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Form '990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Dep	artment of	the Treasury	I .	ial security numbers on		-	•		Open to	
Inter	nal Reven	ue Service	Information about	ut Form 990 and its instr	uctions is at	www.irs.ge	ov/form990)	Inspec	tion
<u>A</u>	For the		dar year, or tax year beginnir			ınd ending	JUN	IE 30	, 20 15	
B	Check If	applicable C	Name of organization AGRICUL	TURAL RESEARCH FOL	JNDATION			D Employer	identification n	umber
	Address	change	Doing business as						93-0400250	
	Name ch	nange	Number and street (or P O box if	mail is not delivered to street	address)	Room/suite		E Telephone	number	
	Initial ret		1600 SW WESTERN BLVD			32	0	5	41-737-4066	
	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign post	al code	•				
	Amende	d return	CORVALLIS, OR 97333					G Gross rece	ipts\$ 12	2,671,593.
	Applicat	on pending F	Name and address of principal off	icer PHILLIP WALKER			H(a) Is this a gr	oup return for sub	ordinates? Yes	. ✓ No
		4	780 BRUSH COLLEGE ROAD	NW, SALEM, OR 97304			H(b) Are all s	subordinates in	cluded? Tes	s □ No
ī	Tax-exe	mpt status	501(c)(3) 501(c	(insert no) ☐	4947(a)(1) or	527	If "N	o," attach a lis	t (see instruction	ons)
J	Website	: ► AGRE	SEARCHFOUNDATION.ORE	GONSTATE.EDU			H(c) Group	exemption nu	mber 🕨	
K	Form of	organization 🗸	Corporation Trust Assoc	ciation ☐ Other ►	L Yea	ar of formation	1934	M State of	legal domicile	OR
Р	art I	Summai	ry			-				
	1	Briefly desc	cribe the organization's mis	ssion or most significan	t activities:	SEE SCH	EDULE O			
2 8		-	· ·	· ·					·	
4010 nance			·							
Governance	2	Check this	box ▶ ☐ if the organization	n discontinued its opera	ations or dis	sposed of	more than	25% of its	net assets.	
, §	3		voting members of the gov	-		•		3		25
	4		independent voting memb		•			4		25
Activities &	5		per of individuals employed					5		3
Ĭ	6		per of volunteers (estimate i	•	•	•		6		29
Act	7a		ated business revenue from					7a	-	<u>29</u> 0
_	b		ted business taxable incom					7b		0
		Trot amount	ar	Current Y						
	8	Contributio	ons and grants (Part VIII, lin	e 1h)						
Revenue	9		ervice revenue (Part VIII, lin			· ·		406,578.		3,961,686.
Ver	10	-	t income (Part VIII, column	- '		· •		788,195.		1,995,535.
æ	11		nue (Part VIII, column (A), li			· ·		695,207.		599,484.
	12		nue—add lines 8 through 11					0.		0.
	13		d similar amounts paid (Part			16 12)		889,980.		9,556,705.
	14			• •	-3)	· ·		<u>588,071.</u>		7,490,174.
			aid to or for members (Part		 			0.		0.
Ses	15		her compensation, employed		ın (A), iines :	^{9–10)}		359,436.		<u>346,388.</u>
Expenses	16a		al fundraising fees (Part IX,		•	· ·		0.		
쭚	b		raising expenses (Part IX, co			<u> </u>				
_	17		enses (Part IX, column (A), I		, — ·	,∵ ·		971,207.		<u>765,340.</u>
	18		nses. Add lines 13-17 (mus				8,	918,714.		<u>3,601,902.</u>
	19_	Revenue le	ess expenses. Subtract line	18 from line 12	<u>.,,,,</u>			-28,734.		954,803.
Sor				10 550 A B	2013 if	. Red	ginning of Cu	rrent Year	End of Ye	ear
Assets or Balances	20		ts (Part X, line 16)	. 191. FEB 0 0	2010	·	24,	559,048.	24	<u>,681,592.</u>
et A	1 ~ .		ties (Part X, line 26)		- استندا سدند 	~·, ·	11,	854,258.	10	<u>),979,134.</u>
Zű	22		or fund balances. Subtract	t line 21 from line 20	<u>. : ! </u>	·ķ •	12,	704,790.	13	<u>3,702,458.</u>
	art II		ire Block	<u> </u>	· -	' 				
			, I declare that I have examined the						knowledge and	belief, it is
tru	e, correc	t, and complete	e Declaration of preparer (other th	an officer) is based on all infor	rmation of whice	ch preparer ha	as any knowl	edge 		
				ww				<u> </u>	<u>4-201</u>	<u>6</u>
Sig	-	' <u> </u>	ure of officer	- 1-1	· · · · · ·	_	Dat	te		
He	re	 		, Executive (rectur					
_		 _	r print name and title							
Pa	id	Print/Type	preparer's name	Preparer's signature		Date		Check	PTIN	
	epare	r						self-employ	**	
	e Onl		me 🕨				Firm	's EIN ▶		
JS	, C VIII	Firm's add	iress ►		_			ne no		
Ma	y the IF	RS discuss t	this return with the prepare	r shown above? (see in	structions)				<u>Ye</u>	s 🔲 No
	Panen	vork Reduct	tion Act Notice see the sena	rata instructions		Cat No.	11202V	_		90 (2014)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENCOURAGE, FACILITATE, AID AND ENGAGE IN SCIENTIFIC INVESTIGATION, RESEARCH EXPERIMENTATION,
	AND TO SUPPORT EDUCATIONAL TRAINING ACTIVITIES RELATING TO AGRICULTURE THROUGHOUT THE STATE OF OREGON.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	,
4 a	(Code:) (Expenses \$ 8,213,865. including grants of \$ 7,490,174.) (Revenue \$ 4,995,535.)
	TO ENCOURAGE, FACILITATE, AID AND ENGAGE IN SCIENTIFIC INVESTIGATION, RESEARCH EXPERIMENTATION,
	AND TO SUPPORT EDUCATIONAL TRAINING ACTIVITIES RELATING TO AGRICULTURE THROUGHOUT THE STATE OF OREGON.
	AND TO SOLT ON EDUCATIONAL TRAINING ACTIVITIES RELATING TO ACHICOLTORE THROUGHOUT THE STATE OF OREGON.
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
	······································
4 -	(O-d) (D)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 8,213,865.

