Form 990-PF

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

2017

Open to Public Inspection

	For	cale	ndar year 2017 or tax year beginning	, 2017	, and ending				
,	<u>H.</u>	F.	MAGNUSON FAMILY FOUNDATION			A Employer identification nur 82-0360036 B Telephone number (see ins			
			CE, ID 83873	208 752-1131					
					}	C If exemption application is	pending, check here		
	G (Che	ck all that apply initial return	Initial return of a form	ner public charity	D 1 Foreign organizations, che	ck here		
			Final return Address change	Amended return Name change	ł	2 Foreign organizations mee	ting the 85% test, check		
	H (Che	ck type of organization X Section 50	1(c)(3) exempt private t		here and attach computation			
		Fair i	Section 4947(a)(1) nonexempt charitable narket value of all assets at end of year J Acc	trust Other taxable Counting method: X C		E If private foundation status under section 507(b)(1)(A)			
	((fron	Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60)-month termination		
		- \$ 7 1	6,029. (Part i	, column (d) must be or		under section 507(b)(1)(B			
	13,621	14. 87	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investmer income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	,		Contributions, grifts, grants, etc., received (attach schedule) Check If the foundation is not required to attach Sch. R	167,500.					
4		}		Seator Service Services	\$350-300000 Section 16				
<i>,</i> '			Interest on savings and temporary cash investments Dividends and interest from securities						
		ĺ	5 a Gross rents b Net rental income				THE RESERVE OF THE		
	R	,	,	.	or (loss) 6 a Net gam or (loss) from sale of assets not on line 10				
	Ē		b Gross sales price for all assets on line 6a						
	E N		7 Capital gain net income (from Part IV, line 2)		AV		MARKE SEE SEE		
	N U		Net short-term capital gain Income modifications						
	E		10 a Gross sales less returns and						
			allowances b Less Cost of						
@///7			c Gross profit or (loss) (attach schedule).	TO SERVICE STATE OF THE SECOND					
2			11 Other income (attach schedule)						
=4			12 Total Add lines proughtil //	167,500.		0. 0.	Market Color and the color and		
JUL			13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	0.					
			15 Pension plans, employee benefits 2018	ļ					
ij		A	T6 a Legal lees (attach schedule)						
~		DM	b Accounting rees (attach sch)						
	O P	N	17 Interest						
Ŋ Ŋ	E R	S T R	18 Taxes (attach schedule Xsee instris)						
	Ā	7	19 Depreciation (attach schedule) and depletion						
	N G	¥	20 Occupancy						
	A	E	21 Travel, conferences, and meetings22 Printing and publications.						
	N D	P	23 Other expenses (attach schedule)						
		XPEZSES	24 Total operating and administrative						
		5	expenses. Add lines 13 through 23	161 600	A STREET STREET, CANADA TO STREET, CANADA STREET, C	The state of the s	161 600		
			25 Contributions, gifts, grants paid FAIL AV 26 Total expenses and disbursements.	161,600.			161,600.		
		_	Add lines 24 and 25	161,600.	The country of the same of the board of the same	0. 0.	161,600.		
			27 Subtract line 26 from line 12: a Excess of revenue over expenses			对有类型 非正			
			and disbursements	5,900.					
	D Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)					0.	F TT TO SERVE		
				TO ANTHONY TO ANTICONSTRUCTION AND ANTICON MAN	ex-recessor to the target and the target and	April William	THE PERSON OF TH		

