer (other than	n taxpayer) is based on all inform	nation of which prepare	return	the IRS o	e prepar	er
Here	- Winder	magister		17/19/12	Bresid	ent snow	n below Yes		์ ไทง
	Signature of officer of			Date	Title				
	Print/Type prep	arer's name	Preparer's s	gnature	Date	Check If PTIN			
			Λ	, M		self- employed			
Paid	CATHER	INE L. GRAY	Cather	in L Stay	1/16/12	P01	294	460	
Prepa		VAVRINEK, TRI	NE, DAY	& CO., LLP	·	Firm's EIN ▶ 95-26			
Use C				·					
	Firm's address	▶8270 ASPEN	STREET						
		RANCHO CUCA	MONGA,	CA 91730		Phone no. 909-4			
						For	m 990	-PF	(2011)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

MAGISTRO FAMILY FOUNDATION, 68-0527894 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 X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule 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 For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. 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, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. 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 total 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 its Form 990, or check the box on line H of its Form 990-EZ or on Part I, 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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

MAGISTRO FAMILY FOUNDATION, INC.

68-0527894

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELISE MAGISTRO 404 MCALESTER CLAREMONT, CA 91711	\$ <u>25,000.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAULETTE M. SIMPSON 402 ALASKA BELLE CT DOUGLAS, AK 99824	\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

MAGISTRO FAMILY FOUNDATION, INC.

68-0527894

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2624 SHARES OF CVB FINANCIAL CORPORATION		
		\$ 25,000.	12/14/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	 -
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orga	nization		Employer identification number
MAGIST	RO FAMILY FOUNDATION, Exclusively religious charitable etc. indiv	INC.	(8) or (10) organizations that total more than \$1,000 for the
	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition.	c., contributions of \$1,000 or less for the	(8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
- - -	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY CA	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MERRILL LYNCH				•	5	44.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	OLUMN A		:	5	44.
FORM 990-PF DIVIDEND	S AND INTE	REST FROM	SECUF	RITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT	CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT	
MERRILL LYNCH		18,434.		1,301.	17,133.	
TOTAL TO FM 990-PF, PART I, I	N 4	18,434.		1,301.	17,1	33.
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING	2,150	•	0.		0.	0.
TO FORM 990-PF, PG 1, LN 16B	2,150	•	0.		0.	0.
FORM 990-PF C	THER PROFE	SSIONAL F	EES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
INVESTMENT FEE	150	•	150.		0.	0.
TO FORM 990-PF, PG 1, LN 16C	150	•	150.	, <u></u>	0.	0.
=						

FORM 990-PF	TAX	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			(D) CHARITA PURPOS	
FILING FEES	307.		0.	0.		0.
TO FORM 990-PF, PG 1, LN 18	307.		0.	0.		0.
FORM 990-PF	OTHER E	XPENSES		Sī	PATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			(D) CHARITA PURPOS	
OFFICE	55.		0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	55.		0.	0.		0.
FORM 990-PF	CORPORAT	E STOCK		S	PATEMENT	7
DESCRIPTION			BOOK VALUE	F	AIR MARKE	T
CVB FINANCIAL DELAWARE DIVERSIFIED JANUS FORTY NUVEEN TRADWINDS OPPENHEIMER PRUDENTIAL JENNISON TEMPLETON GLOBAL BOND THORNBURG INTERNATIONAL WELLS FARGO ADV GROWTH			391,852 18,100 9,731 14,123 9,588 13,071 17,622 17,327). 3. 3. 1.	391,8 18,1 9,7 14,1 9,5 13,0 17,6 17,3	00. 31. 23. 88. 71. 22. 27.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		509,353	3.	509,3	53.

	LIST OF OFFICERS, AND FOUNDATION MAN		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES M. MAGISTRO 3816 HOLLINS AVE CLAREMONT, CA 91711	PRESIDENT 2.00	0.	0.	0.
MARY N. MAGISTRO 3816 HOLLINS AVE CLAREMONT, CA 91711	SECRETARY 2.00	0.	0.	0.
PAULETTE M. SIMPSON 3816 HOLLINS AVE CLAREMONT, CA 91711	DIRECTOR 2.00	1,000.	0.	0.
ANDREA M. NADLER 3816 HOLLINS AVE CLAREMONT, CA 91711	DIRECTOR 2.00	1,925.	0.	0.
ELISE M. BAUMGAERTNER 3816 HOLLINS AVE CLAREMONT, CA 91711	DIRECTOR 2.00	1,000.	0.	0.
MARIA M. SHERRY 3816 HOLLINS AVE CLAREMONT, CA 91711	DIRECTOR 2.00	1,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	GE 6, PART VIII	4,925.	0.	0.

Form **\$868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		j	■ X
	are filing for an Additional (Not Automatic) 3-Month Ext			this form)	·	
	omplete Part II unless you have already been granted a				rm 8868	
	ic filing (e-file). You can electronically file Form 8868 if y		·	•		poration
	to file Form 990-T), or an additional (not automatic) 3-mor					-
	o file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	virs gov/efile and click on e-file for Charities & Nonprofits		(see instructions) To more details t	on the elec	aronic ming or ans	3 101111,
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
	ation required to file Form 990-T and requesting an auton				-	
art I on			The second of the sex and	complete	1	
All other	orporations (including 1120-C filers), partnerships, REM Tome tax returns	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	
Гуре or	Name of exempt organization or other filer, see instruc	ctions		Employer	identification nur	mber (FIN) or
orint	The state of the s	01.07.0		Employer identification number (EIN		
	MAGISTRO FAMILY FOUNDATION	TNC	_	\mathbf{x}	68-05278	₹9.4
file by the due date for	About a standard and a second a second a second as a s				curity number (SS	_
ılıng your	3816 HOLLINS				ounty number (ec	,
eturn See nstructions		reign add	ress, see instructions	ı <u></u>		
	CLAREMONT, CA 91711					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
s For		Code	Is For			Code
orm 99)	01	Form 990-T (corporation)			07
orm 99	Ð-BL	02	Form 1041-A		08	
orm 99	0-EZ	01	Form 4720			09
orm 99		04	Form 5227	***		10
	O-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870	••••		12
	THE FOUNDATION				····	
• The b	ooks are in the care of ► 3816 HOLLINS -	CLARI	EMONT, CA 91729-29	0.0		
	hone No ▶ 909-447-4488	021111	FAX No ▶			
	organization does not have an office or place of business	s in the life				
	is for a Group Return, enter the organization's four digit (lf this is fo	r the whole group	chack this
00x >	_					•
	equest an automatic 3-month (6 months for a corporation				ers the extension	is ioi
1 re			tion return for the organization name		The extension	
	for the organization's return for	t Organiza	tion return for the organization name	ed above	The extension	
	X calendar year 2011 or					
			d ===d:==			
	tax year beginning	, an	d ending			
O 12 T	ha tay year antarad in line 1 is feeless than 10 min 1	haal	on Initial return	C	_	
2 If t	he tax year entered in line 1 is for less than 12 months, c	neck reas	on initial return	Final retur	n	
_	Change in accounting period					
0- 16+				Γ.	[
						^
	nrefundable credits See instructions			3a	\$	0.
	timated tax payments made Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a Include your pa	-	•			_
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
	. If you are going to make an electronic fund withdrawal v			orm 8879-		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 8868	(Rev 1-2012)

123841