Form **990** (2014)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<i>'</i>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<i>✓</i>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.41		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15 16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		, y, ,	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4.	Fotosthe superhannous stades Box 2 of Forms 4000 Fotos 2 of Section 11 and 12 a		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37			
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) with backup with blockup vitinoiding rules for reportable payments to vendors and	4.0		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	*	
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .		· -	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		· · · ·
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.]		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Soction	Check if Schedule O contains a response or note to any line in this Part VI	• •	•	<u>. ∠</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			1 1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 25	}		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	_	✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		 ✓
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓_	
14	Did the organization have a written document retention and destruction policy?	14	✓_	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
	Other officers or key employees of the organization	15b	<u>√</u>	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		\ <u> </u>
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
Section	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ OR	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Directal S. Karow, EA1 727 AGE, 1600 SWIMESTERN DI VID SHITE 220 CODVALLIS OD 07222			

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Form 990 (2014)

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees,	Highest	Compensated	d Employees,	and
	Independent Contractors					

0 1 10 1 110 1 1	 							_
Check if Schedule O contains								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	ensa	ted any currer	t officer, directo	r, or trustee.
				•	C)					
(A)	(B)	(40.5	ot ch		ition	e than o	200	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any	_	_		irect	or/trus		compensation	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Fey	emg	Former	the	organizations	compensation
	related organizations	red L	<u>‡</u>	鱼	eg a	l oye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	이 다	mal		Key employee	# S		(** 27 1000 111100)		and related
	line)	uste	trus		8	Ē				organizations
		•	tee			Highest compensated employee				
	<u> </u>		T		Г					
(1) ARNOLD APLLEBY	6									
DIRECTOR	_	✓	L	L.			<u> </u>	0.	0.	0.
(2) ROY ARNOLD	11						Ì			
DIRECTOR		/	<u> </u>	_	_		<u> </u>	0.	0.	0.
(3) ROBERT BAILEY	11		ł					1		
DIRECTOR	ļ	✓	┡		<u>_</u>	ļ	<u> </u>	0.	0.	0.
(4) RONALD CAMERON	1									
DIRECTOR		✓		_			ļ.,	0.	0.	0.
(5) TED CASTEEL	2									
DIRECTOR		✓	┞_	L	_	1	<u> </u>	0.	0.	0.
(6) STELLA COAKLEY	11						}			
DIRECTOR		/	 	├	 _		<u> </u>	0.	0.	0.
(7) RALPH FISHER	22	,		١,						
VICE PRESIDENT		✓	\vdash	✓		<u> </u>	_	0.	0.	0.
(8) RON HATHAWAY	2									
DIRECTOR		✓	╙	<u> </u>			┡	0.	0.	
(9) MIKE HESSEL	2			Ì						
DIRECTOR	1	/		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(10) JOSH KVIDT	3			١.						
TREASURER		<u> </u>		✓	╙	<u> </u>	<u> </u>	0.	0.	<u> </u>
(11) RON LEBLANC	2					l				
DIRECTOR		/	_	┡	_	<u> </u>	_	0.	0.	<u>0.</u>
(12) ELIZABETH LEVI	2	١.		1						
DIRECTOR		<u> </u>	_	_	_		-	0.	0.	0.
(13) LANC LYON	2			Ι,						
VICE PRESIDENT		✓	_	✓	! _	<u> </u>	↓_	0.	0.	0.
(14) MIKE MACNAB	11	١.							l .	
DIRECTOR	1	✓	1	1	1	1	1	0.	0.	О.

Par	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (cont	inued)		
						C)							
	(A)	(B)	(do n	ot ch		ition	e than o	one	(D)	(E)		(F)	
	Name and title	Average	٠.				is both		Reportable	Reportable		Estimated	
