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990-PF

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

2008

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. 6/30/09 For calendar year 2008, or tax year beginning 7/01/08 , and ending Initial return Final return G Check all that apply: Amended return Address change Name change Name of foundation Employer identification number Use the IRS 93-1247987 label. RALPH HULL FOUNDATION Otherwise, B Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. PO BOX 1084 If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. OR 97339 CORVALLIS 2. Foreign organizations meeting the Check type of organization: X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end J Accounting method: X Cash Accruai of year (from Part II, col. (c), Other (specify) If the foundation is in a 60-month termination 16.217,342 (Part I, column (d) must be on cash basis line 16) > \$ under section 507(b)(1)(B), check here Part i Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements expenses per (b) Net investment (c) Adjusted net for chantable total of amounts in columns (b), (c), and (d) may not necessarily books income income purposes equal the amounts in column (a) (see pg. 11 of the instructions). (cash basis only 1 Contributions, gifts, grants, etc., received (attach schedule) 2,241 Check ► X If the foundation is **not** required to attach Sch. B 2 3 Interest on savings and temporary cash investments 212,470 211,074 4 Dividends and interest from securities 136,001 136,001 58 Gross rents 113,154 113,154 28,395 Net rental income or (loss) STMT 1 16,576 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 3,250,642 7 Capital gain net income (from Part IV, line 2) 57Ĝ 16, 8 Net short-term capital gain UUUEN q Income modifications 10a Gross sales less returns & allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 480,442 476,805 0 نجر ٿي. 'ا 13 Compensation of officers, directors, trustees, etc. 22,000 11,000 11,000 14 Other employee salaries and wages 15 Pension plans, employee benefits SEE STMT 2 16a Legal fees (attach schedule) 52,742 40,832 11,910 SCANNED MAY 25 2011 Accounting fees (attach schedule) STMT 3 12,525 5,000 7,525 Other professional fees (attach schedule) STMT 28,505 28,505 17 14,223 Interest 14,223 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion STMT 5 61,204 42,555 20 Occupancy 35,085 27.510 575 21 Travel, conferences, and meetings 1,856 1,856 22 Printing and publications 23 Other expenses (att sch.) STMT 6 STMT 9,015 7,832 1,183 Total operating and administrative expenses. 237,155 Add lines 13 through 23 177,457 41.049 Contributions, gifts, grants paid 700,756 700,756 26 Total expenses and disbursements. Add lines 24 and 25 937,911 177,457 741,805

-457,469

299,348

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Excess of revenue over expenses & disbursements Net investment income (if negative, enter -0-)

Adjusted net Income (if negative, enter -0-)

Form 990-PF (2008)

27

Subtract line 26 from line 12:

	GFF (2006) KALIFII HOLLI FOUNDATION	75 12477		Page
Part I	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	T
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	45,356		258,96
2	Savings and temporary cash investments	6,681,518	6,054,304	6,054,30
3	Accounts receivable ▶	_	•	
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			-
	disqualified persons (attach schedule) (see page 15 of the			
	Instructions) SEE WORKSHEET	1,358,590	1,358,590	1,358,59
7	Other notes and loans receivable (att. schedule)	·	ž čest	
	Less: allowance for doubtful accounts	· "	, , , , ,	7
8	Inventories for sale or use			
8 9 10a	Prepaid expenses and deferred charges			
10a	Investments—U.S. and state government obligations (attach schedule) STMT 8	2,597,015	2,743,544	2,704,79
ь	Investments—corporate stock (attach schedule) SEE STMT 9	3,085,793	3,041,695	2,624,80
c	Investments—corporate bonds (attach schedule) SEE STMT 10	355,683	401,847	411,06
11	Investments—land, buildings, and equipment basis	333,003	* 301,047	
''	Less accumulated depreciation (attach sch.)	R		1402 1 12 . 1 180
12	Investmentsmortgage loans			
13	Investments—other (attach schedule) SEE STATEMENT 11	33,503	35,602	36,31
14	Land, buildings, and equipment basis 3,112,345		33,002	
'~	Less accumulated depreciation (attach sch.) STMT 12 216, 981	2,939,926	2,895,364	
15	Other assets (describe	2,333,320	2,033,304	2,768,50
16	Total assets (to be completed by all filers—see the			
'6	` ' '	17 007 304	16 700 015	16 217 24
	Instructions. Also, see page 1, Item I)	17,097,384	16,789,915	16,217,34
17	Accounts payable and accrued expenses			Mg.
18	Grants payable		·	
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21	Mortgages and other notes payable (attach schedule)		150.000	
22	Other liabilities (describe ► SEE STATEMENT 13)		150,000	
23	Total liabilities (add lines 17 through 22)	0	150,000	The state of the s
	Foundations that follow SFAS 117, check here \blacktriangleright X and complete lines 24 through 26 and lines 30 and 31.			
	·	17 007 304	16 630 045	
24	Unrestricted	17,097,384	16,639,915	
25	Temporarily restricted			W.C.
26	Permanently restricted		:-	
-	Foundations that do not follow SFAS 117, check here			
į	and complete lines 27 through 31.			
24 25 26 27 28 29 30	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			a to the second
30	Total net assets or fund balances (see page 17 of the			
	instructions)	17,097,384	16,639,915	
31	Total liabilities and net assets/fund balances (see page 17	1		
	of the instructions)	17,097,384	16,789,915	
Part I	It : Analysis of Changes in Net Assets or Fund Balances			
Total	net assets or fund balances at beginning of year-Part II, column (a), line 30 (mus	t agree with		
end-c	of-year figure reported on prior year's return)		1	17,097,384
	r amount from Part I, line 27a		2	-457,469
	r increases not included in line 2 (itemize)▶		3	
	ines 1, 2, and 3	•• •••••	4	16,639,91
	eases not included in line 2 (itemize)	• • • • • • • • •		
	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b)			16,639,915
	the state of the s			

	nd Losses for Tax on Investme		г <i>э</i> х		1 490
(a) List and descri 2-story brick war	the the kind(s) of property sold (e.g., real estate ehouse, or common stock, 200 shs MLC Co.)	8,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
1a SEE WORKSHEET					
<u>c</u>					
	(f) Depreciation allowed	(a) Cost of	l r other basis	(b) Gair	or (loss)
(e) Gross sales price	(or allowable)	,	nse of sale) minus (g)
<u>a</u>			 .	 	_
_ b	·				
<u>c</u>					
					
			20		
Complete only for assets snowin	g gain in column (h) and owned by the fo		ss of col. (I)		of (h) gain minus less than -0-) or
(I) F M.V as of 12/31/69	as of 12/31/69		(j), if any		om col. (h))
<u>a</u>			 	<u> </u>	
_ b					
<u>c</u>					
d					
<u>e</u>	☐ If goin, also ontes in	Port Line 7			
2 Capital gain net income or (net c	apital loss) If gain, also enter in	.		2	16,576
3. Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6	_		2	10,576
, • ,	, column (c) (see pages 13 and 17 of the	·			
If (loss), enter -0- in Part I, line 8	, .			3	-32,466
	nder Section 4940(e) for Reduc	ed Tax on Net I	nvestment Inco		327100
	foundations subject to the section 4940				
If section 4940(d)(2) applies, leave th	nis nart blank				
					N/A
	tion 4942 tax on the distributable amoun lify under section 4940(e). Do not compl	* *	ase period? Yo	es [] No	
	each column for each year; see page 18	•	efore making any en	tripe	· ·
(a)	(b)	or the manacheris b	(c)	ules.	(d)
Base pèríod years Calendar year (or tax year beginning	Adjusted qualifying distribution	ns Net value	of noncharitable-use as		bution ratio vided by col. (c))
2007	***			(55: (5) 5	vided by con. (c))
2006			*****		-
2005			· -		
2004					
2003					
2 Total of line 1, column (d)				2	
	5-year base period—divide the total on I				
number of years the foundation h	nas been in existence if less than 5 years	3		3	
4 Enter the net value of nonchanta	ble-use assets for 2008 from Part X, line			. 4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)	•• •• • • • • • • • • • • • • • • • • •		6	
7 Add lines 5 and 6				,	
7 Add lines 5 and 6				- 7	
8 Enter qualifying distributions from	ı Part XII. line 4			8	
	n line 7, check the box in Part VI, line 1b	and complete that r	 Dart using a 1% tax r		
the Part VI instructions on page 1					

