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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2008

| For | calen | dar year 2008, or tax yea | r beginning OCT | 1, 2008 | , and ending | <u>SEP 30, 2009</u> | |
|--------------------|--------|--|---|------------------------------|------------------------------------|--|--|
| <u>G</u> (| heck | all that apply: In | nitial return | Final return | Amended return | Address change | Name change |
| llea | the I | Name of foundation | | | | A Employer identification | number |
| | abel. | OF TITE DIOR | REIERSON F | OUNDATION-38 | 577700 | | |
| | | e, WELLS FARG | O BANK, N.A | | 36-3463190 | · | |
| | print | Number and street (or P | O box number if mail is not de | elivered to street address) | Room/suite | B Telephone number | |
| | type | いんし としつきひこ | 11K; P.O. | BOX 21927 | | 406-447-20 | 50 |
| | Spec | City or town state ar | | | <u> </u> | C If exemption application is p | |
| Inst | ructio | ins i - | 7A 98111 | | | D 1 Foreign organizations | |
| H C | heck | | X Section 501(c)(3) ex | cempt private foundation | | Foreign organizations me check here and attach co | eeting the 85% test, |
| | _ | ction 4947(a)(1) nonexem | | Other taxable private founda | ation | Į. | |
| I Fa | | rket value of all assets at e | | ng method: X Cash | Accrual | E If private foundation sta under section 507(b)(1) | |
| | | Part II, col (c), line 16) | · | ther (specify) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , | |
|) | | 1.386 | 382 (Part I, colu | mn (d) must be on cash i | basis) | F If the foundation is in a under section 507(b)(1) | |
| | irt I | Analysis of Revenue an | d Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | | (The total of amounts in colur necessarily equal the amount | mns (b), (c), and (d) may not ts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grant | | 3,000. | | N/A | (445.754.75 |
| | 2 | Check X If the foundation | | 3,000. | | 24/22 | |
| | 3 | Interest on savings and tempo | | <u> </u> | | - | |
| | 1 . | Cash investments | um paguritina | 48,458. | 48,458. | | STATEMENT 1 |
| | 4 | Dividends and interest fro | om securities | 40,430. | 40,430. | <u> </u> | SIMIEMENI I |
| | l | Gross rents | | | | | |
| | _ | Net rental income or (loss) | | 19,588. | | | |
| e | 6a | Net gain or (loss) from sale of a Gross sales price for all | | 19,500. | | | FOUNCE |
| en G | _b | assets on line 6a | 368,697. | <u> </u> | 10 500 | -n nch | HIE SERVICE |
| è | 7 | Capital gain net income (from I | | | 19,588. | LENAI REVE | ESISTANICE |
| Ö | 8 | Net short-term capital gail | Π | | | ATEN PELL | 118 98118 |
| | 9 | Income modifications Gross sales less returns | | | <u> </u> | W SEATTLE, | |
| enueve@CAMME | 10a | and allowances | | | | 0 | <u> 2019</u> |
| | | Less Cost of goods sold | | | · <u> </u> | | 7 50. |
| O | C | Gross profit or (loss) | | | | ļ | - ach |
| 1 | 11 | Other income | | | 50.015 | - also | |
| <u> </u> | 12 | Total. Add lines 1 throug | <u>h 11</u> | 71,046. | 68,046. | | |
| 2 | 13 | Compensation of officers, dire | | 14,228. | 11,382. | . න් | 2,846. |
| 69 | 14 | Other employee salaries a | ŭ | | <u> </u> | | |
| 28 | 15 | Pension plans, employee | benefits | | | | |
| Sepsuses 5 | 16a | Legal fees | | | | <u> </u> | |
| þe | _ | Accounting fees | STMT 2 | 1,470. | 150. | <u>, </u> | 1,320. |
| Ш | C | Other professional fees | | | | | ļ |
| š | 17 | Interest | | | | <u> </u> | |
| and Admınistrative | 18 | Taxes | STMT 3 | 683. | 683. | · | 0. |
| is: | 19 | Depreciation and depletio | ın | | | | |
| 톺 | 20 | Occupancy | | | | | |
| ĕ | 21 | Travel, conferences, and | meetings | | <u> </u> | | |
| al | 22 | Printing and publications | | | | | |
| و | 23 | Other expenses | STMT 4 | 218. | 98. | , | 120. |
| aţ. | 24 | Total operating and adm | inistrative | | | | |
| Operating | | expenses. Add lines 13 ti | hrough 23 | 16,599. | 12,313. | , | 4,286. |
| 0 | 25 | Contributions, gifts, grant | ts paid | 65,000. | | | 65,000. |
| | ! | Total expenses and disb | | | | | |
| | | Add lines 24 and 25 | | 81,599. | 12,313. | | 69,286. |
| | 27 | Subtract line 26 from line | 12: | | | |] |
| | l | Excess of revenue over expen | | <10,553. | > | | |
| | i i | Net investment income (| | | 55,733 | , | |
| | l | Adjusted net income (if no | | | | N/A | |
| | | IIIA F. B A. | ad Danasa ada Dada adi a | A - 1 M - 4 | 4 | | Form QQ0-PF (2008) |

