

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## SCANNED APR 28

Department of the Treasury

## **Return of Private Foundation**

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

OMB No 1545-0052

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.							
For	caler	ndar year 2008, or tax year beginning DE		, and end		NOV 30, 2009	
<u>G</u> (	heck	all that apply: Initial return	Final return	Amended return	<u> </u>	Address change	Name change
	the					A Employer identification r	number
	abel					01 1006010	
Otl		se, THE JOHN C & KARYL K				91-1286019	
0	print r typ:	· ·	•	R	loom/suite	B Telephone number	
	Spe	SIGNATURE AVENUE	EAST			206-329-490	
	ructi	one   City or town, state, and ZIP code				C If exemption application is per	
		SEATTLE, WA 98102				D 1. Foreign organizations,	check here
H (	_		exempt private foundation			<ol><li>Foreign organizations meet check here and attach com</li></ol>	putation
<u>_</u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda			E If private foundation statu	s was terminated
		· · · · · · · · · · · · · · · · · · ·	ting method: X Cash	Accrua	ıl	under section 507(b)(1)(A	A), check here
			Other (specify)			F If the foundation is in a 60	
_		24,617,143. (Part I, col		basis )		under section 507(b)(1)(E	4.11
Pa	ırt I	→ (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net inve incom		(c) Adjusted net	(0) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	expenses per books	iliculti	16	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received				N/A	t
	2	Check  if the foundation is not required to attach Sch. 8		<u> </u>			<del></del>
	3	Interest on savings and temporary cash investments	E20 F00	F 3 6	700		
	4	Dividends and interest from securities	532,788.	532	,788.		TATEMENT 1
		Gross rents					
		Net rental income or (loss)	110 014				
e		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	110,914.	<u> </u>			"
Revenue	_ b	assets on line 6a		110	014		
Ŗ,		Capital gain net income (from Part IV, line 2)		110	,914.	RECEIVE	1
	8	Net short-term capital gain					- I
	9	Income modifications Gross sales less returns				8 APR 2 6 711	
	10a	und unowanious				9 APR 2 6 ZUI	SS S
		Less Cost of goods sold		<del></del>			
		Gross profit or (loss)	262,451.	262	,451.		TATEMENT 2
	11	Other income	906,153.		,153.	<u> </u>	TATEMENT 2
_	12 13	Total. Add lines 1 through 11	900,133.	300	0.	-	0.
	14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	J		<u> </u>		<u> </u>
		Pension plans, employee benefits					
es		Legal fees					
ens		Accounting fees STMT 3	3,392.	1	,696.		1,696.
Expenses		Other professional fees	3,332.		,050.		1,0501
		Interest					
ati	18	Taxes STMT 4	5,402.		344.		0.
Operating and Administrative	19	Depreciation and depletion	3,232.				
Ē	20	Occupancy					
Αď	21	Travel, conferences, and meetings	-				<del> </del>
5	22	Printing and publications					-
g	23	Other expenses STMT 5	4,912.	4	,626.		286.
atin		Total operating and administrative			70-01		
per		expenses. Add lines 13 through 23	13,706.	6	,666.		1,982.
ō	25	Contributions, gifts, grants paid	2,161,000.				2,161,000.
		Total expenses and disbursements.	, ,				_,,
		Add lines 24 and 25	2,174,706.	6	,666.		2,162,982.
	27	Subtract line 26 from line 12:	, ,				
		Excess of revenue over expenses and disbursements	<1,268,553.	>			
		Net investment income (if negative, enter -0-)	, , , , , , , , , , , , , , , , , , , ,		,487.		
		Adjusted net income (if negative, enter -0-)				N/A	
_							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

823501 01-02-09

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	22,350,577.
2	Enter amount from Part I, line 27a	2	<1,268,553.>
3	Other increases not included in line 2 (itemize)   UNREALIZED GAIN ON INVESTMENTS	3	3,535,119.
4	Add lines 1, 2, and 3	4	24,617,143.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	24,617,143.
			Form <b>990-PF</b> (2008)

823511 01-02-09

(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	( <b>d)</b> Distribution ratio (col. (b) divided by col. (c))
2007	2,113,027.	28,651,378.	.073750
2006	2,260,147.	32,950,973.	.068591
2005	2,007,009.	31,722,284.	.063268
2004	1,703,868.	30,868,869.	.055197
2003	1,537,679.	29,073,774.	.052889

- 2 Total of line 1, column (d)
- 3 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
- 4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5
- 5 Multiply line 4 by line 3
- 6 Enter 1% of net investment income (1% of Part I, line 27b)
- 7 Add lines 5 and 6
- 8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

6	8,995.
,	1,462,671.
-	1,402,0/1.
8	2,162,982.