Form	990-PF (2008) RALPH HULL FOUNDATION 93-1247987					Page
Pa	Irt VI:4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of th	e instr	uction	a)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		1			
	Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)					٠.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			5.	, 981
	here and enter 1% of Part I, line 27b		***			<u> </u>
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			,		٠.
	of Part I, line 12, col. (b)	1,				•
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				(
3	Add lines 1 and 2	3			5.	98
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	5			5	987
6	Credits/Payments:		¥	1	, ,	
а	2008 estimated tax payments and 2007 overpayment credited to 2008	· ·		, 4	_	X • .
b	Exempt foreign organizations—tax withheld at source 6b	1	7 74	* **	٠	
c	Tax paid with application for extension of time to file (Form 8868) 6c	1 ^	A .	41	£, ,	7 ~ \$6
d	Backup withholding erroneously withheld 6d	1	**			FAT Lite
7	Total credits and payments. Add lines 6a through 6d TAX PAID W/ O.R. 6,458	7	-5%s1		```K	458
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> </u>	<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			471
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax	11	┢			471
_	irt VII-A Statements Regarding Activities	<u> </u>				4/1
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Т	Yes	No
	participate or intervene in any political campaign?			1a	1.03	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	• • • • •	•	''	 	 ^
_	of the instructions for definition)?			1b	İ	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	• • • • •	•••		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 22
	published or distributed by the foundation in connection with the activities.			***		Paries.
С	Did the foundation file Form 1120-POL for this year?			1 _C	AN ELECT.	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		•••		35	12.0
_	(1) On the foundation. ▶ \$ (2) On foundation managers.▶ \$			124		20
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	_		1,4	-	
•	foundation managers. ▶ \$			ε,		(a)
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	Zerk	X
	If "Yes," attach a detailed description of the activities.		•	<u> </u>	in the	1.2
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			7	Č.	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X	An distant
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• •	•	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		1
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		::	5		Х
	if "Yes," attach the statement required by General Instruction T.				3.8%	F- :
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12	\$ 1. T
	By language in the governing instrument, or			1,5	7.2	£
	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	х	. 5
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 Pa	ırt XV	•• •	7	X	T
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			, T	27 63-4	
	instructions) OR			[; ·]	Co.	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				`)# 4	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8ь	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	•	••		**	
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on				P'S 16	
	page 27)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	•• •	• • •			T
	names and addresses			10		x

Form	990-PF (2008) RALPH HULL FOUNDATION 93-1247987			Page 5
Pe	art VII-A 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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			 -
	August 17, 2008?	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► NANCY HULL Telephone no. ► 541-8	47-	57	11
	PO BOX 1084		•,.	
	Located at ► CORVALLIS, OR ZIP+4 ► 97339)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	••	• •	
Pŧ	irt VII-B 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
1a	During the year did the foundation (either directly or indirectly):		914	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	, , ,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	• •	ing me	1
	disqualified person?	,	A CONTRACTOR	44-15
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	, 1	# / · · · ·	
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No Yes X No	۱ ۱		2.
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	,	3.4	
	the benefit or use of a disqualified person)?		1990 C	. h. 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	- 💉	OLES,	0.3
	the foundation agreed to make a grant to or to employ the official for a period after	7.		24
	termination of government service, if terminating within 90 days.)	۳., ۱		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			S. 1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b	,	
	Organizations relying on a current notice regarding disaster assistance check here		33.	
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 2008?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		**************************************	4
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			*
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and	•		
	6e, Part XIII) for tax year(s) beginning before 2008?			
	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(a)(2)	- :`		¥
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	_''		7.
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	, ,		图
	▶ 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?			
b	If "Yes," did it have excess business holdings in 2008 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	· [學了
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	_		100
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		gette	14.
	foundation had excess business holdings in 2008.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		7	200
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b		Х

Form	990-PF (2008)	RALPH	HULL	FOUND.	ATION			93-	1247987		_		F	age 6
Pa	art VII-B*	Stateme	nts Rega	rding Ac	tivities	for Whi	ch Forn	n 4720 May Be	Required (c	ontinu	ed)			
5 a	During the year	r did the foun	dation pay	or incur an	y amount to	o:			_		_			
	(1) Carry on pr	opaganda, o	r otherwise	attempt to	ınfluence l	legislation	(section	4945(e))?	📙	Yes	X No		Ì	i
	(2) Influence the	ne outcome d	of any speci	ific public e	lection (se	e section	4955); or	to carry on,					*	;
	directly or a	ndirectly, any	voter regis	stration driv	e? .				Ц	Yes	X No	ł	; `	,
	(3) Provide a g	rant to an inc	dividual for	travel, stud	y, or other	simılar pu	irposes?		🗀	Yes	X No	Ì	ĵ.	,
	(4) Provide a g		-				•		_		_			100
	section 509	9(a)(1), (2), o	r (3), or sec	tion 4940(c	d)(2)? (see	page 22	of the inst	ructions)	🗀	Yes	X No		,	
	(5) Provide for			_			•		_			1	,	,
	educationa	l purposes, o	or for the pre	evention of	cruelty to	children o	r animals?	?	📙	Yes	X No	1		
b	•			-		•	•	er the exceptions o				•	. e `	417.
								(see page 22 of t	he instructions)?		_N/A	5b		
	Organizations r			`						>	\sqcup	1 :	(e)	1
C	If the answer is	"Yes" to que	estion 5a(4)	, does the	oundation	claim exe	mption fro	om the tax	. —		_		11/	7.5
	because it mair	•	•	•	•				N/A 📙	Yes	∐ No		`	
	If "Yes," attach						, ,					-	- 19	`*
6a	Did the foundat	_	•	eive any fu	nds, direct	ly or indire	ectly, to pa	ay premiums						, 1
	on a personal b									Yes	X No		3 10	
þ		•			, directly o	r indirectly	, on a pe	rsonal benefit cont	tract?			6b		X_
	If you answered		•											37
7a	•	•				•		elter transaction?		Yes	X No			
<u>b</u>								ble to the transacti		<u>.</u>	_N/A_	7b		
PE				micers, i	Jirectors	s, irust	ees, Fo	undation Man	agers, Highi	y Paid	Employ	ees,		
4		d Contrac						N (00	-4-1		· -			
			Jalees, IUU											
					anagoro ar	ila tiloli C	ompensa	tion (see page 22	(-) 0		ontributions to	100		
	· · ·		a) Name an		<u> </u>	id then o	<u>orripensa</u>	(b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to oyee benefit and deferred	(e)	Experiount, o	other
	E STATEMENT	(id their o	Uniperioa		(c) Compensation	(d) C empl plans	entributions to oyee benefit and deferred appensation	(e) acc	Experience of the count, of th	other
		(Uniperiod	(b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to oyee benefit and deferred inpensation	(e) acc a	count, c	other
		(JII PENSA	(b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to oyee benefit and deferred inpensation	(e) acci	count, c	other
		(·			(b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to oyee benefit and deferred inpensation	(e) acc a	count, c	other
		(J. T.	(b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to oyee benefit and deferred mpensation	(e) acc a	count, c	other
		((b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to oyee benefit and deferred mpensation	(e acc a	count, c	other
		((b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to ovee benefit and deferred in pensalion	(e acc	count, c	other
		((b) Title, and average	(c) Compensation (if not paid, enter	(d) C empl plans	ontributions to oyee benefit and deferred inpensation	(e acci a	count, c	other
	E STATEMENT	of five high	a) Name an	d address				(b) Title, and average	(c) Compensation (if not paid, enter -0-)	(d) C empliplans cor	ontributions to oyee benefit and deferred in pensation	(e acci	count, c	other
SE	E STATEMENT	of five high	a) Name an	d address				(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) C empliplans cor	ontributions to oyee benefit and deferred in pensation	(e acc	count, c	other
SE	Compensation	of five higher	a) Name an	nployees (other than	those inc		(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Corollary	ntnbuttons to	(e)	Exper	nse
SE	Compensation	of five high	a) Name an	nployees (other than	those inc		(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (other than	those inc		(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to	(e)	Exper	nse
	Compensation	of five higher	a) Name an	nployees (other than	those inc		(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc		(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc		(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc	cluded on	(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc	cluded on	(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc	cluded on	(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc	cluded on	(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc	cluded on	(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse
	Compensation If none, enter "	of five higher	a) Name an	nployees (d	other than	those inc	cluded on	(b) Title, and average hours per week devoted to position line 1—see page (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Coemple plans a coordinate plans a	ntributions to yee benefit nd deferred	(e)	Experount, o	nse

