

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

2011

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 cale	endar year 2011, or tax year beginning	, 2011	, and ending			
	Y F. MAGNUSON FAMILY FOUNDAT BOX 469	ION		A	Employer identification num 82-0360036	nber
	ACE, ID 83873			В	Telephone number (see the 208 752-1131	instructions)
				С	If exemption application is	pending, check here
G Che	ck all that apply Initial return	Initial Return of a form	mer public charity	D	1 Foreign organizations, chec	k here
	Final return Address change	Amended return Name change			2 Foreign organizations meet	
H CI	neck type of organization. Section 501 Section 4947(a)(1) nonexempt charitable tr	(c)(3) exempt private for		E	here and attach computation if private foundation status	
	ir market value of all assets at end of year J Acc	ounting method X C		-	under section 507(b)(1)(A)	
► \$	310. (Part I,	Other (specify) column (d) must be on	cash basis.)	F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part I	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	(a) Revenue and expenses per books	(b) Net investme income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes
	sarily equal the amounts in column (a) (see instructions))	200 200				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck if the foundn is not req to att Sch B	288,200.				
	Interest on savings and temporary cash investments					
	4 Dividends and interest from securities 5a Gross rents					
	b Net rental income or (loss)					
R E	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a					
EVEN	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain					
Ü	9 Income modifications					
-	10 a Gross sales less returns and allowances					
	b Less Cost of goods sold c Gross profit/(loss) (att sch)					
	11 Other income (attach schedule)					***************************************
	12 Total. Add lines 1 through 11	288,200.		0.	0.	
	13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	0.	<u> </u>			
	15 Pension plans, employee benefits					
А	16 a Legal fees (attach schedule)			-,	,	
D M	b Accounting fees (attach sch) See St 1	1,935.			10	1,935.
O N	c Other prof fees (attach sch) 17 Interest		1	VI/\Y		
O ! P S T R R	18 Taxes (attach schedule)(see instrs)			****	10	
E T R A T T	19 Depreciation (attach		1	•	- 1	
1 1	sch) and depletion 20 Occupancy		, , , , ,		- 1 (1)	
G É	21 Travel, conferences, and meetings					
A E	22 Printing and publications23 Other expenses (attach schedule)					
E N S	24 Total operating and administrative					
E S	expenses. Add lines 13 through 23	1,935. 286,165.				1,935. 286,165.
	25 Contributions, gifts, grants paid Stmt 226 Total expenses and disbursements.					
	Add lines 24 and 25 27 Subtract line 26 from line 12:	288,100.		0.	0.	288,100.
	a Excess of revenue over expenses and disbursements	100.				
	b Net investment income (if negative, enter 0)			0.		,
	C Adjusted net income (if negative, enter 0)				0.	