		hours per week (list any	office	r and	dad	lirect	or/trus	tee)	compensation from	compensation from related	ו מ	mount o	of
		hours for	유표	Ins	읓	₩.	# H	₽ O	the	organizations	co	mpensat	ion
		related	dire	[]	Officer	g g	plos	Former	organization	(W-2/1099-MISC)		from the	
		organizations below dotted	ctor	l ion	Ò	핥) e c	`	(W-2/1099-MISC)			ganızatıc nd relate	
		line)	Individual trustee or director	함		Key employee	륯					ganizatio	
			tee	Institutional trustee		-	Highest compensated employee						
				ů			ě	_					
	ATRIC MALONE	11	1										_
	RECTOR EAN MCKINNEY	2	_ -	Н	_				0.	0	•		0.
	RECTOR	-	1						0.	۰ ا			0.
	ARTY MYERS	1		П						_			
	RECTOR		✓						0.	o			0.
(18) L	OGAN NORRIS	1											
	IRECTOR		✓						0.	0			0.
	RYAN OSTLUND	2	,						}				
	IRECTOR	_	_	\vdash			-	├-	0.	0	+		0.
	RED POSTLEWAIT IRECTOR	11	1						0.	0			0.
	RENDA POWELL	1	Ť	\vdash				H	<u> </u>		+		
	IRECTOR		✓						О.	o			0.
	HELLY SOREM	1											
D	IRECTOR		✓						0.	0			0.
(23) E	DWIN STASTNY JR.	2											
	IRECTOR		✓	Н		_	<u> </u>	<u> </u>	0.	0	.		0.
	HILLIP J WALKER	2	/		1			l			,		_
	RESIDENT J. WEISER	1	_	Н	•				0.	0	+		0.
	RECTOR	} <u>'</u>	1						0.	٥			0.
1b	Sub-total			<u>.</u>				▶	<u> </u>	<u> </u>	1		
С	Total from continuation sheets to Part	VII, Sectio	n A					•			1		
d	Total (add lines 1b and 1c)							•					
2	Total number of individuals (including but		l to th	ose	list	ted	above	e) w	ho received m	ore than \$100,0	00 of		
	reportable compensation from the organi	zation 🕨											0
	500											Yes	No No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							emp	oloyee, or high	iest compensat	I		
4	For any individual listed on line 1a, is the									onaction from t	3		+
7	organization and related organizations												
	individual	_						• .			4	_	-
5	Did any person listed on line 1a receive of									zation or individ	ual 🗀	\top	
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J	for s	such person	<u> </u>	. 5	<u>; </u>	
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep	-											tax
	year.	, , , , , , , , , , , , , , , , , , ,			J. C.		u.o		, oar onanng m		or guinze		·
	(A)								(B)			(C)	
	Name and business add	ress						_	Description of s	ervices	Comp	ensation	
								-					
								+					
								t					
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (co	ontinu	ed)		
	(A) Name and title	(B) Average hours per week (list any	box, i	unles	Pos eck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensation i		Esti	(F) mated ount of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		composition from compos	ensation m the nization related nizations	
(15) (2	6) L. J. Koong	20			,									
(16)	Executive Director	<u> </u>			✓			-	84,718.		0.		21,8	<u>80.</u>
	_													
(17)		 												
(18)											+			
(19)														
(20)													_	
(21)											\top			
(22)														
(23)											+	_		
(24)														
(25)											\top			
1b	Sub-total		· ·	•	•			>	84,718.	_	0.		21,8	
c d	Total (add lines 1b and 1c)	-		:					0. 84,718.		0. 0.		21,8	<u>0.</u> 80.
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		ore than \$10	0,000	of		
-	reportable compensation from the organi	Zalion											Yes N	0
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3							emp	oloyee, or high	est compen	sated			
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fro	m the	3	✓	_
	organization and related organizations													
5	individual			neat	lion	froi	m anv	 .un	related organiz	 ration or indi	vidual	4	✓	_
	for services rendered to the organization								•			5	-	,
	on B. Independent Contractors										• • • •			
1	Complete this table for your five highest compensation from the organization Repyear.													
	(A) Name and business add	lress							(B) Description of s	ervices	((C) Compens	ation	
												<u> </u>		
			<u>-</u>											
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who				