Form **990-PF** (2008)

Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) 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 Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions) C Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here | and do not complete this part.) Minimum investment return from Part X, line 6 Tax on investment income for 2008 from Part VI, line 5 2a Income tax for 2008. (This does not include the tax from Part VI.) b Add lines 2a and 2b C 2c 3 3 4 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 824,754 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 741,805 a 1a b 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 741 4 805 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 page 26 of the instructions)

..

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2008) RALPH HULL FOUNDATION

Adjusted qualifying distributions. Subtract line 5 from line 4 ...

qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2008)

6

om	990-PF (2008) RALPH HULL FOUNDATION		87	Page 9		
Pi	art XIII Undistributed Income (see page 26 of	the instructions)				
		(a)	(b)	(c)	(d)	
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008	
	line 7		74		824,754	
2	Undistributed income, if any, as of the end of 2007:			BADA NO ARBITAN		
a	Enter amount for 2007 only	50% C 4% W 1 68 4	1 4 4 5252 12 17 12 12 17 18 1	11 The Comme	The same of the same of the same of	
, b	Total for prior years: 20, 20, 20	The state of the s	Francis & Marie States -		TOTAL STATE OF THE	
3 -	Excess distributions carryover, if any, to 2008: From 2003					
a h	From 2004					
	From 2005					
ď	From 2006		阿洛拉拉克			
e	From 2007					
f	Total of lines 3a through e	4 - 5- 0000 200 C 100 77 79 36 4				
4	Qualifying distributions for 2008 from Part XII,		SEE LIKE LIKE		TO THE STATE OF TH	
	line 4: ▶\$ 741,805					
а	Applied to 2007, but not more than line 2a		第四个人			
b	Applied to undistributed income of prior years (Election					
	required—see page 26 of the instructions)				表情,是以来 4.6%	
C	Treated as distributions out of corpus (Election					
	required—see page 26 of the instructions)		· 10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2	91 8 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
đ	Applied to 2008 distributable amount	(1998年1999)。120			741,805	
8	Remaining amount distributed out of corpus	· · · · · · · · · · · · · · · · · · ·	2-74 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		2018 - 20 - 20 W. V.	
5	Excess distributions carryover applied to 2008	4 4 4 5 37 6 35 18 18 18 18 18 18 18 18 18 18 18 18 18	TOTAL PROPERTY.		187 L. N. 120 MONTO - 124 1 2 AV	
	(If an amount appears in column (d), the same					
6	amount must be shown in column (a).) Enter the net total of each column as					
0	indicated below:					
a	One and the second described the S					
	Prior years' undistributed income. Subtract	THE RESTRICT OF THE PARTY.	434 12 988300 1 C342 1 N		157 854-757 634 4851	
_	line 4b from line 2b					
c	Enter the amount of prior years' undistributed	I PERIODE		Sin Strategic Vin	100 PM 1827 1821	
	income for which a notice of deficiency has been					
	issued, or on which the section 4942(a) tax has					
	been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount—see page 27 of the instructions		Mala 151 km			
8	Undistributed income for 2007. Subtract line					
	4a from line 2a. Taxable amount—see page					
	27 of the instructions	A Decided With Physics	Salation Salation	20 20 20 20 20 20 20 20 20 20 20 20 20 2	- 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40 - 0,40	
T	Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be					
	distributed in 2009				82,949	
7	Amounts treated as distributions out of corpus	2, 2, 3, 3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	TO A STATE OF THE	1407 TO 100 TO 1	1450 WW W W W	
•	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the					
	instructions)					
8	Excess distributions carryover from 2003 not			等情况的法。		
	applied on line 5 or line 7 (see page 27 of the					
	instructions)					
9	Excess distributions carryover to 2009.					
	Subtract lines 7 and 8 from line 6a	* 3		77 46 2 2 6 6 C C C C C		
0	Analysis of line 9:			WARRANCE !		
а	Excess from 2004					
b	Excess from 2005					
C	Excess from 2006					
d	Excess from 2007					
•	Excess from 2008	ar yan sering gerat 1 to 1980 a €	ranger of the second of the se	422 1 1 1 1	5 (1965) Land 18 (1964)	

_ <u>P</u> &	rt XIV: Private Operating For	undations (see p	age 27 of the inst	ructions and Part	VII-A, question 9	
1a	If the foundation has received a ruling or	determination letter th	nat it is a private opera	ting		<u></u>
	foundation, and the ruling is effective for	2008, enter the date of	of the ruling	>		
b	Check box to indicate whether the found			bed in section 49	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	1	Prior 3 years		
	income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
	investment return from Part X for	(-)	(5) 550.	10/ 1000	(2) 2005	
	each year listed					
h	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					
u	-					
_	for active conduct of exempt activities		 			
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c			<u></u>		
3	Complete 3a, b, or c for the					
	alternative test relied upon:				İ	
а	"Assets" alternative test—enter:		İ			
	(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		İ			
	X, line 6 for each year listed	· - · - · -	l			
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		Able mank and a leaf		1 05 000	
ra	rt XV Supplementary Information at any time during the				ia \$5,000 or more	in assets
1	Information Regarding Foundation Mai		ZI OI (III III SUIUCI	uona.j		
' a	List any managers of the foundation who	•	e than 2% of the total o	contributions received t	w the foundation	
u	before the close of any tax year (but only				•	
	N/A	ii iiioy navo ooniiibali	od 111010 tildir 40,000).	(000 30011011 507 (4)(2)	,	
b	List any managers of the foundation who	own 10% or more of t	the stock of a corporation	on (or an equally large	portion of the	
-	ownership of a partnership or other entity				F = : # = : # # #	
	N/A	,	u u g.u			
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	iarship, etc., Program	8:		
	Check here ▶ ☐ if the foundation only		• • • •		oes not accept	
	unsolicited requests for funds. If the foun			-	•	
	organizations under other conditions, con		· · · ·		Tid Vidadio Of	
а	The name, address, and telephone numb			i be addressed:		
_	NANCY HULL 541-754-4					
	PO BOX 1084 CORVALLI					
b	The form in which applications should be		ation and materials the	v should include		
-	WRITTEN LETTER OF RE			, strouge moreuro.		
c	Any submission deadlines:					
_	NONE					
d	Any restrictions or limitations on awards,	such as by geographic	cal areas, charitable fie	lds, kinds of institution	s, or other factors:	
	NONE					
			-			- 000 DE

93-1247987

3 Grants and Contributions Paid During the		uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipion	Gorialidadii	
Name and address (home or business) a Paid during the year SEE STATEMENT 15	or substantial contributor			700,756
Total			▶ 3a	700,756
b Approved for future payment	-			
N/A Total			▶ 3b	

Enter gross am	ounts unless otherwise indicated.	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
_	ervice revenue:			1		the instructions.)
						