SCANNIED MAY 1 A 2012

Dar		Balance Sheets Attached schedul	les and amounts in the description	Beginning of year	End o	f year
Fai	111	(See instructions	e for end of year amounts only)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		210.	310.	
	2	Savings and temporary cash inves	stments			
	3	Accounts receivable	>		-	
		Less allowance for doubtful accou	unts ►	1		
	4	Pledges receivable	·	·		
		Less allowance for doubtful accou	unts ►			
	5	Grants receivable				
	6	Receivables due from officers, directors, tru disqualified persons (attach schedule) (see	stees, and other			
	7	Other notes and loans receivable (attach sci				
A		Less allowance for doubtful accou		1		
S	8	Inventories for sale or use				
A S S E T	9	Prepaid expenses and deferred ch	narges			
S	_	Investments — U.S. and state gov obligations (attach schedule)	•			
		Investments — corporate stock (attach sch				
		: Investments — corporate stock (attach sch				······································
	ŀ	,	•		***************************************	
	' '	Investments — land, buildings, and equipment basis	·			
		Less, accumulated depreciation (attach schedule)	-			
	12	Investments - mortgage loans				
	13	Investments - other (attach sched	dule)			
	14	Land, buildings, and equipment. b	asis ►			
	:	Less accumulated depreciation (attach schedule)	▶			
	15	Other assets (describe ►))		
	16	Total assets (to be completed by see the instructions. Also, see page	all filers — ge 1, item l)	210.	310.	310.
Ļ	17	Accounts payable and accrued ex	penses.			
A	18	Grants payable				
A B	19	Deferred revenue				
L	20	Loans from officers, directors, trustees, & o	ither disqualified persons			
ı	21	Mortgages and other notes payable (attach	schedule)			
Ť	22	Other liabilities (describe))		
Ė		Table Call Call Call Care 17 House	- L 22\	0.	0.	
<u>s</u>	23	Total liabilities (add lines 17 throu Foundations that follow SFAS 117				
		and complete lines 24 through 26	and lines 30 and 31.			
N F E U	24	Unrestricted		210.	310.	
T N	25	Temporarily restricted				
ΔD	26	Permanently restricted	_	ļ		
A S S A E L T A		Foundations that do not follow SF and complete lines 27 through 31.	AS 117, check here	-		
EL	27	Capital stock, trust principal, or cu	rrent funds			
SN	28	Paid-in or capital surplus, or land, building				
OE	29	Retained earnings, accumulated income, en-				
RS	30	Total net assets or fund balances	(see instructions)	210.	310.	
	31	Total liabilities and net assets/fun (see instructions)		210.	310.	
Par		Analysis of Changes in Net	Assets or Fund Balan		510.	
		net assets or fund balances at beg			ree with	
	end-	of-year figure reported on prior year		ana (a), mie 50 (must agi	1	210.
		amount from Part I, line 27a			2	100.
3		increases not included in line 2 (itemize)			3	
		ines 1, 2, and 3			4	310.
		ises not included in line 2 (itemize)	-		5	
6	Total	net assets or fund balances at end	of year (line 4 minus line 5)	- Part II, column (b), lin	e 30 6	310.

(a) List and describ	the kind(s) of property sold (e.g., relies; or common stock, 200 shares MLC	al estate,	(b) How acqu P — Purcha D — Donatio	se	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			D Donate	-		
b						
c						
d						
e			"			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale			(h) Gain or (e) plus (f) m	
a						
b						
c						-
d						· · · · ·
e						
	ng gain in column (h) and owned by the	ne foundation on 12/31/69			(I) Gains (Colu	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an			ain minus column (k an -0-) or Losses (fr), but not less
a						
b						
С						
đ						<u> </u>
e						
2 Capital gain net income or (net	If (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7	-	2		
If gain, also enter in Part I, line	loss) as defined in sections 1222(5) ar 8, column (c) (see instructions). If (lo	· · · · · · · · · · · · · · · · · · ·				
ın Part I, line 8				3		
	r Section 4940(e) for Reduced foundations subject to the section 494			1e		
If 'Yes,' the foundation does not qual	tion 4942 tax on the distributable amou ify under section 4940(e). Do not comp n each column for each year, see the	olete this part			Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse		(colu	(d) Distribution umn (b) divided	
2010	146,260.	41	,428.			3.530462
2009	271,223.		,462.			36.347226
2008	440,733.		453.		9	72.920530
2007	435,501.		438.			994.294521
2006	431,075.		441.		9	977.494331
2 Total of line 1, column (d)	102/0101			2		984.587070
3 Average distribution ratio for th	e 5-year base period — divide the total i has been in existence if less than 5 y	on line 2 by 5, or by the ears		3		596.917414
4 Enter the net value of nonchar	table-use assets for 2011 from Part X,	line 5		4		86.
5 Multiply line 4 by line 3				5		F1 225
				\neg		51,335.
	ome (1% of Part I, line 27b)			6		51,335.
7 Add lines 5 and 6	ome (1% of Part I, line 27b)		-	6 7		
7 Add lines 5 and 6			-	7		51,335. 51,335.
7 Add lines 5 and 68 Enter qualifying distributions from		ne 1b, and complete that par	t using a 19	7	x rate See the	