2

3

4

5

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form 990-PF (2008)

.313695

.062739

23,170,212.

1,453,676.

Forn		<u>-128</u>			Page 4	
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940	8 - see	instru	ıctio	ns)	
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	$\top$				
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	-		8,9	95.	
	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)				;	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	-		0.	
3	· · · · · · · · · · · · · · · · · · ·					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			8,9	0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			8.9	95.	
6	Credits/Payments:	_		- , -		
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 10,236.				,	
	Exempt foreign organizations - tax withheld at source 6b				:	
	Tax paid with application for extension of time to file (Form 8868)					
	I Backup withholding erroneously withheld 6d	ľ				
	Total credits and payments. Add lines 6a through 6d	,	· 1	n ž	36.	
8				<u> </u>	<del></del>	
9						
10				1 2	41.	
	Enter the amount of line 10 to be: Credited to 2009 estimated tax			<u> </u>	0.	
	irt VII-A   Statements Regarding Activities	<u>'                                    </u>	<del></del>		<del></del>	
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No	
	any political campaign?		1a		X	
H	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	•	1.5		<del></del> -	
	distributed by the foundation in connection with the activities.					
,	Did the foundation file Form 1120-POL for this year?		1c		$\mathbf{x}$	
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		10			
	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				j	
•	managers. > \$ 0.					
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		$\mathbf{x}^{i}$	
2	If "Yes," attach a detailed description of the activities.				<del></del>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<b>-</b>	x	
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
		N/A	4b		<del>  ^</del>	
		И/А	5		x	
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes " attach the statement required by General Instruction T.		3_		<del>  ^</del>	
£	If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1	
U						
	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.					
	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?		اما	Х	1	
7	remain in the governing instrument?		7	X	<del>                                     </del>	
′	Did the foundation have at least \$5,000 in assets at any time during the year?		-	Λ	<u> </u>	
0.	If "Yes," complete Part II, col. (c), and Part XV.				,	
08	Enter the states to which the foundation reports or with which it is registered (see instructions)		.			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		.		1	
0			96	х	1	
0	of each state as required by General Instruction G? If "No," attach explanation	_	8b	Λ	├─	
B	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				v	
10	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	-	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	DE		
		r	orm <b>990</b>	-   -	,∠∪∪&)	

Form 990-PF (2008) THE JOHN C & KARYL KAY HUGHES FOUNDATION 91-128601    Part VII-A   Statements Regarding Activities (continued)	. 9	Page 5
	- [	т—
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	.	<b>│</b> ₩
	1	<del>  X</del>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		٠.
• •	2   3   X	<del>  x</del>
	3 X	<u> </u>
Website address ► N/A  14 The books are in care of ► CHRISTOPHER R. HUGHES  Telephone no. ► 206 – 329 -	1000	
	, 4	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N/A	
and enter the amount of tax-exempt interest received or accrued during the year  Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	IV/A	
	IV	I Nia
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):	1	1 .
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  X Yes No		1 :
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
a disqualified person?	-	1 .
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1 :
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		١,
(5) Transfer any income or assets to a disqualified person (or make any of either available		i
for the benefit or use of a disqualified person)?		1
(6) Agree to pay money or property to a government official? (Exception. Check "No"		!
if the foundation agreed to make a grant to or to employ the official for a period after		
termination of government service, if terminating within 90 days.)		i
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
	Ь	Х
Organizations relying on a current notice regarding disaster assistance check here		<del>                                     </del>
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		
1.	c   -	$\mathbf{x}$
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<del>-</del>	+
defined in section 4942(j)(3) or 4942(j)(5)):	į	
a 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		<b>1</b> i
before 2008?		
If "Yes," list the years $\blacktriangleright$ ,,,		1
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		1 :
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	.	
' ' <u> </u>	b	—
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ł	
<u> </u>	ł	1
3a 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		1 .
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		i
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		
/-	ь	1
orania de la companya	a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	$\top$	<b>†</b>
	ь	x
	90-PF	