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Parill Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End o	f year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash — non-interest-bearing	129.	6,029.	6,029.
	1	Savings and temporary cash investments			No. 100.00 and 100.00
	3	Accounts receivable			
		Less: allowance for doubtful accounts	THE STATE OF THE PROPERTY OF THE PARTY OF TH	b to the processors of the country o	December 1887 and the control of the
	4	Pledges receivable	ATTACK BELLEVIEW		
	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
_	7	Other notes and loans receivable (attach sch)	44 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
A S S E T		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Ŧ	9	Prepaid expenses and deferred charges			
S	10:	a Investments – U.S. and state government obligations (attach schedule)			
	1	investments — corporate stock (attach schedule)			
	0	; investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis. ▶			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis►			
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe ►)			
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l).	129.	6,029.	6,029.
	17		129.	0,023.	0,029.
Ī	1	Grants payable			
A B	1	Deferred revenue			
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
Ţ		Other liabilities (describe►)		<u> </u>	
Ė					
<u> </u>	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
NE	24	Unrestricted	129.	6,029.	
EU	25	Temporarily restricted			
D	26	Permanently restricted			1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ±
ASSETS		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			To the state of th
E L T A	27	Capital stock, trust principal, or current funds			
ŚÑ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
οE	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŠ	30	Total net assets or fund balances (see instructions)	129.	6,029.	
	31	Total liabilities and net assets/fund balances	100		
DAD	19111111111111111111111111111111111111	(see instructions)	129.	6,029.	
		Analysis of Changes in Net Assets or Fund Balanc			
1	Total	net assets or fund balances at beginning of year — Part II, colupf-year figure reported on prior year's return)	ımn (a), line 30 (must a	gree with	129.
2		r amount from Part I, line 27a		2	5,900.
3		increases not included in line 2 (itemize).		3	3, 300.
4	Add		6,029.		
5		ases not included in line 2 (itemize)		5	0,025.
6		net assets or fund balances at end of year (line 4 minus line 5)	– Part II, column (b).		6,029.
500					5,025.

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

<u>455,323.</u>

161,600.

7

Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

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Par	Excise Tax Based on Investment Income (Section 4940(a), 494	10(b), 4940(e), or 4948 -	 see instruction 	ıs)
1 a		I/A' on line 1.		
	Date of ruling or determination letter: (attach copy of letter if necessary —	see instructions)		_
ь	Domestic foundations that meet the section 4940(e) requirements in Part V,		- · 1	0.
	check here ► 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, Ir	ne 12, col (b)	2227 1 1455 BZ	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			0
_	foundations only, others, enter -0-)		3	0.
	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundatio	ns only others onter	 	0.
4 5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter		5	0.
6	Credits/Payments:	61 -0-	4.01.52.5	
-	2017 estimated tax pmts and 2016 overpayment credited to 2017	6 a		
	Exempt foreign organizations — tax withheld at source	6 b		
	Tax paid with application for extension of time to file (Form 8868)	6 c		
	Backup withholding erroneously withheld	6 d		
	Total credits and payments Add lines 6a through 6d		7	0.
8		220 is attached	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 2018 estimated tax	Refunded	► 11	
Par	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, o participate or intervene in any political campaign?		l it	Yes No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political pu See the instructions for the definition			1 b X
	if the answer is 'Yes' to ${f 1a}$ or ${f 1b}$, attach a detailed description of the activities and copies or distributed by the foundation in connection with the activities	of any materials published	ţ	
	Did the foundation file Form 1120-POL for this year?	during the year		1c X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed (1) On the foundation > \$ 0. (2) On foundation man	agers ►\$	0.	
е	Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on		
	foundation managers • \$ 0.			
2	Has the foundation engaged in any activities that have not previously been report	ted 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 govern of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformation of the instruments of the	ing instrument, articles med copy of the chang	es	3 X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during	ng the year?		4a X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b N/A
5	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) s	satisfied either		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mand with the state law remain in the governing instrument?	latory directions that conf	flict	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II,	col. (c), and Part XV		7 X
8 a	Enter the states to which the foundation reports or with which it is registered. See	e instructions	-	
	ID			
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 <i>General Instruction G</i> ? If 'No,' attach explanation	eral		8b X
9	is the foundation claiming status as a private operating foundation within the mer for calendar year 2017 or the tax year beginning in 2017° See the instructions for	aning of section 4942(j) r Part XIV If 'Yes,' con	i(3) or 4942(j)(5) nplete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a and addresses	schedule listing their nan	nes	10 X
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r, a	nt VII-A Statements Regarding Activities (continued)			· · · · · ·	Yes	No
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	res	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified pers advisory privileges? If 'Yes,' attach statement. See instructions	on had		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	n applicat	tion?	13	Х	
14	Website address ▶ N/A The books are in care of ▶ H.F. Magnuson & Company Telephone	no. ►	208 7	52-1	 131	
	Located at P.O. Box 469 Wallace ID ZIP + 4 >	838				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	- ا -	. .	N/A	•	
	and enter the amount of tax-exempt interest received or accrued during the year	L.,	15		Yes	N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	over a		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.				ا ا د د ا	**************************************
Pá	TVIEB Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
7 :	a During the year, did the foundation (either directly or indirectly)					- 3
	(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 disgualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X 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	1 ;		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here	-				2.4
	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 2017?			1 c		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 $4942(j)(5)$).					
i	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	Yes	X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20	_				
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942) all years listed, answer 'No' and attach statement — see instructions).	(a)(2) (a)(2) to		2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20 , 20 , 20 , 20	here				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business	_	_			
	enterprise at any time during the year?	Yes	X No			
	b If 'Yes,' did it have excess business holdings in 2017 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 approve 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 2017.)	d		3 b	N	/A
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its				14	
-	charitable purposes?			4a	33.2	Χ
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could					
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?			4 b		X