Forr	n 990-PF (2011) HARRY F. MAGNUSON FAMILY FOUNDATION	82-	0360	0036			Page 4
Pa	HVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see	instru	ctions)		
1:	a Exempt operating foundations described in section 4940(d)(2), check here						
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)		ŀ				
J	b Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1	ļ			0.
	check here ► X and enter 1% of Part I, line 27b						
•	c All other 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		_				_
,	foundations only Others enter -0-)		2	 			<u> 0 .</u>
3	Add lines 1 and 2 .		3	<u> </u>			0.
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		4	<u> </u>			0.
6	Credits/Payments.		5				0.
	a 2011 estimated tax pmts and 2010 overpayment credited to 2011						
	Exempt foreign organizations — tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868)						
	Backup withholding erroneously withheld 6d	\dashv					
	Total credits and payments Add lines 6a through 6d	\neg	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here		8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	-	9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	- ▶	10				
_11	Enter the amount of line 10 to be, Credited to 2012 estimated tax		11				
Pa	1 VII-A Statements Regarding Activities		•				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No
	participate or intervene in any political campaign?			J	1 a		X
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes						
	(see the instructions for definition)?			- 1	1ь		<u> </u>
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials	publi	shed				
	or distributed by the foundation in connection with the activities.						١,,
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				1c		X
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$			0.			•
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos-	ed on	1				
2	foundation managers \$ 0.						١,,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities			ŀ	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, arti- of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	cles			3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			ŀ	4a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			t	4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			ļ	5		X
	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						l
	● By language in the governing instrument, or				1		l
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	t con	flict				
_	with the state law remain in the governing instrument?),	_6_	X	<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			ļ	7		X
ъa	Enter the states to which the foundation reports or with which it is registered (see instructions) N/A						l
				-	1		
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8Ь	N	A
9			40434	_		7.4	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' comp	or 49 lete f	42(J)(Part X	2) //	9		х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the			ſ			
	and addresses	ıı ııaı.	,,,,,,		10		X
BAA				For	m 99	0-PF	(2011)

	1 990-PF (2011) HARRY F. MAGNUSON FAMILY FOUNDATION 82-036 1 VII-A Statements Regarding Activities (continued)	50036		Page 5
			T	Т
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	<u> </u>	х
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? Website address N/A	13	Х	İ
14	The books are in care of ► H.F. Magnuson & Company Located at ► P.O. Box 469 Wallace ID Telephone no ► 20 ZIP + 4 ► 83873	8 752-1	<u>131</u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/I	<u> </u>	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a		Yes	+
	bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the	16	<u> </u>	Х
Dan	foreign country ►			<u> </u>
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1.,	т
1 2	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. During the year did the foundation (either directly or indirectly)		Yes	No
14	(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		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X Yes X Yes X	No No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	10		
	for the benefit or use of a disqualified person)?	No		
	(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	No		
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	N	/A
	Organizations relying on a current notice regarding disaster assistance check here.			
С	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		<u>x</u>
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))			
	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 before 2011? If 'Yes,' list the years 20, 20, 20, 20	No		
	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.)	26	N	/A
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	No		
	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 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).	3ь	N	/A
	Did the foundation invest during the year any amount in a manner that would jeopardize its			
	charitable purposes?	4a	ļ	X