orm 990-PF (2008) THE JOHN C & KARYL KAY H			<u>91-1286(</u>	)19	P	age 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No		ľ	t
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,				
any voter registration drive?		Y	es X No			ļ
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Y	es X No			;
(4) Provide a grant to an organization other than a charitable, etc., organization		ļ				
509(a)(1), (2), or (3), or section 4940(d)(2)?						
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo			1		
the prevention of cruelty to children or animals?	or oddodatoria, parpodos, or t		es X No			*
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	lar the excentions described i			- 1		į.
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	ii Negulations	N/A	5b	1	1
· · · · · · · · · · · · · · · ·	•			30		
Organizations relying on a current notice regarding disaster assistance check h		! <b>.</b>		1		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			<u> </u>	1		
expenditure responsibility for the grant?		[/A	BS L No	ł		
If "Yes," attach the statement required by Regulations section 53.4945	• •			1	İ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					1
a personal benefit contract?		Y	es 🗶 No	ļ		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		<u>X</u>
If you answered "Yes" to 6b, also file Form 8870						,
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🛣 No 📙			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b					[	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highl	у			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
ANNoncontest	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(6	e) Expe count,	ense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	ac	illowan	ices
CHRISTOPHER HUGHES	TRUSTEE					
2323 EASTLAKE AVENUE EAST						
SEATTLE, WA 98102	2.50	l 0.	l o.			0.
		-				<del></del>
				ı		
			1	i		
				+		
		ļ		ł		
		-	ļ	1		
				1		
O Common office block and another than the state of	looded as the d\ M =			Ь.,		
2 Compensation of five highest-paid employees (other than those inc	<u></u>	enter "NUNE."	(d) Contributions to	7 .	a) Ever	2000
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred compensation	ac	e) Expe count,	ense other
· · · · · · · · · · · · · · · · · · ·	hours per week devoted to position	(0)	compensation	a	llowań	ices
NONE						
·						
· · · · · · · · · · · · · · · · · · ·						
		· · · · · ·	<u> </u>	T		
		<del> </del>	<del>                                     </del>	+	-	
Total combon of Alban and Large - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		L		1		
Total number of other employees paid over \$50,000						0

Form 990-PF (2008) THE JOHN C & KARYL KAY HUGHES FOUNDATION 91-	-1286019 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others recovers over \$50,000 for professional convess	<u> </u>
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	_
	4
3	
× <u></u>	1
	7
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 N/A	
	]
2	4
	4
All other program-related investments. See instructions.	<del>                                     </del>
3	_
	-
Total Add lines 1 through 3	0.

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndatio	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· · ·
а		1a	18,240,080.
b	Average of monthly cash balances	1b	942,018.
	Fair market value of all other assets	1c	4,340,960.
đ	Total (add lines 1a, b, and c)	1d	23,523,058.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	23,523,058
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	352,846.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,170,212.
6	Minimum investment return. Enter 5% of line 5	6	1,158,511.
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 certa	ın
1	Minimum investment return from Part X, line 6	1	1,158,511.
2a	Tax on investment income for 2008 from Part VI, line 5 2a 8,995.		
b		1	
C		2c	8,995.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,149,516.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,149,516.
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	1,149,516.
F	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0 160 000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,162,982.
b		1b	0.
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:		
8	Suitability test (prior IRS approval required)	3a	
b	,	3b	0 160 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,162,982.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	0 005
	income. Enter 1% of Part I, line 27b	5	8,995
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,153,987
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	s for the section

Part XIII Undistributed Income (see instructions)