	90 (201	4)						Page 9
Part	VIII	Statement of Reve						_
		Check if Schedule C) contains a res	ponse or note to	o any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
ts, (Arr	С	Fundraising events .						
ia ⊊	d	Related organizations						
ns, Sim	e	Government grants (cor						
utio er (f	All other contributions, g and similar amounts not inc						
Contributions, Gifts, and Other Similar Ar			L••	3,961,686.				
io d	g	Noncash contributions include Total. Add lines 1a–1						
	h.	Total. Add lines 1a-1	<u> </u>	Business Code	3,961,686.			
Program Service Revenue	2a			110000	4,995,535.	4,995,535.		
Rev	b			110000	4,995,535.	4,995,535.		
8	C							-
ēZ	ď							
E	e							_
gra	f	All other program ser					-	
Pro	g	Total. Add lines 2a-2		▶	4,995,535.	•	_	
	3	Investment income and other similar amo	(including divid	ends, interest,	586,482.			586,482.
	4	Income from investmen	it of tax-exempt be	ond proceeds ►				
	5	Royalties	<u> </u>					
			(ı) Real	(II) Personal				
	6a	Gross rents .						
	b	Less: rental expenses				1		
	°.	Rental income or (loss)						
	d	Net rental income or a Gross amount from sales of	(IOSS)	>				
	7a	assets other than inventory		(ii) Other				
	Ь	Less, cost or other basis	3,127,890.					
	~	and sales expenses .	3,114,888.			ł		
	ြင	Gain or (loss)	13,002.	-		ł		
	d	Net gain or (loss) .	13,002.	 	13,002.			13,002.
e	8a	Gross income from fu	undraisina		70,002		_	10,002.
Other Revenue		events (not including \$ of contributions reported						
her F		See Part IV, line 18 .	a	·				
ō		Less: direct expenses				-		
	C Qa	Net income or (loss) f Gross income from ga		events . ►				
		See Part IV, line 19 .	a					
	b	Less: direct expenses			·			
	C	Net income or (loss) f		vities ▶				·
	10a	Gross sales of in returns and allowance						
	b	Less: cost of goods s						
	_ c	Net income or (loss) f						
	<u> </u>	Miscellaneous F	Revenue	Business Code				
	11a	***************************************						
	b							
	C	All ather ages and			<u> </u>			
	d	All other revenue . Total. Add lines 11a-					_ -	
	12	Total revenue. See in		[0.550.705	4 005 535		500 451
					9,556,705.	4,995,535.	0.	<u>599,484.</u>

