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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Department of the Treasury Internal Fevenue Service

For	calen	dar year 2012 or tax year beginning			<u>, and end</u>	ing		
Na	me of	foundation					A Employer identification	number
M	IAG	ISTRO FAMILY FOUNDAT	ION,	INC.			68-0527894	:
Nu	mber a	nd street (or P O box number if mail is not delivered t	o street add	iress)	F	loom/suite	B Telephone number	
_3	81	6 HOLLINS					909-447-44	.88
	•	own, state, and ZIP code					C If exemption application is p	ending, check here
		REMONT, CA 91711						
G	Check	all that apply: Initial return		Initial return of a fo	ormer public cha	arity	D 1. Foreign organization:	s, check here
		Final return		Amended return			2. Foreign organizations me	eeting the 85% test
-		Address change		Name change			Foreign organizations me check here and attach co	omputation
H_(_		$\overline{}$	pt private foundation			E If private foundation sta	
		ction 4947(a)(1) nonexempt charitable trust		ner taxable private founda			under section 507(b)(1)	(A), check here
		· -	counting		X Accrua	11	F If the foundation is in a	
	rom i ►\$	Part II, col. (c), line 16) 681,039. (Part I		(specify)	haere I		under section 507(b)(1)(B), check here
		Analysis of Revenue and Expenses	1, 00,07,77	(a) Revenue and	(b) Net inve		(a) Advisated and	(d) Disbursements
ದ್ಲ		(The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	y not	expenses per books	incom		(c) Adjusted net income	for charitable purposes (cash basis only)
2013	T1	Contributions, gifts, grants, etc., received		1,027,983.				(Cash basis billy)
•	2	Check from If the foundation is not required to attach So	h B					<u> </u>
ဘ	3	Interest on savings and temporary cash investments		1,484.	1	,484.		STATEMENT 1
≥	4	Dividends and interest from securities		18,905.		,905.		STATEMENT 2
MAY	5a	Gross rents						
\supset	b	Net rental income or (loss)						
CCAININE D	6a	Net gain or (loss) from sale of assets not on line 10		-57,731.				·
CAINING Revenue	b	Gross sales price for all assets on line 6a 1,147,63	<u>0. </u>			 		
ξ 🤞	7	Capital gain net income (from Part IV, line 2)	_			0.		
ว์ "	0	Net short-term capital gain	-					
	9	Income modifications Gross sales less returns	-					
	10a	and allowances				 		
		Less Cost of goods sold						
		Gross profit or (loss) Other income						
	12	Total. Add lines 1 through 11		990,641.	2.0	,389.	0.	
_	13	Compensation of officers, directors, trustees, etc		4,800.		0.	0.	0.
	14	Other employee salaries and wages		, , , , , , , , , , , , , , , , , , , ,		 -		
		Pension plans, employee benefits						
Ses	16a	Legal fees						
i e	Ь	Accounting fees STMT		1,300.		0.	0.	0.
Ä	C	Other professional fees STMT	4 _	180.		180.	0.	0.
<u>A</u>	17	Interest	_					· · · · · · · · · · · · · · · · · · ·
ra	18	Taxes	<u> </u>					
i.	19	Depreciation and depletion						
퉏	20	Occupancy		2 255				
Ψ Q	21	Travel, conferences, and meetings	-	2,355.		0.	0.	0.
<u>e</u>	22	Printing and publications Other expenses STMT	<u> </u>	629.		0.	0.	0.
į.	23		' ⊢	023.			<u> </u>	
Operating and Administrative Expens	24	expenses. And mes 13 through 23		9,264.		180.	0.	0.
ő	25	(1,050,000.		<u> </u>		1,050,000.
	26	Contributions, gifts, grants paid						2,000,000
		Add lines 24 and 25 L All DOW		1,059,264.		180.	0.	1,050,000.
	27	Subtract line 26 from line 12:						
		Excess of revenue ever expenses and disbursement	s	-68,623.				
	b	Net investment income (if negative, enter -0-)			20	,209.		
	c	Adjusted net income (if negative, enter -0-)					0.	

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions.

223511 12-05-12 Form **990-PF** (2012)

681,039.