			<u> </u>	 		
_				 		
				 		
<u> </u>				+		
- Eoos 3	nd contracts from government agencies			 		
-	in dues and concoments			1		
	savings and temporary cash investments			14	212,470	
	and interest from securities			14	136,001	
	ncome or (loss) from real estate:	-		- 4		· .
	nanced property			T		
	bt-financed property			16	28,395	
6 Net rental	ncome or (loss) from personal property					
	stment income					
8 Gain or (lo	ss) from sales of assets other than inventory			14	16,576	
9 Net income	or (loss) from special events					
10 Gross prof	t or (loss) from sales of inventory					
11 Other reve	nue: a					
b				ļ		
c		ļ				
d						
e						
	dd columns (b), (d), and (e))	393,442	
	line 12, columns (b), (d), and (e)				13	393,442
	t in line 13 instructions on page 28 to verify calculation		ent of Everynt D			
Part XVI-E			ent of Exempt P	urpose	8	
Line No.		is reported in a	olumn (a) of Bort VI/I	A contrib	ated importantly to	
▼	Explain below how each activity for which income the accomplishment of the foundation's exempt purpose 28 of the instructions.				•	
	1 .				•	
V N/A	the accomplishment of the foundation's exempt pu				•	
	the accomplishment of the foundation's exempt pu				•	
	the accomplishment of the foundation's exempt pu				•	
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	the accomplishment of the foundation's exempt pupage 28 of the instructions.)				•	

Part XVIII	Information Regarding	Transfers To and	Transactions and	Relationships W	ith Noncharitable
·	Exempt Organizations				

		TVOILIBLE OF MOTION										
1	Did the o	organization directly or ind	irectly engag	ge in any of the following with a	ny other o	organization desc	nbed				Yes	No
	in sectio	n 501(c) of the Code (other	er than section	on 501(c)(3) organizations) or i	n section	527, relating to po	olitical				2	E .
	organiza	tions?									×4.	Byze €
а	Transfer	s from the reporting found	lation to a no	onchantable exempt organization	n of:					. ,		1
	(1) Casi									1a(1)		x
		er assets							• •	1a(2)		Х
h	• •	insactions:	•	• •	•••	•			• • • •		بَه	1
		s of assets to a noncharit	abla evemnt	organization						16/11	n-v2	x
						••		• • • •		1b(1)		X
		hases of assets from a no		• • • •				•		1b(2)		_
	- •	tal of facilities, equipment		sets				••		1b(3)		X
		nbursement arrangements	.							1b(4)		X
	(5) Loar	ns or loan guarantees								1b(5)		X
	(6) Perf	ormance of services or me	embership o	r fundraising solicitations						1b(6)		X
C	Sharing	of facilities, equipment, m	ailing lists, o	ther assets, or paid employees					l	1c		X
d	If the an	swer to any of the above i	s "Yes," com	plete the following schedule. C	olumn (b) should always s	how the fair n	narket				
	value of	the goods, other assets, o	or services g	iven by the reporting organizati	on. If the	foundation receiv	ed less than f	air mark	et			
	value in	any transaction or sharing	arrangemei	nt, show in column (d) the value	of the g	oods, other asset	s, or services	received	l.			
(a) Line no			of noncharitable exempt organizati		Description of tr				arrange	ments	
N/			1									
								-				
							····					
			 					· · · · · · · · · · · · · · · · · · ·				
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			T									
2a		•	•	with, or related to, one or more than section 501(c)(3)) or in se		. •			[Ye	X e	No
b	If "Yes,"	complete the following sc	hedule.	· · · · · · · · · · · · · · · · · · ·								
		(a) Name of organization		(b) Type of organization			(c) Description	n of relati	onship			
]	N/A			<u> </u>								
												
	belief, it is	true, correct, and complete. I	I have examir Declaration of p	ned this return, including accompany preparer (other than taxpayer or fidure t	ing scheduciany) is bas	sed on all information	of which prepa	of my know arer has an	wledge ar	nd dge.		
او	▼ Signa	ature of officer or trostee		Date			itle			_		
후		\mathcal{U}				Date	1_	ļ	Preparer:	•	•	
Sign Here	ø _					1	Check if		number (s	ee Sigr	n ature o	n
<u>.</u>	Paid Preparer's Use Only	Preparer's	00 11	l a		5/2/	self-employed	ı▶∐I	page 30 c			•
S		signature 7/1/	Jull	soun		5/18/11	<u> </u>		P00	<u> 274</u>	<u>078</u>	
- }	_ s s	Firm's name (or yours if	SPECTR	UM CPA GROUP, I	LP							
	-	self-employed), address,		W KINGS BLVD.,		BOX 905		EIN ▶	93-1	30:	384	1
	į	and ZIP code	CORVA					Phone no		-752		
							<u>_</u>	, 1016 10	-	_		<u> </u>

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172
2008
Attachment

identifying number Name(s) shown on return RALPH HULL FOUNDATION 93-1247987 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part 🕼 📗 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250,000 1 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 800,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III 图 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18.64 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (e) Convention (business/investment use (f) Method (g) Depreciation deduction only-see instructions) sérvice 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property e 20-year property 25-year property 25 yrs. S/L h Residential rental 27 5 yrs. MM S/L property 27.5 yrs. MM S/L MM Nonresidential real 39 vrs. S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 40-year 40 vrs. MM S/L Part IV[≰] Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172
2008
Attachment Sequence No 67

Name(s) shown on return identifying number RALPH HULL FOUNDATION 93-1247987 Business or activity to which this form relates COMMERCIAL REAL ESTATE **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250,000 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1, if zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Flected cost 6 Listed property. Enter the amount from line 29 7 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶ | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 27,057 16 Part III越 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property year placed in (business/investment use (f) Method (g) Depreciation deduction period service only-see instructions 19a 3-year property 534 A Part of Stranger b 5-year property C 7-year property d 10-year property e 15-vear property 20-year property S/L 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 vrs. MM S/L MM Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L c 40-year 40 vrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4582 (2008) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) Yes 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes No (c) (1) Business/ investment Date placed in Basis for depreciation Cost or other Method/ Depreciation Type of property Recovery Elected section 179 (list vehicles (business/investment period service basis Convention deduction use first) percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: S/L S/L Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Total business/investment miles driven (a) (b) (c) (d) **(f)** (e) during the year (do not include commuting Vehicle 1 Vehicle 3 Vehicle 2 Vehicle 4 Vehicle 5 Vehicle 6 Total commuting miles driven during the year 31 Total other personal (noncommuting) miles driven 32 Total miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No 34 use during off-duty hours? Was the vehicle used primarily by a 35 more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employees Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 37 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 38 See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI <u>Amortization</u> (e) (c) (d) (b) **(f)** Amortization (a) Date amortization Amortizable Code Amortization for period or Description of costs begins amount section this year percentage Amortization of costs that begins during your 2008 tax year (see instructions): Amortization of costs that began before your 2008 tax year 43

44

Total. Add amounts in column (f). See the instructions for where to report

93-1247987

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus _%	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior 1 2 3 4 5 7	MACRS: OFFICE EQUIPMENT COMPUTER BUILDING SIGNS REFRIGERATOR & DISHWASHER Copier	1/10/99 7/12/00 9/03/04 1/18/05 7/29/04 3/27/07	7,707 2,609 661,632 1,048 753 8,900 682,649		X -	7,707 2,609 661,632 1,048 376 8,900 682,272	5 HY 200DB 39 MM S/L 7 HY 200DB 7 HY 200DB	2,609 64,325 721 635	0 0 16,965 93 34 1,557 18,649
Other 8	Depreciation: Land Professional way Total Other Depreciation	9/03/04 _	121,527		- -	121,527 121,527	0 Land	0	0
	Total ACRS and Other Depre	ciation =	121,527		=	121,527		0	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	_ =	804,176 0 0 804,176		-	803,799 0 0 803,799		79,448 0 0 79,448	18,649 0 0 18,649