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,490,174.	7,49 <u>0,</u> 174.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	_	_		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	447 704		447 704	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	117,721.		117,721.	
7	Other salaries and wages	125,723.		125,723.	
8	Pension plan accruals and contributions (include		·		
	section 401(k) and 403(b) employer contributions)	18,046.		18,046.	
9	Other employee benefits	63,401.		63,401.	
10	Payroll taxes	21,497.		21,497.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			1	
f g	Investment management fees				
40	F	15,500.		15,500.	
12 13	Advertising and promotion				
14	Office expenses				
15	Royalties		-		
16	Occupancy				
17	Travel			· · · ·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			ĺ	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,914.		3,914.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	RESEARCH EXPENDITURES PAID THRU ARF	738,026.	738,026.		
b	SERVICES, SUPPLIES & OTHERS	22,235.		22,235.	
С	IN-KIND FACILITY RENT	-14,335.	-14,335.		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,601,902.	8,213,865.	388,037.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamentary contents to Check because and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Rart X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 0. 0. 2 Savings and temporary cash investments 2 703,776. 1,086,203. 3 3 4 4 Accounts receivable, net 1,824,469. 2,088,937. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 8 8 Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 53,767 10b Less: accumulated depreciation . 10c b 39,708. 18,107. 14,059. Investments—publicly traded securities 11 21,434,035. 11 20,961,484. 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11. 14 14 15 Other assets. See Part IV, line 11 578,661. 15 530,909. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 24,559,048. 16 24,681,592. 17 Accounts payable and accrued expenses 110,549. 17 127,871. 18 Grants payable 18 4,899,947. 3,641,633. 19 Deferred revenue 19 6,843,762. 7,209,630. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . 26 11,854,258. 26 10,979,134. Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 3,611,199. 3,349,747. 28 Temporarily restricted net assets . 28 8,123,001. 9,378,295. 29 970.590. 974,416. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 12,704,790. 33 13,702,458. Total liabilities and net assets/fund balances 34 24,559,048. 24,681,592.

_	4	•
Page	1	4

						<u> </u>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,55	<u>6,705.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,60	1,902.
3	Revenue less expenses. Subtract line 2 from line 1	3_			95	<u>4,803.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			12,70	<u>4,790.</u>
5	Net unrealized gains (losses) on investments	5				<u>-140.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			4:	<u>3,005.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			13,70	<u>2,458.</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>				<u> </u>
			-		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n			
	Schedule O.		-			لبِــا
2a	,		·	2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or		- 1	
	reviewed on a separate basis, consolidated basis, or both:					.
	Separate basis Consolidated basis Both consolidated and separate basis		}.	2b		
b	b Were the organization's financial statements audited by an independent accountant?				✓	 i
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ea on	a			
	·					į
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	orolah				
С				2c	_ ,	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				✓	 -
	Schedule O.	piaiii i	''			ļ
За		forth i	<u>,</u>			
Ja	the Single Audit Act and OMB Circular A-133?		"	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran th	<u> </u>	Sa		<u> </u>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	·	3b		
	The state of the s				ຸດດຸກ	(2014)
				1 0/11	. 550	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organiz	zauon					Employer identification	1 number
		RAL RESEARCH					00250
	ason for Public Cha						ons.
<u></u>	is not a private founda				-		
	ch, convention of churc			ibed in s e	ection 17	0(b)(1)(A)(i).	
_	ol described in section		•				
	tal or a cooperative ho						
	cal research organization I's name, city, and state	-	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	anization operated for 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
7 🗌 An orga	al, state, or local gover anization that normally ed in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
	nunity trust described i			Part II.)			
9 An orga receipts support	anization that normally s from activities related t from gross investmed by the organization a	receives: (1) model to its exemptent income and	ore than 331/3% of its functions—subject to unrelated business	support certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10 ☐ An orga	anization organized and	l operated exclu-	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
one or i	inization organized and more publicly supported in lines 11a through 11	d organizations d	lescribed in section 50	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
the su	I. A supporting organizupported organization(sization. You must con) the power to re	egularly appoint or ele	-		• • • • •	
contro	II A supporting organion or management of the distantion (s). You must continue the support of t	e supporting org	ganization vested in th				• • •
	III functionally integrapported organization(s)						y integrated with,
that is	III non-functionally in s not functionally integr rement (see instructions	ated. The organi	ization generally must	satisfy a	dıstributi	on requirement and	• , ,
e Chec	k this box if the organiz onally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f Enter the	number of supported	organizations .					
	he following informatio	-	oorted organization(s).				
(i) Name of s	upported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)
			(See instructions))	Yes	No		
(A)							
(B)			-				
(C)							
(D)	<u> </u>						
(E)							
Total				-			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2010 Calendar year (or fiscal year beginning in) ▶ **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not