Form 990-PF (2011) HARRY F. MAGNUSON			82-03	60036	Page 6
Part VII-B Statements Regarding Activit	ies for Which Forr	n 4720 May Be Rec	uired (continued)	, 	
5a During the year did the foundation pay or incur				. [
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry		No	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes X	No	
(4) Provide a grant to an organization other the 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 religious educational purposes, or for the prevention	us, 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 qual a current notice regard	ualify under the exception ing disaster assistance	ons	5ь	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	ne foundation claim exe libility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regu	ılatıons sectıon 53 4945	-5(d)			- 1
6a Did the foundation, during the year, receive ar on a personal benefit contract?				No	
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefi	t contract?	6Ь	<u> X</u>
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	ation a party to a probit	bited tax shelter transac	tion? Yes X	No	
b If 'Yes,' did the foundation receive any procee				N/A 7b	Ī
Part VIII Information About Officers, D	irectors, Trustees	, Foundation Mana	gers, Highly Paid	Employee	es,
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	(e) Expense other allo	
See Statement 3					
		0.	0.		0.
		<u></u>			
		,			
2 Compensation of five highest-paid employees	 - (other than those inclւ	l uded on line 1– see inst	l ructions). If none, ente	r 'NONE.'	
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allo	wances
None					
					:
Total number of other employees paid over \$50,000			>	•	0

Form **990-PF** (2011)

Form 990-PF (2011) HARRY F. MAGNUSON FAMILY FOUNDATION	82-0360036 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High and Contractors (continued)	ly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NON	E.'
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	F
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 Donations to other nonprofit organizations.	
2	
3	
~	
4	
~	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2. Amount
1	Z. Amount
N/A	
~	
2	
~~	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	▶ 0.
ВАА	Form 990-PF (2011)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	288,100.
b Program-related investments — total from Part IX-B	1 Ь	
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)	3ъ	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	288,100.
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	288,100.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA 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,		,		4.
line 7 2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years 20, 20, 20		0.	-	
3 Excess distributions carryover, if any, to 2011.				
a From 2006 431, 075.				
b From 2007 435, 479.				
c From 2008 440, 710.				
d From 2009 270, 850.				
e From 2010 144, 189.	1 722 202			
f Total of lines 3a through e	1,722,303.			
4 Qualifying distributions for 2011 from Part				
XII, line 4 ► \$ 288,100. a Applied to 2010, but not more than line 2a			0.	
• •				
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
 Treated as distributions out of corpus (Election required — see instructions) 	0.			
d Applied to 2011 distributable amount				4.
e Remaining amount distributed out of corpus	288,096.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the	0.			0.
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	2,010,399.			
,				
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section		0.		
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
			-4	
e Undistributed income for 2010. Subtract line 4a from line 2a Taxable amount — see instructions			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 section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	431,075.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,579,324.	ŕ	•	
10 Analysis of line 9		,		
a Excess from 2007 435, 479.			•	
b Excess from 2008 440,710.			-	
c Excess from 2009 270, 850.				
d Excess from 2010 144, 189.	1		:	
e Excess from 2011 288, 096.				F 000 PT (00111
BAA				Form 990-PF (2011)

Form 990-PF (2011) HARRY F. MAGNUSO				82-0360036	Page 10
Part XIV Private Operating Founda					N/A
1a If the foundation has received a ruling or d is effective for 2011, enter the date of the r	uling			^	T
b Check box to indicate whether the foundati		rating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(e) Total
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(a) 2008	(e) Total
b 85% of line 2a		<u> </u>			
 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					
e 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					
(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)(III)					
(3) Largest amount of support from an exempt organization		<u> </u>			·
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the	(Complete this e year – see ir	part only if the structions.)	organization h	nad \$5,000 or mo	re in N/A
1 Information Regarding Foundation Managera List any managers of the foundation who holds of any tax year (but only if they have	ave contributed mo	ore than 2% of the to han \$5,000) (See s	otal contributions re ection 507(d)(2))	ceived by the founda	ion before the
b List any managers of the foundation who o a partnership or other entity) of which the f	wn 10% or more of oundation has a 10	the stock of a corpo 1% or greater interes	oration (or an equal t.	ly large portion of the	ownership of
2 Information Regarding Contribution, Grant	, Gift, Loan, Schola	arship, etc, Program	s:		
Check here ► ☐ if the foundation only m requests for funds. If the foundation makes	akes contributions	to preselected chari	table organizations		
a The name, address, and telephone numbe	of the person to w	vhom applications st	nould be addressed		
	- 110 possion 10				
b The form in which applications should be s	ubmitted and inform	nation and materials	they should includ	e	
c Any submission deadlines.					
d Any restrictions or limitations on awards, si	uch as by geograph	nical areas, charitabl	le fields, kinds of in	stitutions, or other fa	etors