-		(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 f	from Part XI,				1,149,516.
2 Undistributed income, if any, as of th	e end of 2007				
a Enter amount for 2007 only				0.	ı
b Total for prior years:	Ī		0.		ì
3 Excess distributions carryover,	If any to 2008:		· · ·		· · · · · · · · · · · · · · · · · · ·
a From 2003	" arry, to 2000.				1
	85,764.				
	39,233.				
	41,456.				
e From 2007 6	98,966.				,
f Total of lines 3a through e	33,333	1,965,419.			1
4 Qualifying distributions for 200	8 from				· · · · · · · · · · · · · · · · · · ·
Part XII, line 4: ►\$ 2, 1					; į
a Applied to 2007, but not more t				0.	,
b Applied to undistributed income	F				
years (Election required - see in			0.		ļ.
c Treated as distributions out of c	' F				
(Election required - see instruct	· 1	0.			,
d Applied to 2008 distributable ar	′ F				1,149,516.
e Remaining amount distributed	P	1,013,466.			
5 Excess distributions carryover applie	·	0.			0.
(If an amount appears in column (d), t must be shown in column (a))					
6 Enter the net total of each coluindicated below:	ımn as				
â Corpus Add lines 3f, 4c, and 4e Sul	otract line 5	2,978,885.			
b Prior years' undistributed incom	<u> </u>				1
line 4b from line 2b			0.		!
c Enter the amount of prior years	·			·	
undistributed income for which					, ,
deficiency has been issued, or of the section 4942(a) tax has been					
assessed	providuoly		0.		
d Subtract line 6c from line 6b. Ta	axable				
amount - see instructions	L		0.		
e Undistributed income for 2007.	. Subtract line		· · · · · · · · · · · · · · · · · · ·		
4a from line 2a. Taxable amoun	nt - see instr.			0.	!
f Undistributed income for 2008.	. Subtract				
lines 4d and 5 from line 1. This	amount must				_
be distributed in 2009	L				0.
7 Amounts treated as distribution	ns out of				
corpus to satisfy requirements					ł
section 170(b)(1)(F) or 4942(g	-	0.			
8 Excess distributions carryover	from 2003				
not applied on line 5 or line 7		0.			
9 Excess distributions carryover	1	2 070 005			
Subtract lines 7 and 8 from line	в ба	2,978,885.			
10 Analysis of line 9:	05 764				:
a Excess from 2004 1	85,764. 39,233.				
					<b>'</b>
c Excess from 2006	98,966.				
d Excess from 2007 6 e Excess from 2008 1,0	13,466.	ł			
	, 40, 400 0				Form <b>990-PF</b> (2008)

823581 01-02-09

Form 990-PF (2008) THE JOI Part XIV   Private Operating	HN C & KARYL				86019 Page 10
<u></u>	<del></del>		-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling					
foundation, and the ruling is effective f		<del>=</del>	▶ └		
b Check box to indicate whether the four		ig foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		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					
each year listed	_				
<b>b</b> 85% of line 2a	-				
c Qualifying distributions from Part XII,			-		
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	<del></del>			<del> </del>	<del></del>
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				<del> </del>	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:				<del> </del>	<del> </del>
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)				<b>.</b>	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf			if the foundation	had \$5,000 or m	ore in assets
at any time during	the year-see the i	nstructions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w	ho have contributed more	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(d)(2).)	•		•
NONE					
b List any managers of the foundation w			or an equally large portion	on of the ownership of a p	artnership or
-,	as a 1070 or greater interes	J.			
NONE					<u>-</u>
2 Information Regarding Contribu Check here ► X if the foundation the foundation makes gifts, grants, etc	only makes contributions t	to preselected charitable	organizations and does n	ot accept unsolicited requ	iests for funds. If
	<del> </del>		·	ucino 2a, u, u, dill	<u> </u>
a The name, address, and telephone nur THE FOUNDATION DOES	•	• •		אוכ פרס בוואור	. C
THE FOUNDATION DOES	NOT ACCEPT	ONSOLICITED	APPLICATIO	NS FOR FUND	<i>'</i> 5
b The form in which applications should	be submitted and informal	tion and materials they sh	ould include;		
c Any submission deadlines;	<del></del>		· · · - · · · · · · · · · · · · · · · ·		
d Any restrictions or limitations on award	ds, such as by geographics	al areas, charitable fields.	kinds of institutions, or o	other factors:	
, same	,,,,,,,,				
					5. 000 DE :
823601 01-02-09					Form <b>990-PF</b> (2008)

Part XV   Supplementary Information			<del></del> -	<del></del>
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	Υ	
Recipient Name and address (home or business)	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
	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 8				
Total	<del>                                     </del>		<u>▶ 3a</u>	2,161,000
b Approved for future payment				
NONE				
				ŀ
Total			▶ 3b	0.
222214 04 02 02				

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>

Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	Amount		
8		<del></del>			<del></del>	
b						
C	-		_			
d	_					
e	_				<del> — ·</del>	
f	_	<del>.</del>	<b> </b>  _			
g Fees and contracts from government agencies						
2 Membership dues and assessments			_			
3 Interest on savings and temporary cash						
investments					<del></del>	
4 Dividends and interest from securities			14	532,788.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property					<del></del>	
6 Net rental income or (loss) from personal						
property					<del></del>	
7 Other investment income			14	262,451.		
8 Gain or (loss) from sales of assets other than inventory			18	110,914.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:			1 1			
a						
b						
c	_					
d						
e						
12 Subtotal. Add columns (b), (d), and (e)			0.	906,153.	0	
13 Total. Add line 12, columns (b), (d), and (e)				13	906,153	
(See worksheet in line 13 instructions to verify calculations.)	<u> </u>					