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	2010	33,000.	517,757.		.063736
_	2009	35,000.	480,970.		.072770
_	2008	40,000.	552,479.	-	.072401
	2007	50,000.	<u>551,785.</u>		.090615
2	Total of line 1, column (d)			2	.370502
3	Average distribution ratio for the 5-year ba the foundation has been in existence if less	se period - divide the total on line 2 by 5, or by the than 5 years	e number of years	3	.074100
4	Enter the net value of noncharitable-use as	sets for 2012 from Part X, line 5		4	697,925.
5	Multiply line 4 by line 3			5	51,716.
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	202.
7	Add lines 5 and 6			7	51,918.
8	Enter qualifying distributions from Part XII	, line 4		8	1,053,163.

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.

Form **990-PF** (2012)

See the Part VI instructions.

	990-PF (2012) MAGISTRO FAMILY FOUNDATION, INC. rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		0527 - see ii			Page 4 1 S)
_	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.					 -
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					•
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			2	02.
	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, col. (b).	_				_
2	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			2	02.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2	02.
6	Credits/Payments:					
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					•
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2	02.
10	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 2013 estimated tax	11				
	rt VII-A Statements Regarding Activities				V	NI -
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	
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		<u> </u>
	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				-	77
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
_	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 . Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
е	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
_	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, of	nr				
·	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		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	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:					
	● By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	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					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	CA					
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			8 <u>b</u>	<u>X</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		_	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT	<u>' 7 </u>	10	X	L

Form 990-PF (2012) MAGISTRO FAMILY FOUNDATI		_	68-05278	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:			T	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	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	i l
(4) Provide a grant to an organization other than a charitable, etc., organization				1
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 ourposes, or t			,
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 unc	fer the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instru		rrogarations	N/A 5	ь
Organizations relying on a current notice regarding disaster assistance check h	' - '			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?			s No	
If "Yes," attach the statement required by Regulations section 53 4945		1/A16	.5 110	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j				
a personal benefit contract?	pay premiums on	□ v ₂	s X No	
·	araanal hanafit aantraatû	TE	i	b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			b X
If "Yes" to 6b, file Form 8870	h - ll A 0			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		managa Hisabi		b
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, roundation ivia	inagers, nigniy	/	
List all officers, directors, trustees, foundation managers and their officers.	compensation			
Elst an omoers, an estars, business, roundation managers and then	``	(c) Compensation	(d) Contributions to	(a) Eynense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
. ,	to position	enter -0-)	compensation	allowances
		4 000		0
SEE STATEMENT 8	·	4,800.	0.	<u> </u>
		1		
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	(d) Contributions to	(-) Evanos
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
	devoted to position	, ,	compensation	allowances
NONE				
		<u></u>		
Total number of other employees paid over \$50,000				0
			Form	990-PF (2012)

Form 990-PF (2012) MAGISTRO FAMILY FOUNDATION, INC. 68	-0527894	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	-	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Co	mpensation
NONE		
Total number of others receiving over \$50,000 for professional services	•	
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expens	es
1 TO PROVIDE FINANCIAL SUPPORT FOR RESEARCH, EDUCATION AND EXPANSION IN THE MEDICAL FIELD. PROVIDED 4 ORGANIZATIONS WITH GRANTS	1 050	0,000.
2		,,000.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amour	<u>it</u>
1 <u>N/A</u>	_	
2		
All other program-related investments. See instructions. 3		
		
Total. Add lines 1 through 3		0 . -PF (2012)
	FUIII 330	-r-r (2012)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	583,921.
	Average of monthly cash balances	1b	124,632.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	708,553.
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	708,553.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,628.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	697,925.
6	Minimum investment return. Enter 5% of line 5	6	34,896.
P	art 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	34,896.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	202.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	34,694.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	34,694.
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	34,694.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,050,000.
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	3,163.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Sultability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u></u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,053,163.
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	202.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,052,961.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	or the section

Form **990-PF** (2012)

Part XIII Undistributed Income (see instructions)