93-1247987

Federal Asset Report Commercial Real Estate

Asset	Description	Date In Service	Cost	Bus 9		Basis for Depr	PerConv Meth	Prior	Current
Prior MA 5 HF	ACRS: TH BUILDING	2/14/08	604,420		-	604,420 604,420	39 MM S/L	6,773 6,773	15,498 15,498
2 Lai 3 Bu 4 Tei 6 Tei	ilding nant Improvements nant Improvements nant Improvements	11/15/05 11/15/05 4/16/07 5/13/09 5/25/09 2/14/08	527,380 1,048,446 3,620 13,517 10,786 100,000 1,703,749		- -	527,380 1,048,446 3,620 13,517 10,786 100,000 1,703,749	0 Land 39 MO S/L 39 MO S/L 39 MO S/L 39 MO S/L 0 Land	69,448 108 0 0 69,556	26,883 93 58 23 0 27,057
Amortiza 1 Lo:	•	10/15/05	10,330		- -	10,330	10 MOAmort	2,669	7,661
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals		2,318,499 10,330 0 2,308,169		- -	2,318,499 10,330 0 2,308,169		78,998 2,669 0 76,329	50,216 7,661 0 42,555

93-1	24	700	37
93-I	24	790	3/

Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
RALPH W HULL ADMINISTRATIVE TRUST	2,241	
TOTAL	2,241	0

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93-1	I ЭM.	709	7
33-	~ 4	100	•

Taxable Interest on Investments

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code
CITIZENS BANK	\$	30,929		14	
RAYMOND JAMES	•	212		14	
RAYMOND JAMES		6		14	
MORGAN STANLEY		14,546		14	
UBS		11,447		14	
UBS ACCRUED INTEREST		1,271		14	
SEATTLE NW		141,544		14	
SEATTLE NW ACCRUED INTEREST		3,311		14	
RALPH W HULL ADMIN. TRUST		7,808		14	
TOTAL	\$	211,074			

Tax-Exempt Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion _Code	Postal Code
SEATTLE NW MUNI INTEREST	\$ 1,396		14	
TOTAL	\$ 1,396			

Taxable Dividends from Securities

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code
RAYMOND JAMES	\$ 83,675		14	
RAYMOND JAMES	1,044		14	
UBS	338		14	
HEINS REIT	2,233		14	
CITIZENS BANK STOCK	10,432		14	
SEATTLE NW	 38,279		14	
TOTAL	\$ 136,001			

_	990-PF	1 (Capital Gains and Losse	s for Tax on In	vestment Inc	ome	2008
Forn	, 990-PF	l .	ndar year 2008, or tax year beginning	7/01/0	8 , and ending	6/30/09	2008
Name							ntification Number
RA	LPH HULL	FOUND	ATION			93-1247	987
			cribe the kind(s) of property sold, e.g., real esi warehouse, or common stock, 200 shs. MLC	tate,	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
/4)			T SECURITY SALES		D-Donation P	VARIOUS	VARIOUS
		W - L		 -	P	VARIOUS	VARIOUS
	UBS - LT	SECUR			P	VARIOUS	VARIOUS
		JAMES	- ST SECURITY SALES		P	VARIOUS	VARIOUS
	RAYMOND .	JAMES	- LT SECURITY SALES		P	VARIOUS	VARIOUS
	RALPH HU		IN TRUST		P	VARIOUS	VARIOUS
(7)	RAYMOND .	<u>JAMES</u>					
(8)							
(9)							
<u>(10)</u>						. 	
(11)							
(12) (13)				 	<u> </u>	<u> </u>	
(14)							
(15)							
·		· . , ,			`		
	(e) Gross sales p	orice	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens	her basis e of sale	(h) Gain (e) plus (f	or (loss)) minus (g)
(1)	1,092,			1,10	00,031		-8,031
(2)	505,			4.4	47,021		57,979
(3)		484		3(05,453		27,969
<u>(4)</u>	47,	794			72,229		24,435
<u>(5)</u>	844,	342	· 	1,30	09,332		54,990
<u>(6)</u>	<u>404,</u> 79,	951 071					04,951
(7)	19,	0/1			-		79,071
(8) (9)			 				·
(10)					- 	····	
(11)							
(12)							
(13)							
(14)							
(15)		·····					
			the same of the sa			<u> </u>	·
Cc	omplete only for a	ssets show	ng gain in column (h) and owned by the	ofoundation on 12/31/69	9	(f) Gains (Co	l (h) gain minus
	(I) FMV as of 12/	31/69	(J) Adjusted basis as of 12/31/69	(k) Excess over col. (of col. (1) i), if any	(i) Gains (Co col. (k), but not le Losses (from	ss than -0-) or n col. (h))
(1)							-8,031
(2)							7,979
(3)							
(4)							/
(5)						-46	
<u>(6)</u>					····	40	
<u>(7)</u>							9,071
(8) (9)			· · · · · · · · · · · · · · · · · · ·				
(9) (10)				<u> </u>			 -
(11)							
(12)							
(13)							
(14)							
(15)							

Forms		•
990	1	990-PF

Receivables Due from Officers, Directors, Trustees, and Key Employees For calendar year 2008, or tax year beginning 7/01/08, and ending

6/30/09

2008

Name

Employer Identification Number

RALPH	HULL	FOUNDATION

93-1247987

			,		-		
FORM 990-	PF. PAR	T II, LINE	6 - ADD	ITIC	NAL INFORM	IATION	
			<u> </u>			 	
		e of borrower			ļ	Title	
		BER COMPANY			 		
	KES LUM	BER COMPANY	<u> </u>				
(3)	 	···			 		
(4)			<u>.</u>		 		· · · · · · · · · · · · · · · · · · ·
(5)					 -	· - · · · · · · · · · · · · · · · · · ·	
(6)	 				 		
(7)					<u> </u>		
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(9)						·	
(10)					<u> </u>	,	•,
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Original borrov	amount ved	Date of loan	Maturity date	′	R	epayment terms	Interest rate
	61,686	12/04/97	12/04/	12		IMBER IS CUT	5.850
	96,904	3/31/02	3/31/			IMBER IS CUT	5.480
(3)		3135135	1				3.100
(4)		1					-
(5)	· · · · · · · · · · · · · · · · · · ·						
(6)							
(7)							
(8)							
(9)							
(10)							
		•	• • •			£	
		rided by borrower			ļ	Purpose of loan	
	& LAND				INHERITED		
	& LAND				INHERITEI	VIA TRUST ADM	MINISTRATION
(3)							
(4)		-			<u> </u>		·
(5)							
(6)		-			-		
(7)							vr
(8)							
<u>(9)</u> (10)							
(10)					<u> </u>		
			" · · · · · · · · · · · · · · · · · · ·		-1	5.1	
Co	onsideration fui	mished by lender			alance due at eginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)			······································		361,686	361,686	361,686
(2)					996,904	996,904	996, 904
(3)							3301301
(4)			- ·				
(5)							
(6)							
(7)							
(8)							
(9)	-						
(10)							
_Totals					1,358,590	1,358,590	1,358,590

•		Net ion Gain / Loss	330 \$	330		Charitable Purpose	\$ 11,910		Charitable Purpose	\$ 7,525 \$ 7,525		Charitable		o		1-4
Assets		Expense Depreciation	\$ 10,	0 \$ 10	Fees	Adjusted Net	\$ \$ \$	ng Fees	Adjusted Net	s s	sional Fees	Adjusted Net		O S		
- Form 990-PF, Part I, Line 6a - Sale of Assets	q	Cost	E 10,330 \$	10,330	2 - Form 990-PF, Part I, Line 16a - Legal Fees	Net Investment	\$ 40,832 \$ 40,832	Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	\$ 5,000	m 990-PF, Part I, Line 16c - Other Professional Fees	Net Investment	13,	\$ 28,505		
	How Received	Sale Price	PURCHAS	0		Total	52,742 52,742	Form 990-PF, Pa	Total	12,525 12,525	m 990-PF, Part I,	Total	13,973	28,505		
Statement 1		Date Sold	7/31/08 \$	· · · -	Statement		 	Statement 3 -	-	w w -	Statement 4 - Forr	-	 	ر م	 	_
	Description	Date Acquired	10/15/05			Description			Description	PREPARATION AND ACCOUNTING TOTAL	Stat	iption	AL FEES ESTATE			
		Whom	LOAN FEES	TOTAL		Descr	ATTORNEYS TOTAL		Descr	TAX PREPARATION TOTAL		Description	OTHER PROFESSIONAL FEES COMMERCIAL REAL ESTATE TOTAL	10191		