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).
823621	Form <b>990_DF</b> (20
823621 01-02-09	Form <b>990-PF</b> (20

Form 990-	PF (2008) THE J	OHN C & KARY	L KAY	HUGHES	FOU	NDAT:	ION		91-128	36019	Pa	ge 13
Part X		egarding Transfers	To and	Transactio	ons an	d Rela	tionship	os Witl	n Nonch	aritable	9	
<u> </u>	Exempt Organ	lizations										
1 Did t	he organization directly or indi	rectly engage in any of the t	ollowing with	any other orga	anization (	described	In section	501(c) of			Yes	No
the C	ode (other than section 501(c	)(3) organizations) or in sec	tion 527, rela	iting to political	l organiza	itions?						
a Trans	sfers from the reporting found	ation to a noncharitable exe	mpt organiza	tion of:								
(1)	Cash									1a(1)		X
(2)	Other assets									1a(2)		Х
<b>b</b> Other	r transactions;											
(1)	Sales of assets to a noncharita	ble exempt organization								1b(1)		X
(2)	Purchases of assets from a no	ncharitable exempt organiz	ation							1b(2)		X
(3)	Rental of facilities, equipment,	or other assets								1b(3)		Х
(4)	Reimbursement arrangements	;								1b(4)		X
(5)	Loans or loan guarantees									1b(5)		X
(6)	Performance of services or me	embership or fundraising so	licitations							1b(6)		X
c Shar	ing of facilities, equipment, ma	uling lists, other assets, or p	aid employee	es						1c		Х
<b>d</b> If the	answer to any of the above is	"Yes," complete the follows	ng schedule. (	Column (b) sho	ould alway	ys show t	he fair mark	et value	of the goods	, other ass	ets,	
or se	rvices given by the reporting f	oundation. If the foundation	received less	s than fair mark	ket value i	in any trar	nsaction or	sharing a	rrangement,	, show in		
colur	nn (d) the value of the goods,	other assets, or services re	ceived.									
(a)Line no	(b) Amount involved	(c) Name of nonch	aritable exem	pt organization	n [	(d) De	escription of t	ransfers, tr	ansactions, an	d sharing ar	rangeme	nts
•		N.	I/A									
									_			

N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfe	rs, transactions, and sharing arrangements
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?			N/A			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						. —
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500					<del></del>	<del></del>
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500				<del></del>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500					<del>                                     </del>	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500					·	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A  Under penalties of perpry, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peciatorion of process (bither than the payer or fiduciary) is based on all information of which preparer has any knowledge  Signature of Officer of trustee  Preparer's  Signature  Rim's name (or yours is stiffle memory)  MOSS ADAMS LLP  Rim's name (or yours is listell-employed).  address, and ZiP code  Signature  Preparer's identifying number self-employed.  SEATTLE, WA 98104  Phone no. 206-302-6500	2a Is the	foundation directly or indirect	ly affiliated with or related to one	or more tax-exempt organ	zations described	
b If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perjury, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peciaration of preserve (where than the perfect of induciary) is based on all information of which preparer has any knowledge  Signature of officer-of trustee  Date  Preparer's signature  Rim's name (or yours it self-employed). address, and ZIP code  SEATTLE, WA 98104  Phone no. 206-302-6500				• =		Yes X No
(a) Name of organization  N/A  Under penalties of perjury, I declarate that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of program (biter than the payer or fiduciary) is based on all information of which prepare has any knowledge  Signature of Officer of trustee  Preparer's signature  Rim's name (or yours il self-employed), address, and ZIP code  SEATTLE, WA 98104  Phone no. 206-302-6500						
Under penalties of perjury, I declare the have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (bither than bepayer or fiduciary) is based on all information of which preparer has any knowledge  Signature of officer of trustee  Preparer's signature  Preparer's signature  Rim's name (or yours if self-employed), address, and ZIP code  SEATTLE, WA 98104  Phone no. 206-302-6500	_			(b) Type of organization	(c) Desci	iption of relationship
and complete declaration of predicts their than the payer or fiduciary) is based on all information of which preparer has any knowledge    4//5/10   TRUSTED   Title		N/A				
and complete declaration of predicts their than the payer or fiduciary) is based on all information of which preparer has any knowledge    4//5/10   TRUSTED   Title						
and complete declaration of predicts their than the payer or fiduciary) is based on all information of which preparer has any knowledge    4//5/10   TRUSTED   Title						
and complete declaration of predicts their than the payer or fiduciary) is based on all information of which preparer has any knowledge    4//5/10   TRUSTED   Title						
and complete declaration of predate of their than the payer or fiduciary) is based on all information of which preparer has any knowledge    4//5   10   Telester						<u> </u>
Signature of officer of trustee    Check if Self-employed   Preparer's identifying number self-employed   Preparer						ledge and belief, it is true, correct,
Signature of Officer-of trustee    Signature of Officer-of trustee   Date   Title				1.1.1		
Rrm's name (or yours is self-employed). address, and ZIP code SEATTLE, WA 98104  EIN ►  999 THIRD AVENUE, SUITE 2800  SEATTLE, WA 98104  Phone no. 206-302-6500			<u> </u>	<del></del>		<u>}</u>
Rrm's name (or yours is self-employed). address, and ZIP code SEATTLE, WA 98104  EIN ►  999 THIRD AVENUE, SUITE 2800  SEATTLE, WA 98104  Phone no. 206-302-6500	P SI	· · · · /				Property's identifying number
Rrm's name (or yours is self-employed). address, and ZIP code SEATTLE, WA 98104  EIN ►  999 THIRD AVENUE, SUITE 2800  SEATTLE, WA 98104  Phone no. 206-302-6500	le s' y	Preparer's	$\mathcal{P} = \mathcal{P}$	• • • • • • • • • • • • • • • • • • • •	self-	
Phone no. 206-302-6500	or Fig	signature /	ADAMO II D	<del>~</del> /	(13.10) employed	
Phone no. 206-302-6500	Se Se	Firm's name (or yours MUSS		TTTTT 2000	EIN	·
	ᅵᇸᄀ	address, and ZIP code		OTTE 2000	D	206_302 6500
		SEAT	115, WA 30104	<del></del>	Phone	