2008.05020 OLIVE RICE REIERSON FOUNDAT 105779_1

36-3463190 WELLS FARGO BANK Page 2

| Form 990-PF (2008) WELLS FARGO BANK, N.A. 36-3463190 | | | | | | | |
|--|---|--|-------------------|----------------|-----------------------|--|--|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | | Beginning of year | End of | | | |
| | _ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash - non-interest-bearing | | | | | |
| | 2 | Savings and temporary cash investments | 62,792. | 84,233. | 84,233. | | |
| | 3 | Accounts receivable | | | | | |
| | | Less; allowance for doubtful accounts | | | | | |
| | 4 | Pledges receivable ► | | | | | |
| | ļ | Less: allowance for doubtful accounts ▶ | | | | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | | disqualified persons | | | | | |
| | 7 | Other notes and loans receivable | | | | | |
| | Į | Less; allowance for doubtful accounts | | | | | |
| şţ | 8 | Inventories for sale or use | | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | | |
| 4 | 10a | Investments - U.S. and state government obligations STMT 5 | 261,562. | 161,315. | | | |
| | b | Investments - corporate stock STMT 6 | 633,893. | 593,752. | 703,690. | | |
| | C | Investments - corporate bonds STMT 7 | 205,571. | 257,431. | <u> 266,920.</u> | | |
| | 11 | Investments - land, buildings, and equipment basis | | | | | |
| | ì | Less accumulated depreciation | | | | | |
| | 12 | Investments - mortgage loans | | | | | |
| | 13 | Investments - other STMT 8 | 75,240. | 139,274. | 148,752. | | |
| | 14 | Land, buildings, and equipment: basis ► 4,473. | | | | | |
| | | Less accumulated depreciation | 4,473. | 4,473. | 16,979. | | |
| | 15 | Other assets (describe ►) | | | | | |
| | ł | | | Ì | | | |
| | 16 | Total assets (to be completed by all filers) | 1,243,531. | 1,240,478. | 1,386,382. | | |
| | 17 | Accounts payable and accrued expenses | | | | | |
| | 18 | Grants payable | | | | | |
| g | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| abi | 21 | Mortgages and other notes payable | | | | | |
| Ξ | 1 | Other liabilities (describe) | | | | | |
| | - | , | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | | |
| _ | | Foundations that follow SFAS 117, check here | | | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| ë | 24 | Unrestricted | } | | | | |
| and | 25 | Temporarily restricted | | | | | |
| Bal | 26 | Permanently restricted | | | | | |
| p | | Foundations that do not follow SFAS 117, check here | | | | | |
| Ŧ | 1 | and complete lines 27 through 31 | | | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 1,243,531. | 1,240,478. | | | |
| ěţs | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | | | |
| Net Assets or Fund Balances | 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | 0. | | | |
| et | 30 | Total net assets or fund balances | 1,243,531. | 1,240,478. | | | |
| _ | " | | | | | | |
| | 31 Total liabilities and net assets/fund balances 1,243,531. 1,240,478. | | | | | | |
| F | art | | | | | | |
| _ | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | | | | |
| ' | | st agree with end-of-year figure reported on prior year's return) | JO | 1 | 1,243,531. | | |
| 2 | - | r amount from Part I, line 27a | | 2 | <10,553·> | | |
| | | er increases not included in line 2 (itemize) SCHOLARSHIPS | S RETURNED | 3 | 7,500. | | |
| | | lines 1, 2, and 3 | YELOWAND | 4 | 1,240,478. | | |

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5 Decreases not included in line 2 (itemize)