93-1247987

93-1247987			Federal Statements	Itemen	<u>s</u>			
		Statement 6 -	Statement 6 - Form 990-PF, Part I, Line 23 - Amortization	art I, Line 2	23 - Amortizatio	ri ri		
	Description	-						
	Date Acquired	Cost Basis	Prior Year Amortization	Life	Current Year Amortization	Net Investment Income	Adjusted Net Income COGS	
LOAN FEES TOTAL	10/15/05 \$_	10,330 \$	\$ 2,669	10 \$	7,661	\$ 7,661	\$ \$	
		Statement 7 - Fc	Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses	t I, Line 23	- Other Expen			
Description	ion	-	Total	Net Investment	it ment	Adjusted Net	Charitable Purpose	
COMMERCIAL REAL ESTATE OFFICE	тате	' ራ 	16	₩	\$ 91	w	w	
EXPENSES OFFICE EXPENSES INVESTMENT FEES			1,183		95		1,183	
TOTAL		ν. 		ς.		\$	\$ 1,183	
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Statement 8 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description						
		Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
SEATTLE NORTHWEST						
	\$_	2,597,015 \$	2,743,544	COST	\$_	2,704,797
TOTAL	\$_	2,597,015 \$	2,743,544		\$_	2,704,797

Statement 9 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
	-		
\$ 194,816 \$	194,816	COST	\$ 257,706
2,890,977	2,120,395	COST	1,643,000
2			
	476,479	COST	478,563
	250,005	COST	245,536
\$ 3,085,793 \$	3,041,695		\$ 2,624,805
	of Year \$ 194,816 \$ 2,890,977	of Year Year \$ 194,816 \$ 194,816 2,890,977 2,120,395 476,479 250,005	of Year Year Valuation \$ 194,816 \$ 194,816 COST 2,890,977 2,120,395 COST 476,479 COST 250,005 COST

Statement 10 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description							
		Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
SEATTLE NORTHWEST	\$		\$	251,617	COST	\$	252,584
UBS INVESTMENTS	_	355,683	_	150,230	COST		158,476
TOTAL	\$_	355,683	\$	401,847		\$_	411,060

Statement 11 - Form 990-PF, Part II, Line 13 - Other Investments

	Description	 				
		 Beginning of Year	End of <u>Year</u>	Basis of Valuation	_	Fair Market Value
HINES REIT						
		\$ 33,503	\$ 35,602	COST	\$_	36,317
TOTAL		\$ 33,503	\$ 35,602		\$_	36,317

93-1247987

Federal Statements

Statement 13 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Begin of Y		 End of Year
DEPOSIT FROM HABITAT FOR HUMANITY	\$		\$ 150,000
TOTAL	\$	0	\$ 150,000

93-1247987	Federa	Federal Statements			
Statement 14 - Form 990-PF	m 990-PF, Part VIII,	Line 1 - List of Off	Line 1 - List of Officers, Directors, Trustees,	itees,	
		<u>Etc.</u>			
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
NANCY HULL 25383 HWY 99W MONROE OR 97456	TREASURER	£	3,000	0	0
HERBERT R HULL 24649 PARK ROAD MONROE OR 97456	CHAIRMAN	4	3,500	0	0
TODD W NYSTROM 25674 CHERRY CREEK ROAD MONROE OR 97456	DIRECTOR	2	3,500	0	0
WILMA E HULL 2965 SW 53RD STREET CORVALLIS OR 97333	DIRECTOR	1	2,000	0	0
CON LYNCH PO BOX 741 SALEM OR 97304	DIRECTOR	1	3,500	0	0
DENNIS OLSON 1006 PLATEAU DRIVE DUNCONVILLE TX 75116	DIRECTOR	1	2,000	0	0
EDWARD PARKER 27779 HELLS CANYON ROAD MONROE OR 97456	DIRECTOR	1	3,000	0	0
NATHAN NYSTROM 303 NW 31ST STREET CORVALLIS OR 97330	DIRECTOR	Т	1,500	0	0

93-1247987	Federal Statements
	COO DE Dark VV. Lina Ob. Aprillantian Franch and David. LOute de
<u>F</u> :	orm 990-PF, Part XV, Line 2b - Application Format and Required Contents
WRITTEN LETTE	Description P. OF PROUEST
WRITTEN LETTE	R OF REQUEST
	Form 990-PF, Part XV, Line 2c - Submission Deadlines
	Description
NONE	
	Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
	Description
NONE	

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Statement 15 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