•				
	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		Todio prior to 2011		2012
line 7		_		34,694.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 22,750.				
b From 2008 12,717. c From 2009 11,228.				
d From 2009 11,228. d From 2010 7,384.				
e From 2011 12,174.				
f Total of lines 3a through e	66,253.			
4 Qualifying distributions for 2012 from	00,233.			
Part XII, line 4: ▶\$ 1,053,163.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				34,694.
e Remaining amount distributed out of corpus	1,018,469.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	3		0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,084,722.			
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		0.	- -	
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007	22 750			
not applied on line 5 or line 7	22,750.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	1,061,972.			
10 Analysis of line 9:	1,001,314.			
a Excess from 2008 12,717.				
b Excess from 2009 11,228.				
c Excess from 2010 7,384.				
d Excess from 2011 12,174.				
e Excess from 2012 1,018,469.				
	-			Form 990-PF (2012)

Part XIV Private Operating F	oundations (see in			N/A	2/894 Page 1
1 a If the foundation has received a ruling of				N/A	·
foundation, and the ruling is effective fo		, , -			
b Check box to indicate whether the found			t in section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Tig touridation described	Prior 3 years	4342())(0) 01 43	142())(3)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	(4) 20 12	(5) 2071	(0) 2010	(4) 2000	(c) rotar
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					
used directly for active conduct of					İ
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:					
(1) 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					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ntributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)			
CHARLES M. MAGISTRO					
b List any managers of the foundation who other entity) of which the foundation ha			ı (or an equally large portic	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		107
Check here 🕨 🔲 if the foundation of				ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	ber or e-mail of the perso	on to whom applications	should be addressed		
CHARLES M. MAGISTRO,	909-447-44	88			
3816 HOLLINS AVE, CL	AREMONT, CA	91711			
b The form in which applications should to	·		should include:		
REQUEST LETTER AND T	'AX DETERMIN	IATION LETT	ERS		
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on award		ai areas, charitable field	s, kinds of institutions, or c	other factors:	
MEDICAL RESEARCH AND	, FDOCATION				
223601 12-05-12					Form 990-PF (2012)

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	• •
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
BRIGHT PROSPECTS	NONE	CHARITY	EDUCATION	
281 S THOMAS ST POMONA, CA 91766				10 000
POMONA, CA 91700				10,000
POMONA HOPE	NONE	CHARITY	PROGRAMS AND HIRING OF	
401 N GIBBS			PROGRAM DIRECTOR	
POMONA, CA 91767				10,000
POMONA VALLEY HOSPITAL MEDICAL CENTER	NONE	CHARITY	PHYSICAL THERAPY REHAB	
1798 N GAREY AVE	NONE	CHARITI	PROGRAM	
POMONA, CA 91767				515,000
			-	
FIRST SERVE NEW MEXICO	NONE	CHARITY	COMMUNITY SERVICE	
P.O. BOX 31904				
SANTA FE, NM 87594				15,000
FOUNDATION FOR PHYSICAL THERAPY	NONE	CHARITY	PHYSICAL THERAPY	
1111 N FAIRFAX ST			TRAINING	
ALEXANDRIA, VA 22314				500_000
Total	1		▶ 3a	1,050,000
b Approved for future payment				
NONE				
NONE				
			-	
				
Total			▶ 3b	n 990-PF (2012

Part XVI-A	Analy	sis of Inc	come-Proc	lucing A	ctivities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
•	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
-						
a b	_					
c						
d	_ I _ I					
e	_					
g Fees and contracts from government agencies			_			
2 Membership dues and assessments					·	
3 Interest on savings and temporary cash				-		
investments			14	1,484.		
4 Dividends and interest from securities			14	1,484.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income		,				
8 Gain or (loss) from sales of assets other						
than inventory			18	-57,731.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a						
b	_					
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)			0.	-37,342.		
13 Total. Add line 12, columns (b), (d), and (e)				13	-37,342	
See worksheet in line 13 instructions to verify calculations.)					

▼	the foundation's exempt purposes (other than by providing funds for such purposes).				
ŀ					
	· · · · · · · · · · · · · · · · · · ·				
-					
1 -12	Form 990-P				

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is be signature of officer or trustee Date		
Paid Prepa Use C	· · · · · · · · · · · · · · · · · · ·	Date Check self- employe , LLP Firm's EIN	prin d P00796887 P5-2648289

RANCHO CUCAMONGA, CA 91730

Form 990-PF (2012)

909-466-4410

Phone no.