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

| 2-story brick v | cribe the kind(s) of property sold (varehouse; or common stock, 200 | | | (b) How a P - Puro D - Don | chase | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|---|--------------------------------------|--|-------------|---|--|
| see attachei | STATEMENTS | | | | | | |
|) | | | | | | | |
| <u> </u> | | | | ļ | | | |
| <u>e</u> | _ | | | | | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | (h) Gain or (lo (e) plus (f) minu | ss) is (g) |
|) | | | | | | | |
| <u> </u> | | | | | | | |
| 368,697 | | | 349,10 | 10 | | | 19,588 |
| | nng gain in column (h) and owned | by the foundation | | - | |) Gains (Col. (h) ga | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) E> | cess of col. (1) | | co | l. (k), but not less t Losses (from co | han -0-) or |
| 1 | | | | | | | |
|) | | | | | | | |
| <u> </u> | | | | | | | |
| <u> </u> | <u> </u> | | | | | | |
| <u> </u> | | | | | | | <u> 19,588</u> |
| Capital gain net income or (net | capital loss) { If gain, also e | inter in Part I, line ir -0- in Part I, line | 7 27 | } 2 | | | 19,588 |
| | oss) as defined in sections 1222(5 | 6) and (6): | | | | | |
| If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line | | | |) | | N/ | Δ |
| Part V Qualification | Under Section 4940(e) | for Reduced | Tax on Net | Investr | nent Inc | | <u> </u> |
| Yes," the foundation does not qu | ection 4942 tax on the distributable lahify under section 4940(e). Do no n each column for each year; see ii | ot complete this pa | art. | | | | Yes X N |
| (a) Base period years Calendar year (or tax year begin | (b) | | Net value of no | (c) | -use assets | | (d) tribution ratio divided by col. (c)) |
| 2007 | , mily my | 84,678. | | 1,62 | 21,136 | | .05223 |
| 2006 | | 91,389. | | | 9,335 | | .05377 |
| 2005 | | 76,999. | | | 11,470 | | .04899 |
| 2004 | | 67,705. | \ | | 0,437 | | .04366 |
| 2003 | | 78,181. | | 1,33 | 37,996 | · | .05843 |
| Total of line 1, column (d) | | | | | | 2 | .25711 |
| Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | | | 3 | .05142 | |
| Enter the net value of noncharit | able-use assets for 2008 from Par | t X, line 5 | | | | 4 | 1,264,121 |
| 5 Multiply line 4 by line 3 | | | 5 | 65,004 | | | |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 | 557 | | | |
| Add lines 5 and 6 | | | | | | 7 | 65,561 |
| Enter qualifying distributions fro | om Part XII, line 4 | | | | | 8 | 69,286 |
| If line 8 is equal to or greater the See the Part VI instructions. | an line 7, check the box in Part VI, | line 1b, and comp | plete that part usii | ng a 1% tax | rate. | | |
| oce mer ait vi matiuctions. | | | | | | | Form 990-PF (200 |

OLIVE RICE REIERSON FOUNDATION-38577700 Form 990-PF (2008) 36-3463190 WELLS FARGO BANK, N.A. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1. (attach copy of ruling letter if necessary-see instructions) Date of ruling letter: 557. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 880 a 2008 estimated tax payments and 2007 overpayment credited to 2008 b Exempt foreign organizations - tax withheld at source 6b 6с c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6d 880. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 323. 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Refunded Enter the amount of line 10 to be: Credited to 2009 estimated tax 0. Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in ta X any political campaign? X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities X c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: _____O . (2) On foundation managers. ▶ \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or Х bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Х 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: · By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Х X 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 If "Yes," complete Part II, col (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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) X of each state as required by General Instruction G? If "No," attach explanation 8b 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)? If "Yes," complete Part XIV 10

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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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had not been removed from jeopardy before the first day of the tax year beginning in 2008?

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Total number of other employees paid over \$50,000

0

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| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig Paid Employees, and Contractors (continued) | gilly | |
|---|-------------|---------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of | service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | > 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u>▶</u> 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the | , T | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | , | Expenses |
| 1 N/A | | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1 <u>N/A</u> | | |
| | | |
| 0 | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| | ĺ | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| | | Form 990-PF (2008) |

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WELLS_FARGO BANK, N.A.