se Amount		5,000	100,000	15,000		PROJECT 10,000		PROGRAM 10,000		10,	10,	10, 5, 100, 50,	10, 5, 100, 50,	10, 5, 100, 50,	10, 100, 50, 3,	10, 100, 50, 3,	10, 100, 50, 3, 11,	10, 100, 50, 3, 11, 11,	10, 100, 50, 3, 11, 110,	10, 100, 50, 3, 11, 110,	10, 100, 50, 3, 11, 11, 10,	1 2 1 2 1	10 10 10 11 11 11	10 10 11 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14
Purpose		F.A.R.M. PROGRAM	LODGE CONSTRUCTION	GENERAL FUND		VILLA HERMOSA WATER PROJECT		IN CRISIS	IN CRISIS	CRISIS PMENT	യ	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERINITAN COLLO	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVATION FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLCT PRESERV	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVATION FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLCT F AGUARUNA ORGANIC COFFEE PROJ.	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVATI FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLCT AGUARUNA ORGANIC COFFEE PROJ IRMA TUANAMA MEDICAL PROJECT	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLC AGUARUNA ORGANIC COFFEE PRC IRMA TUANAMA MEDICAL PROJEC PATIENT ADVOCATE FUND	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLC AGUARUNA ORGANIC COFFEE PRO IRMA TUANAMA MEDICAL PROJEC PATIENT ADVOCATE FUND	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLC AGUARUNA ORGANIC COFFEE PRC IRMA TUANAMA MEDICAL PROJEC PATIENT ADVOCATE FUND TIGER CLUB	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLC AGUARUNA ORGANIC COFFEE PRC IRMA TUANAMA MEDICAL PROJEC PATIENT ADVOCATE FUND TIGER CLUB NUTRTION PROGRAM	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLC AGUARUNA ORGANIC COFFEE PRC IRMA TUANAMA MEDICAL PROJEC PATIENT ADVOCATE FUND TIGER CLUB NUTRTION PROGRAM SOUTH BENTON FOOD BANK	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVAT FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLC AGUARUNA ORGANIC COFFEE PRO IRMA TUANAMA MEDICAL PROJEC PATIENT ADVOCATE FUND TIGER CLUB NUTRTION PROGRAM SOUTH BENTON FOOD BANK	FAMILIES IN CRISIS PROGRAM GENERAL FUND MEDICAL EQUIPMENT BUILDING ADDITION & RENOVATION FOOTBALL FIELD REPAIRS 3 MACHIGUENGA STUDENTS DENNIS OLSON PERUVIAN COLLCT PRESE AGUARUNA ORGANIC COFFEE PROJ PE IRMA TUANAMA MEDICAL PROJECT PATIENT ADVOCATE FUND TIGER CLUB NUTRTION PROGRAM SOUTH BENTON FOOD BANK HUMAN SERVICES NEEDS OF BENTON CO.
atus		F.A.R.M.	LODGE CO	GENERAL		VILLA HE	FAMILIES		GENERAL	GENERAL	GENERAL MEDICAL BUILDING	GENERAL MEDICAL BUILDING FOOTBALL	GENERAL MEDICAL BUILDING FOOTBALL	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA IRMA TUA	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA IRMA TUA TIGER CLI TIGER CLI	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA IRMA TUA TIGER CLI TIGER CLI NUTRTION SOUTH BE	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA IRMA TUA TIGER CL TIGER CL	GENERAL MEDICAL BUILDING FOOTBALL 3 MACHIG DENNIS O AGUARUNA IRMA TUA IRMA TUA IRMA TUA IRMA TUA RATIENT TIGER CLI NUTRTION SOUTH BE
Status					STREET				5	T2		ST ST SE		ST ST SVD.	ET ET SE ST JVD. SOUTH	ET ET SE ST JVD. SOUTH	ST SE SOUTH	ET ET SE ST JVD. SOUTH	ET ET SE ST SOUTH SON PARK	ET ET SE ST JVD. SOUTH	ET ET SE ST JVD. SOUTH	ET ET SE ST SOUTH SON PARK	ET ET SE ST JVD. SOUTH	ET ET SE ST SOUTH SOUTH
Relationship	PO BOX 270	PO BOX 662		PO BOX 270	2530 WASHINGTON STR	PO BOX 2224		30 BOX 573	PO BOX 573	PO BOX 573 435 NW 21ST STREET 2065 SE DEBORD ST		NX 573 W 21ST STREET SE DEBORD ST CHURCH STREET	BOX 573 NW 21ST STREET 5 SE DEBORD ST 0 CHURCH STREET 9 E CARAMILLO ST	BOX 573 NW 21ST STREET 5 SE DEBORD ST 0 CHURCH STREET 9 E CARAMILLO ST W. KELLOGG BLVD	BOX 573 NW 21ST STREE 5 SE DEBORD ST 0 CHURCH STREE 9 E CARAMILLO W. KELLOGG BL	BOX 573 NW 21ST STREE S SE DEBORD ST CHURCH STREE P E CARAMILLO W. KELLOGG BL D PARK AVENUE BOX 2050	BOX 573 NW 21ST STREE S SE DEBORD ST CHURCH STREE P E CARAMILLO W. KELLOGG BL D PARK AVENUE BOX 2050	BOX 573 NW 21ST STREE S SE DEBORD ST CHURCH STREE P E CARAMILLO W. KELLOGG BL D PARK AVENUE BOX 2050 I SW SAM JACKS	BOX 573 NW 21ST STREE S SE DEBORD ST CHURCH STREE W. KELLOGG BL PARK AVENUE BOX 2050 I SW SAM JACKS STATE STREET	BOX 573 NW 21ST STREE S SE DEBORD ST CHURCH STREE W. KELLOGG BL W. KELLOGG BL D PARK AVENUE BOX 2050 I SW SAM JACKS STATE STREET SOX 178	BOX 573 NW 21ST STREE 5 SE DEBORD ST 0 CHURCH STREE 9 E CARAMILLO W. KELLOGG BL 0 PARK AVENUE BOX 2050 1 SW SAM JACKS STATE STREET SOX 178 ORCHARD ST	BOX 573 NW 21ST STREE 5 SE DEBORD ST 0 CHURCH STREE 9 E CARAMILLO W. KELLOGG BL 0 PARK AVENUE BOX 2050 1 SW SAM JACKS STATE STREET BOX 178 ORCHARD ST.	BOX 573 NW 21ST STREE SE DEBORD ST CHURCH STREE W. KELLOGG BL W. KELLOGG BL DPARK AVENUE BOX 2050 1 SW SAM JACKS STATE STREET SOX 178 ORCHARD ST.	BOX 573 NW 21ST STREE 5 SE DEBORD ST 0 CHURCH STREE 9 E CARAMILLO W. KELLOGG BL 0 PARK AVENUE BOX 2050 1 SW SAM JACKS STATE STREET BOX 1/78 ORCHARD ST. BOX 2499
Address		CORVALLIS OR 97339 PHILOMATH SCOIT LODGE INC PO		OR 97339	30008	SHARE	OR 97339	FOOD BAINE	E FOUL BANK 1 OR 97326	E FOUL BANK 1 OR 97326 1S OR 97330 UTH OUTREACH	E FOUL BANK OR 97326 S OR 97330 UTH OUTREACH S OR 97333 HIGH SCHOOL	E FOUD BANK 1 OR 97326 1S OR 97330 UTH OUTREACH 1S OR 97333 HIGH SCHOOL 1 97302	E FOUD BANK OR 97326 S OR 97330 UTH OUTREACH S OR 97333 HIGH SCHOOL R 97302 TERNATIONAL	E FOUL BANK OR 97326 S OR 97330 UTH OUTREACH S OR 97333 HIGH SCHOOL R 97302 TERNATIONAL TERNATIONAL O SPRINGS CO 8C UM OF MINN.	E FOUL BANK OR 97326 S OR 97330 UTH OUTREACH IS OR 97333 HIGH SCHOOL R 97302 TERNATIONAL O SPRINGS CO 8C UM OF MINN. MN 55102 MN 55102 MN 55102	E FOUD BANK OR 97326 IS OR 97330 UTH OUTREACH IS OR 97333 HIGH SCHOOL P97302 PERNATIONAL OSPRINGS CO 8C UM OF MINN. AM 55102 PTNRSHP INT LIS MN 55407 INDIAN MINIST	Ö	SO SO SO SO SO SO SO SO SO SO SO SO SO S	ALL CO 8C CO	SO SO SACH S3 OLL CO 8C NO. S407 NIST NIV.	SO SO SACH SACH CO SC CO SC NN. SAO7 NIV.	AMAR. 26 330 330 S33 OOL NAL 5 CO 8C NN. 12 INIST INIST UNIV. 99 Y Y RCH	AANK 26 330 833 OOL 833 OOL 83 CO 8C NN. 92 INT INT INT 19 19 Y Y	AMANA 26 330 EACH 333 OOL NAL S CO 8C NN. INTST INIST INIST PROG. PROG.
A	LOVE INC.	CORVALLI PHILOMATH SC	PHILOMAT	LOVE INC. CORVALLIS	MISSIONS DOOR	BENTON FURNITURE	CORVALLIS OR) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BLODGETT GRACE CENTER	BLODGETT BLODGETT GRACE CENTER CORVALLI SOUTHSIDE YOU	BLODGETT GRACE CENTER CORVALLI SOUTHSIDE YO' CORVALLI SOUTH SALEM	GRACE CENTER CORVALLIS OR 9 SOUTHSIDE YOUTH OUT CORVALLIS OR 9 SOUTH SALEM HIGH SC SALEM OR 97302	GRACE CENTER CORVALLI SOUTHSIDE YOU CORVALLI SOUTH SALEM I SALEM OR SU CAMINO INT	GRACE CENTER CORVALLIS OR 97326 GRACE CENTER CORVALLIS OR 97330 CORVALLIS OR 97333 SOUTH SALEM HIGH SCHOOL SALEM OR 97302 SU CAMINO INTERNATIONAL COLORADO SPRINGS CC SCIENCE MUSEUM OF MINN. ST. PAUL MN 55102	GRACE CENTER CORVALLI SOUTHSIDE YOU CORVALLI SOUTH SALEM SALEM OR SALEM OR COLORADC SCIENCE MUSE ST. PAUI PEACE & HOPE MINNEADC	BLODGETT CORVALLI SOUTHSIDE YOU CORVALLI SOUTH SALEM SALEM OR SALEM OR SU CAMINO IN COLORADO SCIENCE MUSE ST. PAUI PEACE & HOPE MINNEAPC	GRACE CENTER CORVALLI SOUTHSIDE YOU CORVALLI SOUTH SALEM I SALEM OR SALEM OR SU CAMINO IN' COLORADO SCIENCE MUSEI ST. PAUL PEACE & HOPE MINNEAPO LATIN AMER.	GRACE CENTER CORVALLI SOUTHSIDE YOI CORVALLI SOUTH SALEM I SALEM OR SALEM OR SU CAMINO IN' COLORADO SCIENCE MUSER ST. PAUL PEACE & HOPE MINNEAPO LATIN AMER ORANGE C OR. HEALTH SC	GRACE CENTER GRACE CENTER CORVALLIS OR 9733 SOUTHSIDE YOUTH OUTRE CORVALLIS OR 9733 SOUTH SALEM HIGH SCHO SALEM OR 97302 SU CAMINO INTERNATION COLORADO SPRINGS SCIENCE MUSEUM OF MIN ST. PAUL MN 55102 PEACE & HOPE PTNRSHP MINNEAPOLIS MN 55 LATIN AMER. INDIAN MI ORANGE CA 92859 OR. HEALTH SCIENCES U PORTLLAND OR 97235 WILLAMETTE UNIVERSITY SALEM OR 97711	GRACE CENTER CORVALLIS OR 973 GRACE CENTER CORVALLIS OR 97 SOUTHSIDE YOUTH OUTH CORVALLIS OR 97 SOUTH SALEM HIGH SCI SALEM OR 97302 SU CAMINO INTERNATIC COLORADO SPRING SCIENCE MUSEUM OF MI ST. PAUL MN 551 PEACE & HOPE PTNRSHI MINNEAPOLIS MN LATIN AMER. INDIAN N ORANGE CA 92859 OR. HEALTH SCIENCES PORTLAND OR 972. WILLAMETTE UNIVERSIT SALEM OR 97301 S. BENTON NUTRITION	GRACE CENTER CORVALLI SOUTHSIDE YOU CORVALLI SOUTH SALEM I SALEM OR SALEM OR COLORADO SCIENCE MUSE ST. PAUL PEACE & HOPE MINNEAPO LATIN AMER. CORANGE C OR. HEALTH SC PORTLAND WILLAMETTE UR SALEM OR SALEM OR SALEM OR SALEM OR SALEM OR UNITED METHOI	GRACE CENTER CORVALLIS OR 97326 GRACE CENTER CORVALLIS OR 97330 SOUTHSIDE YOUTH OUTREAC CORVALLIS OR 97333 SOUTH SALEM HIGH SCHOOL SALEM OR 97302 SU CAMINO INTERNATIONAL COLORADO SPRINGS CC SCIENCE MUSEUM OF MINN. ST. PAUL MN 55102 PEACE & HOPE PTURSHP IN MINNEAPOLIS MN 554C LATIN AMER. INDIAN MINI ORANGE CA 92859 OR. HEALTH SCIENCES UNI PORTLAND OR 97399 WILLAMETTE UNIVERSITY SALEM OR 97301 S. BENTON NUTRITION PRO MONROE OR 97456 UNITED METHODIST CHURCH	GRACE CENTER CORVALLIS OR 973 GRACE CENTER CORVALLIS OR 973 SOUTH SALEM HIGH SCH SALEM OR 97302 SU CAMINO INTERNATIO COLORADO SPRINGS SCIENCE MUSEUM OF MI ST. PAUL MN 5510 PEACE & HOPE PTNRSHP MINNEAPOLIS MN 5 LATIN AMER. INDIAN M ORANGE CA 92859 OR. HEALTH SCIENCES PORTLAND OR 9723 WILLAMETTE UNIVERSIT SALEM OR 97301 S. BENTON NUTRITION MONROE OR 97456 UNITED WAY OF BENTON	BLODGETT BLODGETT CORVALLI SOUTHSIDE YOU CORVALLI SOUTH SALEM SALEM OR SALEM OR SU CAMINO INV COLORADO SCIENCE MUSE' ST. PAUL PEACE & HOPE MINNEAPO LATIN AMER. ORANGE C OR. HEALTH SO PORTLAND WILLAMETTE UI SALEM OR S. BENTON NU' MONROE O UNITED WAY O CORVALLI PEACE & HOPE