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Part VI-B Statements Regarding Activit	les for which Form	14/20 May Be Req	uirea (continuea)	
5 a During the year, did the foundation pay or incur a (1) Carry on propaganda, or otherwise attemption	=	n (section 4945(e))?	☐ Yes ∑	Yes No
(2) influence the outcome of any specific pub	lic election (see section			
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,		X No		
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc , organi	ization described	Yes	X No
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes	X No
b If any answer is 'Yes' to 5a(1)–(5), did any of described in Regulations section 53 4945 or in a constructions	the transactions fail to current notice regarding o	qualify under the exce disaster assistance?	ptions	5b N/A
Organizations relying on a current notice rega	rding disaster assistant	ce, check here	► [
c If the answer is 'Y' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi	sibility for the grant?	•	N/A Yes [□No
6 a Did the foundation, during the year, receive at on a personal benefit contract?			∐ Yes	X No
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	itly, on a personal bene	fit contract?	6b X
7 a At any time during the tax year, was the found	· · ·			X No
b If 'Yes,' did the foundation receive any proceed Part VIII Information About Officers, D				N/A 7b
and Contractors	neotors, musices,	Tourisation manag	gers, riiginiy r ala	
1 List all officers, directors, trustees, and found	dation managers and ti	neir compensation. See	instructions.	
(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 account,
See Statement 1				
		0.	0	0.
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instructio	ns). If none, enter 'NON	 IE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	
None			oompensation_	
Total number of other employees paid over \$50,000)			0

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Form 990-PF (2017) H. F. MAGNUSON FAMILY FOUNDATION, INC 82-030 PartVIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
	<u> </u>
	
	<u> </u>
~	
Total number of others receiving over \$50,000 for professional services	0
	<u> </u>
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 1 Donations to other nonprofit organizations.	Expenses
	-
	161,600.
2	_
	-
3	
·	-
	-
4	
	<u></u>
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 N/A	-
	-
2	
	-
	-
All other program-related investments See instructions	
3	_
	<u></u>
Total. Add lines 1 through 3	<u> </u>
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÷ 43	see instructions.)	, cigii io	
	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.	1 a	1,201.
	Average of monthly cash balances	1 b	
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	1,201.
	Reduction claimed for blockage or other factors reported on lines 1a and	100 m	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,201.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	18.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,183.
6	Minimum investment return. Enter 5% of line 5	6	59.
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations, check here ☐ and do not complete this part.)	iting four	ndations
1	Minimum investment return from Part X, line 6	1	59.
2 a	Tax on investment income for 2017 from Part VI, line 5	1.5	
Ŀ	Income tax for 2017 (This does not include the tax from Part VI)	1::1	
c	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	59.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	59.
6	Deduction from distributable amount (see instructions)	6	
_ 7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	59.
Pai	t XII Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	161,600.
	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
ł	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	161,600.
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	161,600.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ındatıon	
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				59.
2 Undistributed income, if any, as of the end of 2017.				
a Enter amount for 2016 only			0.	
b Total for prior years. 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012 92,771	<u>.</u>]			
b From 2013 104, 125	_]			
c From 2014 100, 739				
d From 2015 96, 906	<u>.</u>			
e From 2016 91, 373			,	وسي
f Total of lines 3a through e	485,914.		~ \\-	- 1
4 Qualifying distributions for 2017 from Part				
XII, line 4 ► \$ 161,600.				
a Applied to 2016, but not more than line 2a			0.	
 Applied to undistributed income of prior year (Election required — see instructions) 	rs	0.		ا من المنظم المنظم المنظم المنظم
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2017 distributable amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 6-10 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1	59.
e Remaining amount distributed out of corpus		Barrer Barrer		"是是我们是
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the	· Market Market	3474 (1955 - 1954) A		
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	647,455.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut	ed <mark>(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</mark>		第1条约报 等	
income for which a notice of deficiency has been issued, or on which the section 4942(
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.	高速温度	
e Undistributed income for 2016 Subtract line 4a from				
line 2a Taxable amount — see instructions	THE WAS THE		0.	
f Undistributed income for 2017 Subtract line				
4d and 5 from line 1. This amount must be				
distributed in 2018				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)	0.			
8 Excess distributions carryover from 2012 no applied on line 5 or line 7 (see instructions)	92,771.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	554,684.			
10 Analysis of line 9				
a Excess from 2013 104, 125				
b Excess from 2014 100, 739			人人的最多的	
c Excess from 2015 96, 906		19-37 沙漠		
d Excess from 2016 91, 373			的特殊學院等	
e Excess from 2017 161,541				* * * * * * * * * * * * * * * * * * * *
BAA				Form 990-PF (2017)