TEEA0310L 07/14/11

Form **990-PF** (2011)

BAA

3 Grants and Contributions Paid During the Yea	r or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year	Substantial contributor			
Total			► 3a	
b Approved for future payment Total			► 3a	

Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated.	Unrelated	d business income	Excluded	by section 512, 513, or 514	4
_mor gross	y amounts amoss otherwise indicates.	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
_	am service revenue			code		
.a.—	<u> </u>	 		++		
		 		1		
d		 		 		
		 		 		
f		 		 		<u> </u>
a Fees	and contracts from government agencies	1		1		
-	pership dues and assessments	 		1		
	t on savings and temporary cash investments					
	ends and interest from securities					7
5 Net re	ental income or (loss) from real estate.					
a Debt-	financed property					
b Not d	ebt-financed property					
6 Net rer	ntal income or (loss) from personal property					
7 Other	investment income					·
8 Gain or	(loss) from sales of assets other than inventory		- · - · · · · · · · · · · · · · · · · ·			
9 Net ır	ncome or (loss) from special events	<u> </u>		 		
	s profit or (loss) from sales of inventory					
	revenue:	ļ				
a		 				
		 		++		
				++		
		 -		+	· · · · · · · · · · · · · · · · · · ·	
e	otal. Add columns (b), (d), and (e)			+		
	. , , , , , , , , , , , , , , , , , , ,			_!	13	0
13 Total	Add line 12, columns (b), (d), and (e)	is)		<u>-l</u>	13	0.
13 Total (See works	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation		hment of Evem	at Purpos	<u> </u>	0.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	Accomplis			ses	
13 Total (See works	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation • Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation B Relationship of Activities to the	Accomplis	d in column (e) of Pa	rt XVI-A co	ses) the

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

	zxompi Organiza							
describe	organization directly o ed in section 501(c) of to political organizatio	the Code (other	ge in any of the following than section 501(c)(3) of	with any ot rganizations)	her organization or in section 52	7,		Yes No
•			oncharitable exempt orga	anization of			1 1	
(1) Cas							1a(1)	X
` `	er assets						1a (2)	$\frac{x}{x}$
	ansactions						1 2/	
		المسميية والأملينية					1,0	l v
	es of assets to a noncl	-	-				1b (1)	X
• •	chases of assets from						1b (2)	X
• -	tal of facilities, equipm		sets				1 b (3)	X
• •	mbursement arrangem						1b (4)	X_
(5) Loans or loan guarantees							1 b (5)	X
(6) Perl	formance of services of	or membership o	r fundraising solicitations	i			1b(6)	X
c Sharing	of facilities, equipmen	nt, mailing lists, d	other assets, or paid emp	oloyees			1c	X
the good	ds, other assets, or se	ervices aiven by t	plete the following sche he reporting foundation in column (d) the value	If the found:	ation received le	ss than fair marke	et value in	of
(a) Line no.	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(0) Description of tran	sfers, transactions, ar	d sharing arrang	<u>jements</u>
N/A								
								
			······································		····			
								
	 +				 			
								
	 -							
								
					- 			
describe	undation directly or ind d in section 501(c) of complete the following	the Code (other	with, or related to, one of than section 501(c)(3)) o	or more tax- r in section	exempt organiza 527?	tions	Yes	XNo
	Name of organization	n l	(b) Type of organization	ation	(c) Description of re	elationship	
N/A								
·····								
						<u> </u>		
					<u> </u>			
Under p	enalties of perjury, I declare	that I have examined	this return, including accompan- taxpayer) is based on all inform	ying schedules a	and statements, and t	o the best of my knowl	edge and belief,	it is true,
Sign Here	Tennis (Suem	5/2/	12	Secretary		May the IR this return preparer s (see instru	RS discuss with the hown below actions)?
Signa	ture of officer or trustee		Date /	· · · · · · · · · · · · · · · · · · ·	itle		I X	Yes No
	Print/Type preparer's name		Preparer's signature		Date	Checkif	PTIN	
Paid	MARK W. ABSEC		Malve	<u></u>	5/2/12	self employed	P00358	144
Preparer	Firm's name ► <u>H</u> .					Firm's EIN ► 27-	2800584	
Use Only	Firm's address ► P.	O. Box 469						
	Wa.	llace, ID	83873			Phone no (20	8) 7 <u>52-1</u>	131
BAA							Form 990)-PF (2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545 0047