	include any "unusuai grants.")	7,360,192.	7,401,126.	7,281,440.	3,406,578.	3,961,686.	29,411,022.			
2	Tax revenues levied for the	, ,			-,					
	organization's benefit and either paid									
	to or expended on its behalf									
3	The value of services or facilities			_						
	furnished by a governmental unit to the									
	organization without charge	12,000.	12,000.	12,000.	17,500.	14,335.	67,835.			
4	Total. Add lines 1 through 3	7,372,192.	7,413,126.	7,293,440.	3,424,078.	3,976,021.	29,478,857.			
5	The portion of total contributions by									
•	each person (other than a					1				
	governmental unit or publicly									
	supported organization) included on				-					
	line 1 that exceeds 2% of the amount	l j								
	shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4.						29,478,857.			
Secti	on B. Total Support									
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	7,372,192.	7,413,126.	7,293,440.	3,424,078.	3,976,021.	29,478,857.			
8	Gross income from interest, dividends,									
	payments received on securities loans,	}								
	rents, royalties and income from similar	!								
	sources	749,670.	894,516.	849,411.	675,607.	586,482.	3,755,686.			
9	Net income from unrelated business									
	activities, whether or not the business									
	is regularly carried on									
10	Other income. Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part VI.)									
11	Total support. Add lines 7 through 10		_				33,234,543.			
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	4,995,535.			
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)			
	organization, check this box and stop he	re			<u> </u>		>			
Secti	on C. Computation of Public Support	rt Percentage	e							
14	Public support percentage for 2014 (line	6, column (f) di	vided by line 1	1, column (f))		14	88.7 %			
15	Public support percentage from 2013 Sci					15	89.03 %			
16a	331/3% support test—2014. If the organi									
	box and stop here. The organization qua	•		•			لننا			
b	33¹/3% support test—2013. If the organ									
	check this box and stop here. The organ	•	•							
17a	10%-facts-and-circumstances test – 2									
	10% or more, and if the organization me									
	Part VI how the organization meets the "f									
	organization									
b	10%-facts-and-circumstances test—2									
	15 is 10% or more, and if the organiza									
	Explain in Part VI how the organization in				•	•	·			
40	supported organization									
18	Private foundation. If the organization d instructions									
							11			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees					·	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		 				
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		<u> </u>				
5	furnished by a governmental unit to the						
	organization without charge						
_	•		 				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		ļ		-		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1	ĺ			
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000			-			
	or 1% of the amount on line 13 for the year		<u></u>				
C	Add lines 7a and 7b		.				
8	Public support (Subtract line 7c from			į			
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			ì			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						_
	section 511 taxes) from businesses			{			
	acquired after June 30, 1975		ļ	İ			
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1	1		
	(Explain in Part VI.)			1	1		
13	Total support. (Add lines 9, 10c, 11,			i			=
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sci					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013			-		18	%
19a	331/3% support tests-2014. If the organ					nore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2013. If the organiz	-	-	•		~	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization de					_	_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Section A	All	Supporting	Organizations
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ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	 '-		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	├		
	(b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	Ju		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
_	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	00		
b		9a	\vdash	
IJ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a				
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva	┝╌┤	
	-1- 1.15 1.gamenton hare any enesse business holdings in the tax years (use deficulte o, 10/111 4/20, to		ı——I	

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.	<u> </u>	
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	10	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ļ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	T.		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	Ì	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u> </u>	<u> </u>	<u> </u>
L	·	2a	 	 -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>		ļ
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		├ ─
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	or to supported organizations: if res, describe in Fait VI the role played by the organization in this regard	JOD	l	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	·- ·-	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y-in	tegrated Type III support	ing organization (see

Part	Y Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		·	
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount	 	(:n)	(::)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>			<u></u>	
<u> </u>				
	<u> </u>			
d_	From 2012			
e f	From 2013			
	Applied to underdistributions of prior years			
<u>g</u> h	Applied to underdistributions of prior years Applied to 2014 distributable amount		· ·	
<u>;</u>	Carryover from 2009 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
7	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7 	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
<u>c</u>				
<u>d</u>	Excess from 2013			
<u> e </u>	Excess from 2014			

cnedule A (F	orm 990 or 990-EZ) 2014 Page	O
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	
· 		
	······································	

SCHEDULE D (Farm 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name o	the organization		Employer identification number
	AGRICULTURAL RESEARCH FOUNDA		93-0400250
Par			ds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	he organization's exclusive legal contro	ol? · · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		·
	Preservation of land for public use (e.g., recrea		f a historically important land area
	☐ Protection of natural habitat	·	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea	asements it holds?	· · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation	easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation ease	ements during the year
	▶ \$		
8	Does each conservation easement reported on line	• •	. , , , , , ,
	and section 170(h)(4)(B)(ii)?		· · · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text	-	nancial statements that describes the
	organization's accounting for conservation easem		
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	* * * * * * * * * * * * * * * * * * * *	
	works of art, historical treasures, or other simila	·	
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	•	ducation, or research in furtherance of
	public service, provide the following amounts rela-		
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of an	t, historical treasures, or other similal	r assets for financial gain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these r	tems:
а	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<u>*</u> \$
b	Assets included in Form 990, Part X		> \$

Pari	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the follo	wing that are a si	gnificant use of its		
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	grams			
b	☐ Scholarly research		e 🗌 Othe	r				
C	☐ Preservation for future generations	S						
4	Provide a description of the organizat XIII.	tion's collections a	and explain how t	hey further the or	ganization's exem	pt purpose in Part		
5	During the year, did the organization assets to be sold to raise funds rather					r □ Yes □ No		
Pari	IV Escrow and Custodial Arra		<u> </u>	: g		1es1to		
	Complete if the organization 990, Part X, line 21.	answered "Yes"			•			
1a	Is the organization an agent, trustee included on Form 990, Part X?					t		
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:	An	nount		
С	Beginning balance			10	c T	·		
d	Additions during the year							
е	Distributions during the year			10				
f	Ending balance			<u> </u>				
2a	Did the organization include an amount					Yes No		
b	If "Yes," explain the arrangement in P				•			
Par						<u> </u>		
	Complete if the organization	answered "Yes"	' to Form 990, F	art IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1a	Beginning of year balance	970,590.	965,845.	997,581.	989,154.	980,060.		
b	Contributions	0.	500.	1,600.	1	 		
С	Net investment earnings, gains, and losses	3,826.	4,245.					
d	Grants or scholarships	3,020.	4,243.	63,872.	43,175.	40,606.		
e	Other expenditures for facilities and				-			
	programs	о.	0.	53,056.	37,348.	37,712.		
f	Administrative expenses	<u>"</u>		00,000.	37,340.	37,7 12.		
g	End of year balance	974,416.	970,590.	1,009,997.	997,581.	989,154.		
2	Provide the estimated percentage of t					3007.01.		
а	Board designated or quasi-endowmen			, ,				
b		0.00%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%					
За	Are there endowment funds not in the	e possession of th	e organization tha	at are held and ad	dministered for the	•		
	organization by					Yes No		
	(i) unrelated organizations					3a(i) ✓		
	(ii) related organizations					3a(ii) ✓		
b	If "Yes" to 3a(ii), are the related organ	ızations listed as re	equired on Sched	ule R?		3b		
4	Describe in Part XIII the intended uses		n's endowment f	unds.				
Part	VI Land, Buildings, and Equip							
	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or other (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	1 ' '	, , ,	Accumulated lepreciation	(d) Book value		
1a	Land			+				
b	Buildings			1				
С	Leasehold improvements			13,620.	5,160.	8,460.		
d	Equipment			40,147.	34,548.	5,599.		
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 95	90. Part X. column	(B), line 10c.)		14 059		