01-02-09

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECU	JRITIES	STATEMENT	1
SOURCE		GROSS	AMC	UNT	_	PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
CITIGROUP GLOBAL MARKETS CITIGROUP GLOBAL MARKETS WELLS FARGO WELLS FARGO - US INTEREST	-		6,	415. 297. 16. 060.		0. 0. 0.	334,4 6,2 192,0	97. 16.
TOTAL TO FM 990-PF, PART I, L	.N 4			788.		0.	532,7	
FORM 990-PF	0'	THER I	NCOM	ΙΕ	***		STATEMENT	2
DESCRIPTION		1	REV	A) ENUE BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
INTEREST ON NOTES RECEIVABLE OTHER MISCELLANEOUS INCOME				262,1	L50. 301.	262,150 301		
TOTAL TO FORM 990-PF, PART I,	LINE	11 <u>—</u>		262,4	451.	262,451	•	
FORM 990-PF ACCOUNTING FEES					STATEMENT	3		
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVE		(C) ADJUSTED NET INCOM		
	,	3,392.		1	696.		1,6	96.
ACCOUNTING FEES		3,332.		Ι,	, 000.		1,0	

FORM 990-PF	TAXES				STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		PENSES NET INVEST- ADJUSTE		(C) ADJUSTED NET INCOM	
FOREIGN TAX FEDERAL EXCISE TAX	344. 5,058.		344.		0.		
TO FORM 990-PF, PG 1, LN 18	5,402.		344.		0.		
FORM 990-PF	OTHER E	XPENSES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM			
OFFICE EXPENSE STOCK COMMISSIONS/FEES	571. 4,341.		285. 341.		286.		
TO FORM 990-PF, PG 1, LN 23	4,912.	4,	626.		286.		
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT 6		
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKET VALUE		
BONDS		x	3	3,008,600.	3,008,600.		
TOTAL U.S. GOVERNMENT OBLIGAT	rions	-					
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS -	3	3,008,600.	3,008,600.		
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	-	3	3,008,600.	3,008,600.		