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndation | s, 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 | 1a | 1,104,265. |
| b | Average of monthly cash balances | 1b | 75,369. |
| C | Fair market value of all other assets | 10 | 103,738. |
| d | Total (add lines 1a, b, and c) | 1d | 1,283,372. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e0 . | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,283,372. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | <u> 19,251.</u> |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,264,121. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 63,206. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certai | n |
| 1 | Minimum investment return from Part X, line 6 | 1 | 63,206. |
| 2a | Tax on investment income for 2008 from Part VI, line 5 | | |
| b | Income tax for 2008. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | <u>557.</u> |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 62,649. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4_ | 7,500. |
| 5 | Add lines 3 and 4 | 5 | 70,149. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 70,149. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 69,286. |
| þ | Program-related investments - total from Part IX-B | 1b | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 69,286. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | <u>557.</u> |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 68,729. |
| | Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | qualifies | for the section |

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4940(e) reduction of tax in those years.

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WELLS FARGO BANK, N.A.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2007 | (c) 2007 | (d) 2008 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2008 from Part XI, | | | | |
| line 7 | | | | 70,149. |
| 2 Undistributed income, if any, as of the end of 2007 | | | 0 | |
| a Enter amount for 2007 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2008: | | - 0. | | |
| a From 2003 11,609. | | | | |
| b From 2004 | j | | | |
| c From 2005 | | | | |
| d From 2006 6,380. | | | | |
| e From 2007 4,498. | İ | | | |
| f Total of lines 3a through e | 22,487. | | | |
| 4 Qualifying distributions for 2008 from | | | | |
| Part XII, line 4: ► \$ 69,286. | | 1 | | |
| a Applied to 2007, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | . 1 | | | |
| (Election required - see instructions) | 0. | | | 60 206 |
| d Applied to 2008 distributable amount | 0. | | | 69,286. |
| e Remaining amount distributed out of corpus | 863. | | | 863. |
| 5 Excess distributions carryover applied to 2008 (if an amount appears in column (d), the same amount must be shown in column (a)) | 803. | | 100 | 803. |
| 6 Enter the net total of each column as indicated below: | | 1 | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 21,624. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | ····· | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | ! | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2007. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2008. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2009 | | | | 0. |
| 7 Amounts treated as distributions out of | | | · | |
| corpus to satisfy requirements imposed by | 0. | | | |
| section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2003 | | | | |
| 8 Excess distributions carryover from 2003 not applied on line 5 or line 7 | 10,746. | | | |
| 9 Excess distributions carryover to 2009. | 10,740. | ···· | | |
| Subtract lines 7 and 8 from line 6a | 10,878. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2004 | | | | |
| b Excess from 2005 | | | | |
| c Excess from 2006 6,380. | | | | |
| d Excess from 2007 4, 498. | | | | |
| e Excess from 2008 | | | | |

PLEASE SEE THE APPLICATION INFORMATION ATTACHED c Any submission deadlines:

APRIL 1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

MEDICAL SERVICES IN POWELL COUNTY AND EDUCATIONAL ASSISTANCE TO POWELL COUNTY RESIDENTS.

823601 01-02-09

Form **990-PF** (2008)

Form 990-PF (2008)

36-3463190 Page 11 WELLS FARGO BANK, N.A.

| Part XV Supplementary Information | | | | |
|---|--|-------------------------|----------------------------------|--------------------------|
| 3 Grants and Contributions Paid During the Ye | ar or Approved for Future | Payment | | |
| Recipient Name and address (home or hygress) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year SEE STATEMENT 9 | or substantial contributor | recipient | | |
| Total | <u> </u> | | ▶ 3a | 65,000. |
| b Approved for future payment NONE | | | | |
| Total | | | > 3b | 0. |
| 823611 01-02-09 | | | F | orm 990-PF (2008) |

| Part XVI-A | Analysis of Income-Producing A | ctivities |
|------------|--------------------------------|-----------|
| | | |

| Enter gross amounts unless otherwise indicated | Unrelated I | ousiness income | | d by section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|---------------|-------------------------------|-------------------|
| | (a) Business | (b) | (c) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | sion | Amount | function income |
| a | | | | | |
| b | | | | | |
| C | 1 | | | | · |
| d | 1 1 | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | _ | | | |
| 4 Dividends and interest from securities | | | 14 | 48,458. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | j | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 19,588. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | . | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | 0. | 68,046. | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 68,046 |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). | |
|--------------------|---|------|
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| 823621 01-02-09 | Form 990-PF (20 | 008) |

| | | | FARGO BANK, N | | | 63190 | <u>Pa</u> | ge 13 |
|-----------|---------------------------|--|--|--------------------------------------|---|--------------------|-----------|--------------|
| Pi | art X | Exempt Organ | | and transactions a | nd Relationships With Nonc | naritable | | |
| 1 | | ne organization directly or indi | rectly engage in any of the follow | | | | ⁄es | No |
| | | | (3) organizations) or in section | | izations? | | } | |
| a | | · | ation to a noncharitable exempt (| organization of: | | 14.40 | | v |
| | (1) (| | | | | 1a(1) | | _ <u>X</u> _ |
| | | Other assets | | | | 1a(2) | | <u>X</u> |
| D | | transactions: Sales of assets to a noncharita | ible avemnt organization | | | 1b(1) | | v |
| | | | ncharitable exempt organization | | | 1b(2) | | _ <u>X</u> |
| | | Rental of facilities, equipment, | | | | 1b(3) | | X |
| | | Reimbursement arrangements | | | | 1b(4) | | X |
| | | oans or loan guarantees | , | | | 1b(5) | | X |
| | ٠. | | embership or fundraising solicita | tions | | 1b(6) | | X |
| C | | | ailing lists, other assets, or paid e | | | 1c | | X |
| | | | | | vays show the fair market value of the good | is, other asse | ts, | |
| | | | | • • | e in any transaction or sharing arrangemen | | | |
| | colur | nn (d) the value of the goods, | other assets, or services receive | d | | | | |
| (a) | Line no | (b) Amount involved | (c) Name of noncharitat | ole exempt organization | (d) Description of transfers, transactions, | and sharing arra | ngeme | nts |
| | | | N/A | · | <u> </u> | | | |
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| _ | | | | | - tions described | | | |
| 28 | | | ctly affiliated with, or related to, or er than section 501(c)(3)) or in se | | zations described | | ¥ | No |
| h | | s," complete the following sch | , , , , , , | 5011011 327 | | Yes | 44 | 7 140 |
| | 11 10 | (a) Name of org | | (b) Type of organization | (c) Description of relati | onship | | |
| | | N/A | <u>*</u> | 1-7-21 | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | • | | | | ents, and to the best of my knowledge and belief, | | t, | |
| | and co | Wells Fargo Bank N.A. | er than taxpayer or fiduciary) is based in | on all information of which preparer | Stacey o. | 70111 .* | | |
| | X | | Stacey J Corl | bin 1/28/10 | Vice Presider | 11. | | |
| ē | S | ignature of officer or trustee | - · · · · · · · · · · · · · · · · · · · | Date | Title Trust Officer | | | |
| Sign Here | o_ | Preparer's | | 10. | Self- | parer's identifyii | ng nun | nber |
| S, | Paid parer's e Only | signature CINDY | | cau | '/////O employed ▶ □ | | | |
| -] | Paid pare e Or | Firm's name (or yours ANDE | ERSON ZURMUEHLE | N & CO., P.C. | EIN ► | | | |

P.O. BOX 1040

MT 59624-1040

Phone no.

406-442-1040

Form **990-PF** (2008)

address, and ZIP code

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

OLIVE RICE REIERSON FOUNDATION-38577700 WELLS FARGO BANK, N.A. 36-3463190 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) **\$** Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but

823451 12-18-08

they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| | _ | |
|-----|-----|----|
| | - 1 | _ |
| 200 | | of |

Name of organization

OLIVE RICE REIERSON FOUNDATION-38577700

Employer identification number

| <u>WE</u> LLS | FARGO BANK, | N.A | | 36-3463190 |
|---------------|----------------------|-----------------------------------|----------------------------|--|
| Part I | Contributors (see | e instructions) | | |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| 1 | PO BOX 62 OVANDO, MT | ENAL 59854 | \$3,00 | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| | | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| | | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| | | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| | | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| | | | \$ | Person Payroll Noncash (Complete Part II if there |

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 }

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

1

m

n

0

<2,296.>

2,314.

5,459.

<u>791.</u>

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 06/08/8808/20/09 1a CHEVRON CORP Ρ P 01/28/0806/24/09 b CISCO SYSTEMS INC VARIOUS 06/24/09 c CITIGROUP INC P d COLGATE PALMOLIVE CO P 05/23/07|06/24/09 e CONOCOPHILLIPS P VARIOUS 06/24/09 P 07/13/0506/24/09 f DOMINION RES INC VA P VARIOUS 06/24/09 g DU PONT E I DE NEMOURS & CO 12/08/8906/24/09 h EMERSON ELECTRIC CO P EMERSON ELECTRIC CO P 12/08/89|08/19/09 P 12/08/8906/24/09 EXXON MOBILE CORPORATION 12/08/8908/19/09 k EXXON MOBILE CORPORATION P 05/23/07|01/27/09 I FED HOME LN BK P 05/23/0702/20/09 m FED HOME LN BK Ρ 05/23/0708/17/09 n FED NATL MTG ASSN P o FORTUNE BRANDS P 05/12/0306/24/09 INC (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 3,**4**29. 642 2,787. a 1,442 b 1,130. <312.> ,395. 19,597. <18,202.> C 340 65. ,405. d <2<u>81.</u>> 1,502. 783 е 653. 757 <104.> 1,237. 1,915 <678.> g 2,777. 801 1,976. h 1,792. 471 1,321. 7,047. 1,218. 5,829. 3,421. 609 2,812. k 9,982 10,013. 31. Ţ 39,929. 71. 40,000. m 50,000. 50,336. <336.> Π <541.> 1,558. 2,099 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 2,787. а <312.> b <18,202.> C 65. d <281.> е <104.> <678.> g 1,976. h 1,321. ١ 5,829. 2,812. k 31. 71. m <336.> n <541.> 0 { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 } Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6); If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Capital gain net income or (net capital loss)

15320111 792194 105779

{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

823591 04-25-08

0

<85.>

n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

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545.

856.

263.

<1,211.>

| WELLS FARGO BANK | | | 33730 1 | PAGE 5 OF 6 |
|--|--|--|--|--|
| | sses for Tax on Investment Income | | 1/63 11 | |
| (a) List and 2-story bi | describe the kind(s) of property soluck warehouse; or common stock, 2 | d, e.g., real estate, 00 shs. MLC Co. | (b) How acquired P - Purchase D - Donation | (mo., day, yr.) |
| 1a PROCTOR & GAMB | LE CO | | P | 04/04/9006/24/09 |
| b PROCTOR & GAMB | LE CO | | P | 04/04/9006/24/09 |
| c PUBLIC STORAGE | INC COM | | P | 10/30/0608/10/09 |
| | ERPRISE GROUP IN | C | P | 02/26/9606/24/09 |
| e PUBLIC SVC ENT | | | P | 02/26/9608/19/09 |
| f ROCKWELL AUTOM | | | P | 11/27/0706/24/09 |
| g SIMON PROPERTY | | | P | 03/18/0903/26/09 |
| h SIMON PROPERTY | | | P | VARIOUS 06/25/09 |
| SIMON PROPERTY | | | P | 10/30/0608/10/09 |
| SIMON PROPERTY | | | P | 03/18/0908/10/09 |
| k SYSCO CORP | | | P | 10/30/0606/24/09 |
| TARGET CORP | | | P | 05/12/0306/24/09 |
| m TIME WARNER CA | BLE INC | | P | 10/30/0604/06/09 |
| n TIME WARNER CA | | | P | 10/30/0606/24/09 |
| O TIME WARNER IN | | | P | 10/30/0604/06/09 |
| | (f) Depreciation allowed | (a) Cost or other basis | | n) Gain or (loss) |
| (e) Gross sales price | (or allowable) | plus expense of sale | | plus (f) minus (g) |
| a 2,515. | | 428. | | 2,087. |
| b 2,635. | | 428. | | 2,207. |
| c 3,804. | | 4,463. | | <u><659.</u> > |
| d 6,384. | | 2,923. | | 3,461. |
| e 3,198. | | 1,461. | | 1,737. |
| f 457. | | 998. | | <u> </u> |
| g 7. | | 6. | | 1. |
| h 23. | | 24. | | |
| 3,153. | | 4,859. | | <1,706.> |
| <u> </u> | | 34. | | 29. |
| k 1,060. | | 1,545. | | <u> </u> |
| 1,769. | | 1,584. | | <u> 185.</u> |
| m 20. | | 44. | | <u> </u> |
| n 486. | | 950. | | <u><464.</u> > |
| 0 14. | | 30. | | <u> </u> |
| (i) F.M.V. as of 12/31/69 | ng gain in column (h) and owned by (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | Gains (excess | osses (from col. (h)) of col. (h) gain over col. (k), not less than "-0-") |
| | | | | 2 097 |
| <u>a</u> | | | | 2,087. |
| <u>b</u> | | | | 2,207. |
| <u>C</u> | | | | <u><659.</u> > |
| <u>d</u> | | | | 3,461. |
| <u>e</u> | <u> </u> | | | 1,737. |
| <u>f</u> | | | | <u> </u> |
| <u></u> | | | | 1. |
| <u>h</u> | | | - | <u><1.</u> > |
| <u> </u> | | ļ | | <1,706.> |
| L | | | | 29. |
| k | | | | <u> </u> |
| <u> </u> | <u> </u> | | | 185. |
| <u>n</u> | | | | <u> </u> |
| 1 | | <464.> | | |
| 0 | | | | <16.> |
| 2 Capital gain net income or (net ca | , (1033), citter (| 5 1 | 2 | |
| If gain, also enter in Part I, line 8, | | nd (6): | } | |
| If (loss), enter "-0-" in Part I, line | 8 | | 3 | |

N/A

If (loss), enter "-0-" in Part I, line 8

| FORM 990-PF DIVIDENT | DS AND | INTER | EST FROM | SECUI | RITIES | STATEMENT | 1 |
|---|--------|---------------------|---------------------------|---------------------|-------------------------------|----------------------------|----------------|
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A) |) |
| WELLS FARGO BANK MONTANA | • | | 48,603. | | 145. | 48,45 | 58. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 | | 48,603. | | 145. | 48,45 | 8. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | EST- | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | |
| TAX PREPARATION | | 1,470. | | 150. | | 1,32 | 20. |
| TO FORM 990-PF, PG 1, LN 16B | | 1,470. | : | 150. | | 1,32 | 20. |
| FORM 990-PF | | TAX | ES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | EST- | (C) ADJUSTED NET INCOME | | |
| REAL ESTATE TAXES 2008 ESTIMATE FOREIGN TAX | | 113. 517. 53. | | 113. 517. 53. | | | 0. 0. 0. |
| TO FORM 990-PF, PG 1, LN 18 | | 683. | | 683. | | | 0. |
| FORM 990-PF | 0 | THER E | XPENSES | | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | EST- | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | |
| ADVERTISING INSURANCE | | 120. 98. | | 0. 98. | | 12 | 20. |
| TO FORM 990-PF, PG 1, LN 23 | | 218. | | 98. | | 1: | 20. |

| FORM 990-PF U.S. AND STA | TE/CITY GOVERNMENT | OBLIGATIONS | STATEMENT 5 |
|---|---------------------------|--------------------|----------------------|
| DESCRIPTION | U.S. OTHER GOV'T GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| US TREASURY NOTES | <u>x</u> | 161,315. | 165,808. |
| TOTAL U.S. GOVERNMENT OBLIGATION | ons | 161,315. | 165,808. |
| TOTAL STATE AND MUNICIPAL GOVER | NAMENT OBLIGATIONS | | |
| TOTAL TO FORM 990-PF, PART II, | LINE 10A | 161,315. | 165,808. |
| FORM 990-PF | CORPORATE STOCK | | STATEMENT 6 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CORPORATE BONDS | • | 593,752. | 703,690. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B | 593,752. | 703,690. |
| FORM 990-PF | CORPORATE BONDS | | STATEMENT 7 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CORPORATE BONDS | | 257,431. | 266,920. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10C | 257,431. | 266,920. |
| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 8 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| REAL ESTATE FUNDS ALTERNATIVE INVESTMENTS | COST | 67,398. 71,876. | 74,701. 74,051. |
| TOTAL TO FORM 990-PF, PART II, | LINE 13 | 139,274. | 148,752. |

FORM 990-PF

STATEMENT

| | DURING THE YEAR | STAT | EWENI. 3 |
|--|--|---------------------|----------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| CASH YONT/UNIVERSITY OF MONTANA WESTERN | NONE | N/A | 5,000. |
| CODY GALLO/UNIVERSITY OF MONTANA | NONE EDUCATION | N/A | 5,000. |
| COLTON COUGHLIN/UNIVERSITY OF PORTLAND | NONE EDUCATION | N/A | 5,000. |
| DAVID PHILLIPS/MONTANA STATE UNIVERSITY | NONE EDUCATION | N/A | 5,000. |
| JOHN HANSEN/UNIVERSITY OF MONTANA WESTERN | NONE EDUCATION | N/A | 5,000. |
| LOGAN SWANSON/UNIVERSITY OF MONTANA | NONE EDUCATION | N/A | 5,000. |
| NICOLE SLAGHT/UNIVERSITY OF MONTANA WESTERN | NONE EDUCATION | N/A | 5,000. |
| REECE PRICE/MONTANA TECH | NONE EDUCATION | N/A | 7,500. |
| RIVER NEWMAN/UNIVERSITY OF MONTANA WESTERN | NONE EDUCATION | N/A | 5,000. |

GRANTS AND CONTRIBUTIONS

| OLIVE RICE REIERSON FOUNDATION | | 36-3463190 | |
|--|-------------------|------------|---------|
| TARA COVINGTON/UNIVERSITY OF MONTANA | NONE EDUCATION | N/A | 5,000. |
| TRENT THOMAS/MONTANA TECH | NONE EDUCATION | N/A | 5,000. |
| SADEE STUCKY-MONTANA STATE UNIVERSITY | NONE EDUCATION | N/A | 5,000. |
| JOCELYN LONG - UNIVERSITY OF MONTANA | NONE EDUCATION | N/A | 2,500. |
| TOTAL TO FORM 990-PF, PART XV, | LINE 3A | | 65,000. |

OLIVE RICE REIERSON FOUNDATION Application for Scholarship Award

| Applicant's Name: | | | |
|---------------------------------------|-------------|-----------------|--|
| | | | |
| Address: | | | |
| | | | |
| | | | |
| Social Security Number: | | <u> </u> | |
| School Presently Attending: | | | |
| Your School Status (grade) next fall: | | | |
| When do you expect to graduate: | | | |
| Other scholarships received: | | | |
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On a separate piece of paper please explain in 200 words or less how the Olive Rice Reierson Scholarship has helped you in the past year and why you are requesting an award for an additional year. If you have not already done so please provide us with a copy of your school grades to date for this year plus an accounting of how your 2007/2008 award was spent. Please return this form to:

Wells Fargo Private Client Services Attn: Martin J. Lewis P. O. Box 597 Helena, Mt 59624

DUE BY APRIL 1, 2009

OLIVE RICE REIERSON FOUNDATION

| App | olication for S | Scholarship A | Award | | Due By April 1, 2009 |
|---|----------------------|-----------------------------|--------------------------------|--------------------------------|---------------------------|
| ******* | ***** | ***** | ***** | ***** | ****** ******* |
| This Application should school transcript, and the school. Please submit al Investment Management | ree character in the | references, o Olive Rice | ne of whom is Reierson Four | s associated v ndation, C/O | with the applicant's high |
| Applicant's Name Address | | | | | |
| Social Security Number | | | | | |
| Date of Birth | | | Place of Bi | rth | |
| Name of Father | | | Occupation | on | |
| Name of Mother | | | Occupation | on | |
| Name of Guardian | | | Occupation | on | |
| (if other than Parent) | | | | | |
| Date of Graduation | | | | | |
| Number in Class | | | Rank in Cl | ass | |
| High School Previously | Attended: | | | | |
| Name: | | | | Place | |
| Honors in high school: | | | | | |
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| High school activities: | | | | _ | |
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In 200 words or less please summarize your higher educational objectives stating why you have chosen as you have.

Wells Fargo Private Client Services P.O. Box 597 Helena, Mt 59624

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If awarded the Olive Rice Reierson Foundation Scholarship, I agree to attend

the school of my selection for the one-year period of the award. I understand that if I do not complete a one-year period that I will reimburse the Foundation a pro-rata share of my award.

I understand that the scholarship funds are for the payment of:

- 1. tuition,
- fees,
 board and room,
- 4. books and other study materials.

I understand the funds CANNOT be used for travel expenses

I will submit to Wells Fargo Investment Management & Trust, the following:

- 1. each quarter/semester a transcript of grades,
- 2. an accounting of expenses.

I understand that the Olive Rice Reierson Scholarship is for education, not recreation.

I understand that the Scholarship can be terminated for lack of diligence and success on my part or for failure to quarterly account for scholarship funds in a manner determined by the Trustee.

| Dated this | day of | 20 |
|------------------|--------|----|
| Sincerely, | | |
| | | |
| Recipient's sign | ature | |