2011

Name of the organization		Employer identification number				
HARRY F. MAGNUSON FAMILY	FOUNDATION	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 treate X 501(c)(3) taxable private foundation	ed as a private foundation				
Check if your organization is covered by t Note. Only a section 501(c)(7), (8), or (10)	he General Rule or a Special Rule) organization can check boxes for both the General Ru	ule and a Special Rule. See instructions				
General Rule X For an organization filing Form 990, 990 Secontributor (Complete Parts I and II)	90-EZ, or 990-PF that received, during the year, \$5,000	0 or more (in money or property) from any one				
Special Rules						
509(a)(1) and 170(b)(1)(A)(vi) and red	ling Form 990 or 990-EZ that met the 33-1/3% support is ceived from any one contributor, during the year, a con , Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete	atribution of the greater of (1) \$5,000 or				
For a section 501(c)(7), (8), or (10) or total contributions of more than \$1,000 the prevention of cruelty to children or	ganization filing Form 990 or 990-EZ that received from 0 for use <i>exclusively</i> for religious, charitable, scientific, ranimals. Complete Parts I, II, and III	n any one contributor, during the year, , literary, or educational purposes, or				
contributions for use exclusively for re	ganization filing Form 990 or 990-EZ that received from sligious, charitable, etc, purposes, but these contribution total contributions that were received during the year for parts unless the General Rule applies to this organization of \$5,000 or more during the year.	ons did not total to more than \$1,000 or an exclusively religious, charitable, etc.				
rengious, chantable, etc, contributions	, or \$5,000 or more during the year	Y				
990-PF) but it must answer 'No' on Part IV	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)					
BAA For Paperwork Reduction Act Notice 990EZ, or 990-PF.	ce, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)				

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2011)

of

1 of Part 1

Name of organization

HAPPY E MACNITION EAMITY EQUINDATION

Employer identification number

HARRY	F.	MAGNUSON	FAMILY	FOUNDATION	

82-0360036

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Colleen Magnuson P.O. Box 469 Wallace, ID 83873	\$ 88,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	H. James Magnuson Trust P.O. Box 469 Wallace, ID 83873	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Kathleen J. Magnuson Trust P.O. Box 469 Wallace, ID 83873	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Thomas R. Magnuson Trust P.O. Box 469 Wallace, ID 83873	\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Mary E. Magnuson Trust P.O. Box 469 Wallace, ID 83873	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	John F. Magnuson Trust P.O. Box 469 Wallace, ID 83873	\$ <u>50,000.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution)

1 to

of Part II

Name of organization

HARRY F. MAGNUSON FAMILY FOUNDATION

82-0360036

Employer identification number

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (b)
Description of noncash property given (a) No. from (c) (d) FMV (or estimate) Date received Part I (see instructions) N/A (a) No, from Part I (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received (a) No. from (c) FMV (or estimate) (d) Date received (b) Description of noncash property given Part I (see instructions) (b)
Description of noncash property given (d) Date received (a) No. from Part l (c) FMV (or estimate) (see instructions) (a) (c) (d) FMV (or estimate) No. from Description of noncash property given Date received (see instructions) Part I (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given Schedule B (Form 990, 990-EZ, or 990-PF) (2011) BAA

of Part III

Name of organization
HARRY F. MAGNUSON FAMILY FOUNDATION

Employer identification number 82-0360036

Part III	Exclusively religious, charitable, e	etc, individual contributions \$1,000 for the year.Comp	ons to sect	tion 501(c)(7), (8), or (10) prough (e) and the following line entry		
	-For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	total of <i>exclusively</i> religious, chi (Enter this information once. Se			N/A	
(a)	(b)	(c)		(d)	•	
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held		
	N/A					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship 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, and 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, addres	Rela	Relationship of transferor to transferee			
			T			
(a)	(b)	(c)		(d)		
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held		
						