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DAIMLERCHRYSLER	•	95,239.	95,239.
AT&T CORPORATION		100,217.	100,217.
AGILENT TECHNOLOGIES		22,037.	22,037.
ALLSTATE CORP		421,377.	421,377.
AMERICAN INTL GROUP		12,865.	12,865.
AMGEN INC		112,700.	112,700.
BMC SOFTWARE		96,825.	96,825.
BAXTER INTL INC		1,176,643.	1,176,643.
DISCOVER FINANCIAL SVS		131,410.	131,410.
BOEING INC		538,618.	538,618.
CVS CAREMARK CORP		186,091.	186,091.
HUGOTON ROYALTY TRUST		6,388.	6,388.
CIMAREX ENERGY		31,336.	31,336.
CISCO SYSTEMS INC		93,600.	93,600.
CLOROX COMPANY		602,700.	602,700.
COMCAST CORP		31,988.	31,988.
CONOCOPHILLIPS		517,700.	517,700.
BANK OF AMERICA CORP		8,654.	8,654.
DELL INC		118,608.	118,608.
DOMINION RESOURCES INC		1,673.	1,673.
EMC CORP		25,245.	25,245.
EDWARDS LIFESCIENCES CORP		284,442.	284,442.
EXXON MOBIL CORP		525,490.	525,490.
GENENTEC INC		0.	0.
GENERAL ELECTRIC		378,969.	378,969.
INTEL CORP		708,480.	708,480.
INTL BUSINESS MACHINES CORP		252,700.	252,700.
JP MORGAN CHASE		84,980.	84,980.
JOHNSON & JOHNSON		125,880.	125,880.
LOCKHEED MARTIN CORP		308,920.	308,920.
LOWES COMPANIES INC		43,620.	43,620.
MEDCO HEALTH SOLUTIONS INC		252,640.	252,640.
MICROSOFT CORP		882,301.	882,301.
MORGAN STANLEY		536,860.	536,860.
MOTOROLA INC		216,270.	216,270.
NOKIA CORP SPONSORED ADR		39,780.	39,780.
NORDSTROM INC		2,007,000.	2,007,000.
OWEN ILLINOIS INC		270,173.	270,173.
PFIZER INC		72,135.	72,135.
PIONEER NATURAL RESOURCES CO TEXAS INSTRUMENTS INC		261,828. 75,870.	261,828. 75,870.
UNITED PARCEL SERVICE		517,230.	517,230.
UNITED TECHNOLOGIES CORP		<del>-</del>	134,480.
UNITEDHEALTH GROUP INC		134,480. 114,680.	114,680.
WASHINGTON FEDERAL INC		134,969.	134,969.
WASHINGTON MUTUAL INC		1,124.	1,124.
WELLS FARGO & CO		1,695,298.	1,695,298.
HELLID TIMES & CO		1,033,430.	1,033,430.

THE JOHN C & KARYL KAY HUGHES F	OUNDATION		91	1286	019
WYETH GENERAL MOTORS WELLPOINT INC XTO ENERGY INC PHH CORP AVIS BUDGET GROUP WYNDHAM WORLDWIDE CORP VERIGY APPLE INC CHEVERON CORP CATERPILLAR INC MOTORS LIQUIDATION CO	3 3	0. 0. 62,090. 65,810. 2,764. 3,900. 14,856. 967. 99,620. 90,200. 50,340. 885.		399,63 390,26 350,3	10. 64. 00. 56. 67. 20.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B 16,1	49,465.	16,	149,4	65.
	AND CONTRIBUTIONS DURING THE YEAR		STATE	EMENT	8
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHI AND PURPOSE OF GRANT		PIENT ATUS	AMOU	NT
12TH CHURCH OF CHRIST SCIENTIST, 1700 28TH AVENUE W, SEATTLE, WA 98199-4207	NONE GENERAL SUPPORT AND TAXI FUND	170(B)	)(1)(A	85,0	00.
1ST CHURCH OF CHRIST SCIENTIST, 175 HUNTINGTON AVE., BOSTON, MA 02115-3187	NONE  MOTHER CHURCH ENDOWMEN FUND AND GENERAL SUPPORT	(I)	)(1)(A	120,0	00.
ALLIANCE FOR EDUCATION 509 OLIVE WAY, SEATTLE, WA 98101-2556	NONE GENERAL SUPPORT	509(A)	)(1)	20,0	00.
CARTER CENTER ONE COPENHILL, 453 FREEDOM PARKWAY, ATLANTA, GA 30307-1406	NONE VARIOUS PROGRAM SUPPOR	509(A) T	)(1)	100,0	00.
CHURCH COUNCIL OF GREATER SEATTLE, 4 NICKERSON ST., SUITE 300, SEATTLE, WA 9	NONE GENERAL SUPPORT	170(B)	)(1)(A	225,0	00.