Form 990-PF (2017) H. F. MAGNUSON F				82-036003	6 Page 10
Part XIV Private Operating Founda				_ <u></u>	N/A
1 a If the foundation has received a ruling or determined is effective for 2017, enter the date of the	ruling	•		_	
b Check box to indicate whether the founda	F	erating foundation d		4942(j)(3) or	4942()(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a.					
 Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 				/	
3 Complete 3a, b, or c for the alternative test relied upon	_			/	
a 'Assets' alternative test — enter				/	
(1) Value of all assets (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			<u> </u>	<u> </u>	
Part XV. Supplementary Information assets at any time during the Information Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they have	ne year — see in gers: ve contributed more the	han 2% of the total co	ontributions received		
None					
b List any managers of the foundation who own a partnership or other entity) of which the None	n 10% or more of the foundation has a 1	stock of a corporation 0% or greater inter-	on (or an equally large est	e portion of the owner	ship of
2 Information Regarding Contribution, Grant, Check here X if the foundation only make requests for funds. If the foundation make 2a, b, c, and d. See instructions	akes contributions to es gifts, grants, etc	preselected charitable to individuals or or	ganızatıons under o	ther conditions, cor	
a The name, address, and telephone number of	or email address of th	e person to whom ap	oplications should be	addressed	
b The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	ble fields, kinds of i	nstitutions, or other	factors
BAA	TE	EA0310L 09/14/17			form 990-PF (2017)

Part XV Supplementary Information (continued)

Page 11

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or	
	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	-	ļ	
See Statement 2				
See Statement 2			1	
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			l	
Total			► 3a	161,600.
b Approved for future payment	-			
			{	
				1
		-		
			1	
		1		
		}		
		1		1
		}]	Į
		1	}	
		}		
Total	- L 		► 3b	

	90-PF (2017) H. F. MAGNUSON FAMII WI-A: Analysis of Income-Producing		ATION, INC		82-03600	36 Page 12
	ross amounts unless otherwise indicated		(b) Amount	Excluded (c) Exclu-	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Pr a b	rogram service revenue	code		sion		(See instructions)
c d e						
2 M 3 int	ees and contracts from government agencies embership dues and assessments terest on savings and temporary cash investments ividends and interest from securities					
5 No a Do	et rental income or (loss) from real estate: ebt-financed property ot debt-financed property					
7 O 8 Ga	the rental income or (loss) from personal property ther investment income in or (loss) from sales of assets other than inventory et income or (loss) from special events.					
10 G	ross profit or (loss) from sales of inventory ther revenue			25/2		
b c_ d_						
13 To	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculati	ions)			13	0.
Part)	M-B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemp					tly to the instructions)
N/2						