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

2012

Name of the organization

Employer identification number

	MAGISTRO FAMILY FOUNDATION, INC.	68-0527894
Organization typ	e (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	ion
	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	
General Rule X For an o	ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m tor Complete Parts I and II	
Special Rules		
509(a)(1	ction 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	on of the greater of (1) \$5,000 or (2) 2%
total cor	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any catributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal ention of cruelty to children or animals. Complete Parts I, II, and III	
contribu If this bo purpose	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ctions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions of its checked, enter here the total contributions that were received during the year for an Do not complete any of the parts unless the General Rule applies to this organization to, charitable, etc., contributions of \$5,000 or more during the year	did not total to more than \$1,000 on exclusively religious, charitable, etc.
but it must answ	anization that is not covered by the General Rule and/or the Special Rules does not file S er "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ o s 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) (2012)

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.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDREA NODLER 19 TARRO RD SANTA FE, NM 87508	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARLES MAGISTRO 3816 HOLLINS AVE CLAREMONT, CA 91711	\$ <u>1,002,983.</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
		\$	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

	TRO FAMILY FOUNDATION, INC.		-0527894
art II	Noncash Property (see instructions). Use duplicate copies of Pa	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
_2	99,109 SHARES OF CVB FINANCIAL CORPORATION		
		\$ 1,002,983.	12/18/12
(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 organ	ization		Employer identification number				
· . <u>MAGISTE</u> Part III	O FAMILY FOUNDATION, Exclusively religious charitable etc. indiv	INC.	68-0527894				
raitiii	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional and the copies of the copi	c., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once)				
(a) No. from			(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is field				
_		(e) Transfer of gift	<u> </u>				
_	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				
-	(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				
		(e) Transfer of gif	t				
	Transferee's name, address, a		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				
		(a) Transfer of gift	•				
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee				

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MERRILL LYNCH					1,4	84.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			1,4	34.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM	SECUR	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT)
MERRILL LYNCH		20,173.		1,268.	18,9	05.
TOTAL TO FM 990-PF, PART I, L	N 4	20,173.		1,268.	18,9	05.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING	1,300.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 16B	1,300.	-	0.		0.	0.
FORM 990-PF C	THER PROFES	SIONAL F	EES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTEI NET INCOM		
INVESTMENT FEE	180.	<u> </u>	180.		0.	0.
TO FORM 990-PF, PG 1, LN 16C	180.		180.		0.	0.

OTHER E		STATEMENT 5			
(A) EXPENSES PER BOOKS		- ADJ	USTED	(D) CHARITA PURPOS	
629.		0.	0.		0.
629.		0.	0.		0.
CORPORAT	E STOCK		ST	PATEMENT	6
		BOOK VAI		AIR MARKE' VALUE	т
		58, 12, 13, 11, 12, 47, 46, 43,	643. 038. 875. 610. 715. 151. 846. 306. 703.	273,3 58,6 12,0 13,8 11,6 12,7 47,1 19,8 46,3 43,7 51,5	43. 38. 75. 10. 15. 46. 06.
	(A) EXPENSES PER BOOKS 629.	EXPENSES NET INVEST PER BOOKS MENT INCOM 629. CORPORATE STOCK	(A) (B) (CEXPENSES NET INVEST- ADJUSTED NET INCOME NET NET NET NET NET NET NET NET NET NE	(A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME 629. 0. 0. 629. 0. 0.	(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS 629. 0. 0. CORPORATE STOCK STATEMENT BOOK VALUE 273,395. 273,3 58,643. 58,6 12,038. 12,0 13,875. 13,8 11,610. 11,6 12,715. 12,7 47,151. 47,1 19,846. 19,8 46,306. 46,3 43,703. 43,7

	F SUBSTANTIAL CONTRIE PART VII-A, LINE 10	BUTORS	STAT:	EMENT 7
NAME OF CONTRIBUTOR	ADDRESS			
CHARLES MAGISTO	3816 HOLLINS CLAREMONT, CA			
	- LIST OF OFFICERS, IS AND FOUNDATION MANA		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
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	1,800.	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.

4,800. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII