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

OMB No 1545-0052

2018

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection.

F	or cale	endar	year 2018 or tax	year beginning	, 2018	, and ending		,	
]	H. F	. м	AGNUSON FAM	ILY FOUNDATION			A	Employer identification nut 82-0360036 Telephone number (see ins	
			K 469 ID 83873	,		\	В	208 752-1131	tructions)
_			•				С	If exemption application is	pending, check here 🕨 🗌
G	C he	ck al	I that apply	Initial return Final return	Initial return of a form	ner public charity	D	1 Foreign organizations, che	ck here
_				Address change	Name change	- A		2 Foreign organizations mee here and attach computati	
۲	l Che		pe of organizatio ction 4947(a)(1) r	n X Section 5 nonexempt charitable	01(c)(3) exempt private for trust Other taxable	oundation () orivate foundation	E	If private foundation statu	
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	Adı	21	Travel, conferences,				¥	18	
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	ŏ	26	Total expenses and	•	69,275.	V.C. BEVILLERING THEORY	\$ 'X\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	がはない。 ない。 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、	69,275.
_			Add lines 24 and 25		69,275.		0.	0.	69,275.
_		27	Subtract line 26 from Excess of revenue o		CALL SELECTION				
			and disbursements	to expenses	-4,775.				
		t) Net investment inco	me (if negative, enter -0-)			0.		
			Adjusted net income	(if negative, enter 0-)	1990年1990年1990年1	是他是是是是	1	0.	

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Cash - non-interest-bearing See institutions Cash - non-interest-bearing See institutions See	Pár	आश	Attached schedules and amounts in the description	Beginning of year	End o	f year
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Total liabilities (add lines 17 through 22) Total liabilities and not follow SFAS 117, check here and complete lines 27 through 31. Total liabilities and net assets or fund balances (see instructions) Total net assets or fund balances (see instructions) Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Tocal set instructions) Tocal set assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1	iğ.	1				
Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Unrestricted Unrestricted Unrestricted Foundations that do not follow SFAS 117, check here and complete lines 27, through 31. Capital stock, trust principal, or current funds Retained earnings, accumulated income, endowment, or other funds Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total net assets or fund balances (see instructions) Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a The increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Foundations that follow SFAS 117, check here and complete lines 29 and 31. I count of through 20 and 31. I count of the increases and included in line 2 (itemize) Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Decreases not included in line 2 (itemize)	ت	i				
Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Permanently restricted 6,029. 1,254. 25 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27, through 31. 27 Capital stock, trust principal, or current funds Pard-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 1 Total liabilities and net assets/fund balances (see instructions) 6,029. 1,254. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 6,029. 2 Enter amount from Part I, line 27a 2 -4,775. 3 Other increases not included in line 2 (itemize) 1 6,029. 4 Add lines 1, 2, and 3 4 1,254. 5 Decreases not included in line 2 (itemize) 1 5		22	Other liabilities (describe			
and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Unrestricted 26 Permanently restricted 27, through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 10 Total liabilities and net assets/fund balances (see instructions) 6,029. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total liabilities and net assets/fund balances (see instructions) 6,029. 1,254. 29 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total liabilities and net assets or fund balances (see instructions) 1,254. 20 Paid-in-in-in-in-in-in-in-in-in-in-in-in-in-		23		0.	0.	
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	S		Foundations that follow SFAS 117, check here			
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	Š		and complete lines 24 through 20, and lines 30 and 31.			
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	ā			6,029.	1,254.	
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	~ 👸				· · ·	
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	pu	26	<u> </u>			
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	Fu		and complete lines 27,through 31.			
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	ō	27	Capital stock trust principal or current funds	1		
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	ets	١.				
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	SS		• • • • • • • • • • • • • • • • • • • •			THE RESERVE
(see instructions) Comparison of Changes in Net Assets or Fund Balances 1, 254.	t A		-	6,029	1.254	Carried State of the Control of the
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	Ne		Total liabilities and net assets/fund balances-			
Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Decreases not included in line 2 (itemize) 5	Par	EHE A	<u> </u>		2,201.	MENNET A MENNET & ACTIVITY &
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 5		Total	net assets or fund balances at beginning of year — Part II, colur			6 020
3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 5	2		•			
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5					 	-4,113.
5 Decreases not included in line 2 (itemize) > 5			~~~~~~~~~~			1 25/
`	-				<u> </u>	1,234.
				– Part II, column (b). lir		1.254

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

898,941.

69,275.

7

Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

Form	990-PF (2018) H. F. MAGNUSON FAMILY FOUNDATION, INC		82-0360 <u>03</u>	6	Page 4	
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940((b), 4940(e), or 4948 -	see instructio	ns) *		
1 a	Exempt operating foundations described in section 4940(d)(2), check here	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,	-	. 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, line	12, col (b)		ALCO ALLES	LEEN FIRE	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					
	foundations only, others, enter -0-)		2		<u>0.</u>	
	Add lines 1 and 2		3		<u>0.</u>	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of				<u>0.</u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	0-	5	1) M. J. E. J. A. (1981) 150°	0.	
6	Credits/Payments	- I	24			
		6 a				
		6 b				
	, ,	6 c			7	
		6 d			#12121	
7	Total credits and payments Add lines 6a through 6d		7		<u>0.</u>	
8	Enter any penalty for an experiment of community	0 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.	1	10			
11	Enter the amount of line 10 to be Credited to 2019 estimated tax	Refunded	11			
Par	VII-A Statements Regarding Activities			1.85 17.		
1 a	During the tax year, did the foundation attempt to influence any national, state, or lo participate or intervene in any political campaign?	ocal legislation or did it		道法, Yes 1 a	S No X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political See the instructions for the definition	purposes?		1 b	x	
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and coor distributed by the foundation in connection with the activities	copies of any materials	published	W. 23 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
С	Did the foundation file Form 1120-POL for this year?			1 c	X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur	ring the year	_		1 1 1 1	
	(1) On the foundation > \$ 0. (2) On foundation manag		C		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political foundation managers \$\Bigsis\$\$\$\$\$ \$ 0.	expenditure tax impos	ea on			
2	Has the foundation engaged in any activities that have not previously been reported	to the IRS?		2	X	
2	If 'Yes.' attach a detailed description of the activities.	to the me		* T . H . T . T	7	
	,				E market 1	
3	Has the foundation made any changes, not previously reported to the IRS, in its gov of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conforme	erning instrument, art	icles	3	X	
1-2	Did the foundation have unrelated business gross income of \$1,000 or more during to		•	4 a	$\frac{1}{x}$	
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			—	N/A	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<u> </u>	
J	If 'Yes,' attach the statement required by General Instruction T			1 3 5 1 3 1 5 1	9 N.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfying the sections 4941 through 4945 thr	sfied either				
U	By language in the governing instrument, or			3		
	 By state legislation that effectively amends the governing instrument so that no ma with the state law remain in the governing instrument? 	andatory directions tha	at conflict	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			7 X	<u></u>	
8 a	Enter the states to which the foundation reports or with which it is registered. See in	nstructions >		17/4/17	3 July 197	
	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 $General$ Instruction G^2 If 'No,' attach explanation			8 b X	7 % 7	
9	Is the foundation claiming status as a private operating foundation within the meaning for calendar year 2018 or the tax year beginning in 2018? See the instructions for Pa	ng of section 4942(j)(3) art XIV If 'Yes,' comp	or 4942(j)(5) lete Part XIV	9	$\int \frac{x}{x} \int$	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attact	h a schedule listing the	eir names			
	and addresses	-		10 Form 990-PF	X X	
RAA				PARTY WALL DE	· (/() X)	

Pä	Statements Regarding Activities (continued)						
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions			11	Yes	No X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualification advisory privileges? If 'Yes,' attach statement See instructions	ed persoi	n had	12		x	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?						
14	Website address N/A						
14	The books are in care of ► H.F. Magnuson & Company Located at ► P.O. Box 469 Wallace ID ZIP + 4 ►	e no – · 838	<u>208</u> <u>7</u>	<u>2</u> 7_∓	T3T_	· -	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	75 57		N/A		<u> </u>	
	and enter the amount of tax-exempt interest received or accrued during the year	-	15			N/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other au bank, securities, or other financial account in a foreign country?	thority ov	er a	16	Yes	No X	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country						
Pai	XIIB Statements Regarding Activities for Which Form 4720 May Be Required			12.45d(1.)			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			阿福	Yes	No	
1 a	During the year, did the foundation (either directly or indirectly)						
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	XNo				
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo				
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo				
t	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 b	M N	上 A A	
	Organizations relying on a current notice regarding disaster assistance, check here	•	· 📙				
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?			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))						
ā	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	Yes	XNo				
	If 'Yes,' list the years ▶ 20, 20, 20, 20	_	_				
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see instructions)			2 b	N	A /A	
C	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	ere					
	► 20 , 20 , 20 , 20						
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No				
ł	o If 'Yes,' did it have excess business holdings in 2018 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 2018)			3Ь	N	A /A	
^ 4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		Х	
_ t	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 2018?			4 b		X	
BAA			F	orm 99	0-PF ((2018)	

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Form 990-PF (2018) H. F. MAGNUSON FAI	MILY FOUNDATION	, INC		036003	6	Page	6
Part VII-B: Statements Regarding Activit		n 4720 May Be Red	quired (continu	ed)	Testes of	· · ·	_
5 a During the year, did the foundation pay or incu			—	-		Yes No	
(1) Carry on propaganda, or otherwise attemp			Yes	X No			A
 (2) Influence the outcome of any specific publion, directly or indirectly, any voter registra 	ition drive?		Yes	X No			ì
(3) Provide a grant to an individual for travel,			Yes	X No			2
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? See instructions	ian a charitable, etc , or	ganization described	Yes	X No			子子を
(5) Provide for any purpose other than religious educational purposes, or for the prevention	n of cruelty to children o	or animals?	Yes	X No			100
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in See instructions	the transactions fail to c a current notice regardi	qualify under the excepting disaster assistance?	tions ?		5 b	N/A	1 1
Organizations relying on a current notice regain	rding disaster assistance	e, check here	•	· 🗌			圣木
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure response If 'Yes,' attach the statement required by Regulation	sibility for the grant?		N/A Yes	No			3
6 a Did the foundation, during the year, receive ar							
on a personal benefit contract? b Did the foundation, during the year, pay premi			∐Yes	XNo	6 b	X	4
If 'Yes' to 6b, file Form 8870.	ums, directly of mairect	iy, on a personal benen	it contract.		7232		7
7 a At any time during the tax year, was the found				XNo		Z	•
b If 'Yes,' did the foundation receive any procee8 Is the foundation subject to the section 4960 to				N/A	7 b		_ 3
or excess parachute payment(s) during the ye	, •	re (nam \$1,000,000 m re	Yes	ΧNο			1
Part VIII Information About Officers, Dir		oundation Managers	s. Highly Paid E	mplovee			_
and Contractors							_
1 List all officers, directors, trustees, and found	i			<u>+0 -</u>			_
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee bend plans and defer compensation	efit (e) t red (e account, llowances	,
See Statement 1							
		0.		0.		0.	
2 Compensation of five highest-paid employees		ded on line 1 — see ins	tructions). If none,	io i			_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee bene plans and defer compensation	efit (e) (red	Expense other al	e account, llowances	,
None							
							_
							_
	1						_
							_
	1						
Total number of other employees paid over \$50,000)	<u> </u>	<u> </u>	•			0
							بر

BAA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	2,963.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	2,963.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	o .	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,963.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	44.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,919.
6 Minimum investment return. Enter 5% of line 5	6	146.
PartX Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private	te operating four	ndations
and certain foreign organizations, check here ► and do not complete this	part.)	
1 Minimum investment return from Part X, line 6.	1	146.
2 a Tax on investment income for 2018 from Part VI, line 5		
b Income tax for 2018 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b.	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	146.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	146.
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	146.
Pattix Qualifying Distributions (see instructions)	[35.8.2.]	
 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 	1 a	69,275.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpose	s 2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b 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	69,275.
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	69,275.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	whether the foundati	on

Form **990-PF** (2018)

PartXIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for	2019 from Part YI				
line 7	2016 HOIH Falt XI,				146.
Undistributed income, if any, a					
a Enter amount for 2017 o	nly	建设设施的		0.	
b Total for prior years 20, 20, 20			0.		
3 Excess distributions carryover,	• •				
a From 2013	104,125.				
b From 2014	100,739.				
c From 2015	96,906.				
d From 2016	91,373.				
e From 2017	161,541.				
f Total of lines 3a through		554,684.	新印度与1250		
4 Qualifying distributions f					
XII, line 4 🕨 💲	69,275.				
a Applied to 2017, but not	more than line 2a			0.	
 b Applied to undistributed (Election required — see 	income of prior years instructions)		0.		
c Treated as distributions (Election required – see	out of corpus e instructions)	0.			
d Applied to 2018 distribut	able amount	PERMIT			146.
e Remaining amount distri	buted out of corpus	69,129.			
5 Excess distributions carryover	applied to 2018	0.		BAR SERVED OF A	0.
(If an amount appears in same amount must be s					
same amount must be s	siowii iii colulliii (a))				
6 Enter the net total of each	ch column ac				
indicated below:	cii coluiliii as				
a Corpus Add lines 3f, 4c, and 4	e Subtract line 5	623,813.			
b Prior years' undistribute line 4b from line 2b	d income Subtract		0.		
c Enter the amount of price	or years' undistributed				
income for which a notic been issued, or on whic	te of deficiency has to the section 4942(a)				
tax has been previously	assessed		0.		
d Subtract line 6c from lin	e 6b. Taxable				
amount - see instructio			0.		
e Undistributed income for 2017	Subtract line 4a from				
line 2a Taxable amount — see				0.	
A blandonka to discourse of	. 2010 . C b				
f Undistributed income for 4d and 5 from line 1. Th					
distributed in 2019		到於那種語言部			0.
7 Amounts treated as dist					
corpus to satisfy require section 170(b)(1)(F) or 4	1942(q)(3) (Election				
may be required - see		0.			
8 Excess distributions can applied on line 5 or line	ryover from 2013 not 7 (see instructions)	104,125.			
9 Excess distributions cal Subtract lines 7 and 8 fr	rryover to 2019. om line 6a	519,688.			
10 Analysis of line 9		新江宝泽西海洋温度			
a Excess from 2014	100,739.				
b Excess from 2015	96,906.				
c Excess from 2016	91,373.				
d Excess from 2017	161,541.				
e Excess from 2018	69,129.		医是不足术的		
BAA					Form 990-PF (2018)

Form 990-PF (2018) H. F. MAGNUSON F.				82-036003	6 Page 10
Part XIV. Private Operating Founda					N/A ~
1 a If the foundation has received a ruling or d is effective for 2018, enter the date of the r	ruling			_	
b Check box to indicate whether the foundati		ating foundation des		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2018	(b) 2017	Prior 3 years (c) 2016	(d) 2015	(e) Total
investment return from Part X for each year listed	(a) 2016	(0) 2017	(6) 2010	(u) 2013	·
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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)(j)					
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 Information assets at any time during the	(Complete this	part only if the	foundation ha	d \$5,000 or moi	e in
1 Information Regarding Foundation Manage		30000013.)			
a List any managers of the foundation who h close of any tax year (but only if they have	ave contributed mo	re than 2% of the to	tal contributions red ection 507(d)(2))	ceived by the founda	ation before the
None			(-,,-,,		
b List any managers of the foundation who o a partnership or other entity) of which the f None	wn 10% or more of oundation has a 10	the stock of a corpo % or greater interes	oration (or an equal t	ly large portion of th	e ownership of
2 Information Regarding Contribution, Grant Check here ► X if the foundation only m requests for funds. If the foundation makes	akes contributions	to preselected charif	table organizations		
2a, b, c, and d See instructions			·		
a The name, address, and telephone numbe	r or email address (of the person to who	om applications sho	uld be addressed	
b The form in which applications should be s	ubmitted and inform	nation and materials	they should include	e	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charitabl	e fields, kinds of in	stitutions, or other fa	actors
BAA	TE	EA0310L 12/12/18		<u> </u>	form 990-PF (2018)
wrvs.	150	210210L 1212/10		•	J JJU-1 1 (2010)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year See Statement 2 3 a 69,275. Total b Approved for future payment 3 Ь Total

Enter gross	amounts unless otherwise indicated	Unrelate	ed business income	Excluded	d by section 512, 513, or 514	`(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
-	ram service revenue			code		
. a				 	 	
b				1	 	
<u>`</u>			<u> </u>	 	 	
d				 	 	
, —			<u></u>	╁		
T	and analyze to from government agencies			 		
	and contracts from government agencies		<u> </u>	<u> </u>		<u> </u>
	bership dues and assessments		<u> </u>	1		
	t on savings and temporary cash investments ends and interest from securities			 		
•		# 7 mm 1 mm	The Birk of April 1997	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control of the second of the s	THE WALLS WELLS
	ental income or (loss) from real estate financed property	/ 'ggt' - → 1	Market Carry Mark	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ebt-financed property			1		
	ntal income or (loss) from personal property			1		
	r investment income			 		
	r (loss) from sales of assets other than inventory			 		
	ncome or (loss) from special events			 		
	s profit or (loss) from sales of inventory			+		
	revenue	47 4 200 4 6	The Transfer of the second		Carried Strain Control	A STATE OF THE STA
a a	Tevende	* 2 **	N. 17 1 50 0 40 0 0	1 3 3 2 7	The state of the state of	E , 1 , 1 H5 19A
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d		 				
e	otal Add columns (b), (d), and (e)	* * * * * * * * * * * * * * * * * * *				
e	otal Add columns (b), (d), and (e) . Add line 12, columns (b), (d), and (e)	A TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWN			13	0
e Subto	otal Add columns (b), (d), and (e) . Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation			1.1	13	0.
e Subto	. Add line 12, columns (b), (d), and (e)	ons)				0.
e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
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e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
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e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
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e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
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e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
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e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the
e 12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which in	ons) ne Accomple ncome is repor	ishment of Exemp	t Purp	oses contributed importantly t	o the

Form 990-PF (2018) H. F. MAGNUSON FAMILY FOUNDATION, INC 82-0360036 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

	Exempt Organiz	ations								
describe	organization directly (d in section 501(c) (c to political organizati	other than sec	ngage in any of th tion 501(c)(3) orga	e following with anizations) or ii	any oth	ner organization i 527,			Yes	No
a Transfers	s from the reporting	foundation to	a noncharitable e	xempt organiza	tion of			建筑	100	12.
(1) Cash	1							1 a (1)		X
(2) Othe	r assets							1 a (2)		X
b Other tra	insactions							SAME A	45-41	
(1) Sale	s of assets to a none	charitable exer	mpt organization					1 b (1)	and Carrell	X
(2) Purc	(2) Purchases of assets from a noncharitable exempt organization									X
(3) Rental of facilities, equipment, or other assets							1 b (2) 1 b (3)		X	
	nbursement arranger	-						1 b (4)		X
• • •	s or loan guarantees							1 b (5)		X
` '	ormance of services		p or fundraising s	olicitations				1 b (6)		X
• •	of facilities, equipme				es			1 c		X
d If the and the good any trans	swer to any of the ables, other assets, or staction or sharing ar	pove is 'Yes,' o ervices given rangement, sh	complete the follo by the reporting fo now in column (d)	wing schedule oundation If the the value of the	Column e founda e goods,	(b) should alwa tion received le- other assets, o	ys show the fair m ss than fair market r services received	arket value value in	e of	
<u> </u>	(b) Amount involved	(c) Name o	of noncharitable exemp	t organization	(d)	Description of tran	sfers, transactions, and	sharing arran	gements	;
N/A					<u> </u>					
				<u></u>	<u> </u>					
					<u> </u>					
						·				
			<u> </u>		<u> </u>					
				<u> </u>						
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		<u> </u>								
	·				ļ					
			<u>. </u>				·			
	undation directly or in d in section 501(c) (c complete the followin		ited with, or relate tion 501(c)(3)) or	ed to, one or mo in section 527?	ore tax-e	exempt organiza	tions	Yes	X	No
 -	Name of organization		(h) Type	of organization		(6) Description of rel	ationshin		
	Traine or organization	-	(6) 1980	or organization) 2 0 0 0 1 pt 0 1 1 0 1 1 0 1		_	
11/ 21										
			· · · · · · · · · · · · · · · · · · ·					 _		
			· · · · · · · · · · · · · · · · · · ·				·			
Under pe	enalties of perjury, I declare the and complete. Declaration	hat I have examined	this return, including acc	companying schedule	s and stater	ments, and to the best	of my knowledge and beli	ef, it is true,		
Sign Here	and complete Declaration	of preparer (other	er	d on all information	g Þ <u>s</u>	Secretary	vledge	May the this retur preparer s	n with th shown be	ne [
<u> </u>	Print/Type preparer's nam	ne	Preparer's si	gnature /	$\overline{}$	Date	Check rf	PTIN		
Paid	MARK W. ABSE	C	VN	a/W		11/28/	self-employed	P00358	3144	
Preparer			ison & Compa	anv		/	Firm's EIN - 27-2	800584		
Jse Only		.0. Box 4		<u>J</u>			2, 2	200004		
- Jo Only			D 83873				Phone no (208) 752-	1131	
BAA			.5_00010		· <u> </u>		(200	Form 99		2018)
									(/

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

2018

Name of the organization		Employer identification number	
H. F. MAGNUSON FAMILY FOUNDAT	ION, INC	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 p	private foundation	
	527 political organization		
Form 990-PF X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a priva	ite foundation	
		te loundation	
	501(c)(3) taxable private foundation		
Check if your organization is covered by the Ger	neral Rule or a Special Rule.		
Note: Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule and a Sp	ecial Rule See instructions	
General Rule			
	or 990-PF that received, during the year, contributions total	ing \$5,000 or more (in money or	
property) from any one contributor Complet	e Parts I and II. See instructions for determining a contributo	or's total contributions	
Special Rules			
For an organization described in section 501	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support	rt test of the regulations	
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part Iİ, Iır e year, total contributions of the greater of (1) \$5,000, or (2)	ne 13, 16a, or 16b, and that	
Form 990, Part VIII, line 1h; or (ii) Form 990	-EZ, line 1 Complete Parts I and II	270 of the amount on (i)	
For an organization described in section 501 during the year, total contributions of more to	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from \$1,000 exclusively for religious, charitable, scientific, lite	om any one contributor, erary, or educational	
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I (entering 'N/A' in colui	nn (b) instead of the	
contributor name and address), II, and III			
For an organization described in section 501	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	om any one contributor,	
	religious, charitable, etc , purposes, but no such contributio		
	e total contributions that were received during the year for ar y of the parts unless the General Rule applies to this organiz		
	le, etc., contributions totaling \$5,000 or more during the year		
Caution: An organization that isn't covered by the	ne General Rule and/or the Special Rules doesn't file Schedu	lle B (Form 990, 990-EZ, or	
990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it doesn't meet the fi	: 2, of its Form 990, or check the box on line H of its Form 99 iling requirements of Schedule B (Form 990, 990-EZ, or 990-	90-EZ or on its Form 990-PF, PF)	

ı			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

H. F. MAGNUSON FAMILY FOUNDATION, INC

Employer identification number

82-0360036	

Partil	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	Magnuson Properties Partnership PO Box 469 Wallace, ID 83873	\$29,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	University City, Inc. PO Box 469 Wallace, ID 83873	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	John F. Magnuson PO Box 2350 Coeur d'Alene, ID 83816	\$5,000.	Person X Payroll Noncash (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 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.)

Name of organization

Employer identification number

H. F. MAGNUSON FAMILY FOUNDATION, INC

82-0360036

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A	<u>A</u>	(See instructions.)	
		1	
		3	
(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
] \$	
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Federal Statements

Page 1

H. F. MAGNUSON FAMILY FOUNDATION, INC

82-0360036

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

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	
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	. <u>\$ 0.</u>	\$ 0.	\$ 0.

Statement 2 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of <u>Grant</u>	-	Amount
Gonzaga University 502 E. Boone St. Spokane WA 99258	No	PC	Facilities funding	\$	21,525.
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 Wallace ID 83873	No	PC	Operations		1,000.

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Federal Statements

Page 2

H. F. MAGNUSON FAMILY FOUNDATION, INC

82-0360036

Statement 2 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
Wallace Civic Memorial Auditorium Assn PO Box 469 Wallace ID 83873	No	PC	Facilitiy maintenance	\$ 14,500.
Greater Wallace Comm Dev. Corp PO Box 469 Wallace ID 83873	No	PC	Historic restoration	750.
Nine Mile Cemetery Assn PO Box 469 Wallace ID 83873	No	PC	Cemetery repairs	500.
St. Thomas Catholic Church 919 E. Indiana Ave. Coeur d Alene ID 83873	None	PC	Building repairs	12,500.
Wallace Gyro Club PO Box 709 Wallace ID 83873	None	PC	Youth activities	250.
Sierra Silver Mine Tour PO Box 712 Wallace ID 83873	None	PC	Historic tour operations	250.
Shoshone Crisis Center 416 7th Street Wallace ID 83873	None	PC	Health services	200.
Shoshone Community Concert PO Box 469 Wallace ID 83873	None	PC	Arts performances	200.
Foundation for Idaho History PO Box 664 Boise ID 83701	None	PC	Education, museum	10,000.
Idaho Public TV 1455 N Orchard St Boise ID 83706	None	PC	Educational programming	2,500.
			m-+-1	6 60 275

Total \$ 69,275.