FRED HUTCHINSON CANCER RESEARCH CENTER P.O. BOX 19024, SEATTLE, WA 98109-1024		170(B)(1)(A (III)	50,000.
HABITAT FOR HUMANITY 15439 53RD AVE. S, STE. B, TUKWILA, WA 98188	NONE FAMILY RESOURCE PROGRAM	509(A)(1)	90,000.
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT ST., AMERICUS, GA 31709-3498	NONE GENERAL SUPPORT	509(A)(1)	20,000.
	NONE SPECIFIC PROGRAMMING	509(A)(1)	35,000.
MAYO CLINIC ARIZONA, 13400 E SHEA BLVD, SCOTTSDALE, AZ 85259	NONE CANCER RESEARCH	170(B)(1)(A (III)	
MILLIONAIR CLUB CHARITY 2515 WESTERN AVE, SEATTLE, WA 98121-1387		509(A)(1)	15,000.
NOAH CENTER 31300 BRANDSTROM RD., STANWOOD, WA 98292-1603	NONE LOW COST SPAY/NEUTER PROGRAM	509(A)(2)	150,000.
R.O.A.R. OF WASHINGTON 717 N 36TH ST, SEATTLE, WA 98103	NONE GENERAL SUPPORT	509(A)(1)	10,000.
SALVATION ARMY P.O. BOX 9219, SEATTLE, WA 98109	NONE WHITE CENTER COMMUNITY CENTER	509(A)(1)	50,000.
SAN JUAN ISLAND EMT ASSN P.O. BOX 1243, FRIDAY HARBOR, WA 98250	NONE GENERAL SUPPORT	509(A)(1)	1,000.

THE JOHN C & KARYL KAY HUGHES FO	OUNDATION	9	1-1286019
SEATTLE AQUARIUM SOCIETY 1415 WESTERN AVE, STE. 505, SEATTLE, WA 98101-2051	NONE GENERAL SUPPORT	509(A)(1)	50,000.
SEATTLE FIRST BAPTIST CHURCH, 1111 HARVARD AVE., SEATTLE, WA 98122-4261		170(B)(1)(A	300,000.
	GENERAL SUPPORT		
SEATTLE PUBLIC LIBRARY FOUNDATION, 1000 FOURTH AVE., SEATTLE, WA 98104	NONE	509(A)(3) TYPE I	25,000.
SEATTLE, WA 90104	GENERAL SUPPORT		23,000.
SEATTLE YACHT CLUB FOUNDATION 1807 E HAMLIN ST., SEATTLE, WA 98122-2005	NONE GENERAL SUPPORT	509(A)(1)	3,000.
SEEDS OF PEACE 370 LEXINGTON AVE., #401, NEW YORK, NY 10017	NONE INT'L CAMP IN MAINE SCHOLARSHIPS	509(A)(1)	30,000.
TREEHOUSE 2100 24TH AVENUE S #200, SEATTLE, WA 98144	NONE GENERAL SUPPORT	509(A)(1)	15,000.
UNION GOSPEL MISSION P.O. BOX 202, SEATTLE, WA 98111-0202	NONE SUPPORT FOR WOMEN & CHILDREN'S SHELTER	509(A)(1)	100,000.
UNITED WAY - SAN JUAN COUNTY P.O. BOX 3181, FRIDAY HARBOR, WA 98250-3181	NONE GENERAL SUPPORT	509(A)(1)	4,000.
UNITED WAY OF KING COUNTY 720 SECOND AVE., SEATTLE, WA 98104	NONE UWKC GATES CHALLENGE	509(A)(1)	118,000.
UNITED WAY OF KING COUNTY 720 SECOND AVE., SEATTLE, WA 98104	NONE GATES CHALLENGE	509(A)(1)	300,000.

THE JOHN C & KARYL KAY HUGHES F	OUNDATION		91-1286019
WOODLAND PARK ZOOLOGICAL SOCIETY 601 N. 59TH ST, SEATTLE, WA 98103-5858	NONE ZOO CORPS AND GEYER TRUST CHALLENGE	509(A)(1)	55,000.
YOUTH CARE 2500 NE 54TH ST., #100, SEATTLE, WA 98105-3142	NONE ORION CENTER SUPPORT	509(A)(1)	15,000.
YWCA OF KING COUNTY 1118 FIFTH AVE., SEATTLE, WA 98101-3012	NONE OPPORTUNITY PLACE SUPPORT	509(A)(2)	25,000.
SWEDISH MEDICAL CENTER FOUNDATION, 747 BROADWAY,	NONE	509(A)(3) TYPE I	
SEATTLE, WA 98122	GENERAL SUPPORT		50,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		2,161,000.