Statement 15 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

	Amount	3,850	4,200	6,930	000'6	6,500	1,455	4,000	3,800	17,500	5,000	2,500	2,500	1,000	1,000	70,000	12,000	16,521	20,000	7,000
	Purpose	JOAQUIN YOASHITA EDUCATION	PATI ALMEIDA EDUCATION	2 CAQUINTE STUDENTS	2 AGUARUNA STUDENTS	ESLI ANTICH EDUCATION	CESIA ERNETINA AHUANARI TRAINING	RAQUEL MALDONADO NURSING STUDENT	NEVER ALLUI 2 SONS EDUCATION	3 MACHIGUENGA STUDENTS EDUCATION	COVENANT ASIA PROJECT TIBET	LOIS BRASSWELL SCHOLARSHIP	LOIS BRASSWELL SCHOLARSHIP	NUTRIION PROGRAM	SOUTH BENTON FOOD BANK	SUPPORT FOR STATE GAMES	GENERAL FUND	PURCHASE VEHICLES	IRMA TUANAMA MEDICAL CLINIC	MACHIGUENGA STUDENTS
	Status	вгур						001							C	000		α01	0 0	:
Address	Relationship	1 JOHN WYCLIFFE	2549 E CARAMILLO ST 80909 5 DO DOW 628200	020200	E CARAMILLO		TADAMTITO	N BATANTA CE	E CAPAMILIO O	235.7 C. Carcarianto 3909 - 1	FO DOS 2/0	SW 35TH	M C	FO BOX 1/8	Ē		229 ATH AVE SE	N BATTAN	PARK AVENITE S	
Name	Address	WYCLIFFE BIBLE TRANSLATOR ORLANDO FL 32832	_ 7	VICLIFFE BIBLE INMISLATOR ORLANDO FL 32862-8200	COLORADO SPRINGS CO	COLORADO SPRINGS CO	COLORADO SPRINGS CO	COLORADO SPRINGS CO 8	CA 92865	COLORADO SPRINGS CO	UPSALA MI 56384		CORVALLIS OR 97333	⊢	MONROE OR 97456 SPECIAL OLYM OF OPECON		CORVALLIS OR 97330 TRILLIIM FAMILY SERVICES	ALBANY OR 97321 LATIN AMER. INDIAN MINIST	\sim $_{\rm L}$	MINNEAPOLIS MN 55407

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Statement 15 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	3,500		2,000		2,000	000	000	2,000		2,000		10,000	•	10,000		20,000		10,000	700,756	
	Purpose	FRANCISCO SAKEGAT SON JACOB EDUCATIO		NUTRIION PROGRAM		SOUTH BENTON FOOD BANK	ייסווסט משאינוס		NUTRIION PROGRAM		SOUTH BENTON FOOD BANK		BENTON COUNTY CHAPTER BOY SCOUTS		EXPANSION OF ATHLETIC PROGRAMS		PROGRAM FOR YOUTH WITH ADULT MENTORS		BEDS FOR KIDS CAMPAIGN		
	Status	Е 108																			
Address	Relationship	2322 N BATAVIA ST ST	PO BOX 178	_	648 ORCHARD ST.	-	2065 SE DEBORD ST	PO BOX 178	-	648 ORCHARD ST.	_	PO BOX 1031	_	1112 NW CIRCLE BLVD	_	1215 HILL STREET SE	_	PO BOX 2224	_		-
Name	Address	LATIN AMER. INDIAN MINIST 2322 N BATAVIA ST STE 108 ORANGE CA 92865	S. BENTON NUTRITION PROG. PO BOX 178	MONROE OR 97456	UNITED METHODIST CHURCH	MONKOE OK 9/456	SOUTHSIDE YOUTH OUTREACH	S. BENTON NUTRITION PROG.	MONROE OR 97456	UNITED METHODIST CHURCH	MONROE OR 97456	OREGON TRAIL COUNCIL	CORVALLIS OR 97339	BOYS & GIRLS CLUB OF CORV 1112 NW CIRCLE BLVD	CORVALLIS OR 97330	BOYS&GIRLS CLUB OF ALBANY 1215 HILL STREET	ALBANY OR 97332	BENTON FURNITURE SHARE	CORVALLIS OR 97339	TOTAL	