		(e)				
	Transferee's name, addres	Rela	ationship of transferor to transferee			
			L			

111, '	Federal Statement	ts		Page
Н	ARRY F. MAGNUSON FAMILY FO	OUNDATION		82-03600
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees				
Accounting & bank fees	Expenses Inv		(c) ljusted (c) Income \$ 0.\$	(d) Charitable Purposes 1,935
Statement 2 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant	s			
Cash Grants and Allocatio	ns			
Class of Activity: Donee's Name: Donee's Address:	Various See schedule at	tached		
Relationship of Donee: Organizational Status of Amount Given:	No Donee: Nonprofit		\$ Total <u>\$</u>	286,165. 286,165.
Statement 3 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trus	Title and Average Hours	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trus	Title and Average Hours		bution to EBP & DC	Other
Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trus Name and Address Colleen B. Magnuson PO Box 469	Title and Average Hours Per Week Devoted Director	<u>sation</u>	bution to EBP & DC	Account/ Other \$ (
Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trus Name and Address Colleen B. Magnuson PO Box 469 Wallace, ID 83873 Dennis M. O'Brien P.O. Box 469	Title and Average Hours Per Week Devoted Director O Secretary	<u>sation</u> \$ 0.	bution to EBP & DC \$ 0.	Account/ Other
Name and Address Name and Address Colleen B. Magnuson PO Box 469 Wallace, ID 83873 Dennis M. O'Brien P.O. Box 469 Wallace, ID 83873 H. James Magnuson P.O. Box 2288	Title and Average Hours Per Week Devoted Director 0 Secretary 0 Director 0	\$ 0.	bution to EBP & DC \$ 0.	Account/ Other \$ (

2011,

Federal Statements

Page 2

HARRY F. MAGNUSON FAMILY FOUNDATION

82-0360036

Statement 3 (continued)
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compe sati		Contri- bution to EBP & DC	Expense Account/ Other
John F. Magnuson P.O. Box 2350 Coeur d'Alene, ID 83814	Director 0	\$	0.	\$ 0.	\$ 0.
	Total	L \$	0.	\$ 0.	\$ 0.

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

SCHEDULE OF CONTRIBUTIONS

For the year ended December 31, 2011

	Purpose		
CATHOLIC CHARITABLE CONTRIBUTIONS		=	
St Alphonsus Parish	Operating	\$	1,300
Gonzaga University	Educational & Building fun	d	64,100
Miscellaneous Churches	Operating		350
			65,750
OTHER CHARITIES			
Association for Sacred Encounters	Museum exhibit		200,000
Catholic Charities	Operating		100
Friends of KSPS	Operating		100
Greenwood Cemetery Association	Operating		100
Idaho Community Foundation	Operating		200
HHA Charity Walk	Operating		100
Hospice	Charitable donations		100
Kıwanis	Operating		100
Lookout Pass Free Ski School	Operating		100
Monistery of St. Gertrude	Operating		2,000
Mullan High School scholarship	Scholarship		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	Musuem operations		700
Shoshone Cancer Center	Operating		200
Sisters Holy Names	Operating		250
Sisters Providence	Operating		250
Shoshone Community Concert Association	Operating		200
Silverwood Good Samaritan Center	Operating		
University of Idaho	Operating		600
Wallace Civic Auditiorium Assn	Operating/Youth activities		14,600
			220,415
TOTAL CONTRIBUTIONS		\$	286,165
Office services & bank charges		\$	1,935
TOTAL EXPENDITURES		\$	288,100