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

							Vac No
des	the organization dire cribed in section 501 ating to political organ	(c) of the Code (o	engage in any of ther than section	the following v i 501(c)(3) org	vith any (anization	other organization is) or in section 527,	Yes No
a Tra	nsfers from the repor	ting foundation to	a noncharitable	exempt organ	ization o	f:	
(1)	Cash						1 a (1) X
(2)	Other assets					•	1 a (2) X
b Oth	er transactions						
(1)	Sales of assets to a	noncharitable exe	empt organization	า			1 b (1) X
(2)	Purchases of assets	from a noncharita	able exempt orga	inization			1 b (2) X
(3)	Rental of facilities, e	quipment, or othe	er assets	•			1 b (3) X
(4)	Reimbursement arra	ngements					1 b (4) X
(5)	Loans or loan guarar	ntees					1 b (5) X
(6)	Performance of servi	ices or members'	🔑 or fundraising	solicitations			1 b (6) X
c Sha	aring of facilities, equi	ipment, mailing lis	sts, other assets,	or paid emplo	yees.		1c X
d If th	ne answer to any of th	ne above is 'Yes,'	complete the fol	lowing schedu	le Colun	nn (b) should always show the fareceived less than fair market valu	air market value of
tne anv	goods, other assets, or transaction or sharin	services given by an arrangement is	the reporting foun how in column (c	dation If the to f) the value of	ungation the good	received less than fair market valu ds, other assets, or services rec	ie in eived
(a) Line n			of noncharitable exem			Description of transfers, transactions,	
N/A	(2)	(0)		<u>9</u>		-,,	
							
					- -		
							
	 						
					+		
					_		
							
					 -		
							
							
							
							
	 						
							
							
							
des	ne foundation directly of cribed in section 501	(c) of the Code (o	d with, or related to other than section	to, one or more n 501(c)(3)) or	tax-exem in section	npt organizations in 527?	Yes X No
b If '	es, complete the fol						
	(a) Name of organi	zation	(b) Type	of organization	on	(c) Description of	relationship
N/A			 			-	
	- 		 				
		·	ļ				
			ļ				
) U	Inder penalties of perjury, I do orrect, and complete Declara	ectare that I have examation of preparer (other	nned this return, include than taxpayer) is base	ing accompanying ed on all information	schedules a n of which p	and statements, and to the best of my know preparer has any knowledge	vledge and belief, it is true,
Sign			, , ,				May the IRS discuss
Here	2 /m			15/1411	9	Secretary	this return with the preparer shown below?
	Signature of officer or truste	- Jul	<u> </u>	Date	<u> </u>	Title	See instructions
	Print/Type preparer		Preparer's	signature 4		Date	DTN
	1 -7		The parents	1		Lineux Li	l "
Paid	MARK W. Al		/ <i>Y</i> \	la/11		5/14/18 self-employed	P00358144
Prepare			<u>ıson & Comp</u>	any		Firm's EIN ► 27	-2800584
Use On	Firm's address	P.O. Box 4					
		Wallace, I	ID 83873			Phone no (2	208) 752-1131
BAA					-		Form 990-PF (2017)

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of the organization		Employer Identification number
H. F. MAGNUSON FAMILY FO	JNDATION, INC	82-0360036
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organ	nization
	4947(a)(1) nonexempt charitable trus	st not treated as a private foundation
	527 political organization	·
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	st 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 Ge	eneral Rule and a Special Rule See instructions
General Rule		
X For an organization filing Form 990 property) from any one contributor	990-EZ, or 990-PF that received, during the year Complete Parts I and II See instructions for determined to the second sec	ir, contributions totaling \$5,000 or more (in money or ermining a contributor's total contributions
Special Rules		
under sections 509(a)(1) and 170(b)(1) received from any one contributor.	ction 501(c)(3) filing Form 990 or 990-EZ that me)(A)(vi), that checked Schedule A (Form 990 or 990-E during the year, total contributions of the greater Form 990-EZ, line 1. Complete Parts I and II.	EZ), Part II, line 13, 16a, or 16b, and that
during the year, total contributions of	ction 501(c)(7), (8), or (10) filing Form 990 or 990 of more than \$1,000 <i>exclusively</i> for religious, chairuelty to children or animals. Complete Parts I, II	ritable, scientific, literary, or educational
during the year, contributions exclu \$1,000. If this box is checked, enter charitable, etc., purpose Don't com-	ction 501(c)(7), (8), or (10) filing Form 990 or 990 sively for religious, charitable, etc., purposes, but r here the total contributions that were received diplete any of the parts unless the General Rule against charitable, etc., contributions totaling \$5,000 or r	t no such contributions totaled more than during the year for an <i>exclusively</i> religious, pplies to this organization beca <u>u</u> se
Caution. An organization that isn't cove	ered by the General Rule and/or the Special Rules	s doesn't file Schedule B (Form 990, 990-EZ, or n line H of its Form 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of Part
Name of org		(oyer identification number
	MAGNUSON FAMILY FOUNDATION, INC		-0360036
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Magnuson Properties Partnership PO Box 469	\$ 67,500	
	Wallace, ID 83873		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	University City, Inc.		Person X Payroll
1	PO_Box_469 Wallace, ID 83873	\$100,000	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of-contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash

(Complete Part II for noncash contributions)

BAA

1 to

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

of Part II

Name of organization
H. F. MAGNUSON FAMILY FOUNDATION, INC.

Employer identification number

82-0360036 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. from (d) Date received (c) FMV (or estimate) (See instructions.) Description of noncash property given Part I N/A (a) No. from Part I (d) (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given Date received (a) No. from (b) (c) (d) FMV (or estimate) Date received Description of noncash property given Part I (See instructions.) (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (See instructions.) (d) Date received (a) No. from (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given Part I (a) No. from (p) (c) (d) FMV (or estimate) Date received Description of noncash property given (See instructions.) Part I

Name of organization
H. F. MAGNUSON FAMILY FOUNDATION, INC

Employer identification number 82-0360036

Pantella	exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year.	he year from any one contrib ompleting Part III, enter the tota	butor. Comple al of <i>exclusiv</i> e	te columns (a) through (e) and ely religious, charitable, etc ,		
	Use duplicate copies of Part III if additional	space is needed.	ee mshuchor	ns.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	Transferee's name, addres	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, addres	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		
				 		
	ļ			 		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
						
			L 			

017	Federal Sta	tements			Page 1	
ient HFMFF H. F	H. F. MAGNUSON FAMILY FOUNDATION, INC				82-0360036	
14/18	<u> </u>				09.24A	
Statement 1 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustee	s, and Key Employee	es				
Name and Address	Title Average Per Week	Hours			Expense Account/ Other	
Mary E. Magnuson 1910 E. Galer Street Seattle, WA 98112	Director 0	\$	0. \$	0.\$	0	
Dennis M. O'Brien P.O. Box 469 Wallace, ID 83873	Secretary 1.00		0.	0.	0	
H. James Magnuson P.O. Box 2288 Coeur d"Alene, ID 83816	Director 0		0.	0.	0	
Kathleen Magnuson Sheppard PO Box 469 Wallace, ID 83873	President 1.00		0.	0.	0	
John F. Magnuson P.O. Box 2350 Coeur d'Alene, ID 83814	Director 0		0.	0.	0	
		Total 🛐	0. \$	0. \$	0	
Statement 2 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant		Amount	
Gonzaga University 502 E. Boone St. Spokane WA 99258	No	PC	Facilities funding	\$	118,025	
Society of Jesus PO Box 86010 Portland OR 97286	No	PC	Operations		5,000	
Mullan High School 345 Park St. Mullan ID 83846	No	PC	Scholarships		100	
Northern Pacific Depot Foundation, Inc. PO Box 469	No	PC	Operations		1,000	

2017	Federal Sta	tements		Page 2
Client HFMFF H	H. F. MAGNUSON FAMILY FOUNDATION, INC			82-0360036
5/14/18				09.24AM
Statement 2 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
Wallace Civic Memorial Auditorium Assn PO Box 469 Wallace ID 836/3	No	PC	Facilitiy maintenance	\$ 22,000.
Greater Wallace Comm Dev. Corp PO Box 469 Wallace ID 83873	No	PC	Historic restoration	625.
Nine Mile Cemetery Assn PO Box 469 Wallace ID 83873	No	PC	Cemetery repairs	500.
Sixth Street Melodrama PO Box 1243 Wallace ID 83873	No	PC	Operations	100.
St. Thomas Catholic Churc 919 E. Indiana Ave. Coeur d Alene ID 83873	h None	PC	Building repairs	12,500.
City of Wallace 703 Cedar Street Wallace ID 83873	None	PC	Swimming pool repairs	1,000.
Wallace District Mining Museum 509 Bank Street Wallace ID 83873	None	PC	Museum operations	500.
Wallace Gyro Club PO Box 709 Wallace ID 83873	None	PC	Youth activities	250.
			Total	\$ 161,600.