Part VII	Investments—Other Securities.	vaa" ta Farr	~ 000 D	مسالل السم	11h Caa Farra	.000 Dart V line 10
	Complete if the organization answered ") (a) Description of security or category	res to ron				
	(a) Description of security or category (including name of security)		(a) 800	ok value		thod of valuation d-of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)					<u> </u>	<u> </u>
(E)						
(F)						<u> </u>
(G)						
(H)						
Total. (Column (b	b) must equal Form 990, Part X, col. (B) line 12) ▶		_			
Part VIII	Investments – Program Related.	-		-		
	Complete if the organization answered "Y	Yes" to Fori	n 990, Pa	art IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Boo	ok value		ethod of valuation d-of-year market value
(1)			-			·
(2)						
(3)					· -	
(4)						-
(5)						
(6)					- -	·
(7)				-		
(8)						
(9)						
Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX	Other Assets.					
	Complete if the organization answered "\	Yes" to Fori	m 990, P	art IV, line	11d. See Form	990, Part X, line 15.
	(a) Description	on				(b) Book value
(1)						
(2)						
(3)						
(4)						
_ (5)						
(6)		-				
(8)						
(9)	mn (b) must equal Form 990, Part X, col. (B) line	15)				
Part X	Other Liabilities.	· 15.)		• •	<u> ▶</u>	L
Fartx	Complete if the organization answered "\ line 25.	Yes" to For	m 990, P	art IV, line	11e or 11f. See	e Form 990, Part X,
1.) Book value				
(1) Federal in						
(2)						
(3)						
(4)						
(5)						
(6)	-					
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 25.) ▶					
2. Liability for	r uncertain tax positions. In Part XIII, provide the tex	ct of the footn	ote to the	organization	's financial statem	ents that reports the
organization's	s liability for uncertain tax positions under FIN 48 (A	SC 740). Che	ck here if t	the text of the	ne footnote has be	en provided in Part XIII

Part 2			-	Return.	
	Complete if the organization answered "Yes" to Form 990,				
	Total revenue, gains, and other support per audited financial statements	3		1	9,570,900.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	l		
	Net unrealized gains (losses) on investments	2a	-140	1 1	
	Donated services and use of facilities		14,335.		
	Recoveries of prior year grants	_			
	Other (Describe in Part XIII.)	2d	1	00	
	Add lines 2a through 2d			2e	14,195.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .		•	9,556,705.
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)				
	Add lines 4a and 4b			4c	
	Fotal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,556,705.
Part >	<u> </u>				
i di c	Complete if the organization answered "Yes" to Form 990,			, iiotaii	•
1 -	Fotal expenses and losses per audited financial statements			1	8,616,237.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•			0,010,237.
	Donated services and use of facilities	2a	14.335.		
	Prior year adjustments	2b	11,500.		
	Other losses	2c		1	
	Other (Describe in Part XIII.)		-	1 1	
	Add lines 2a through 2d			2e	14,335.
	Subtract line 2e from line 1			3	8,601,902.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)				
				4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 18.)		5	8,601,902.
Part X	III Supplemental Information.				, ,
2, Part 3	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
					
PART X	LINE 2:				
EYDI AN	IATION: IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PR	DINICIDI	ES A DDIVATE ENTITY	V IS DEAL	IDED TO
FULTUI	IN TON. IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING FY	MOIF	ES, A FRIVATE ENTIT	I IS KEQU	IKED IO
DISCLO	SE ANY MATERIAL UNCERTAIN TAX POSITIONS THAT MANAGEMENT BEL	IFVFS	DOES NOT MEET A "M	ORF-I IKF	I V.THAN.NOT"
DIOCEO	or were uniterested to the control of the management bet		DOES NOT MILET A. III	OIL-LINE	
STANDA	ARD OF BEING SUSTAINED UNDER AN INCOME TAX AUDIT AND TO RECO	RD A LI	ABILITY FOR ANY SUC	H TAXES	INCLUDING
PENALT	Y AND INTEREST, MANAGEMENT OF THE FOUNDATION HAS NOT IDENTIF	FIED AN	IY UNCERTAIN TAX PO	SITION TI	HAT REQUIRE
THE RE	CORDING OF A LIABILITY MENTIONED ABOVE OR FURTHER DISCLOSE.				
SCHED	JLE D, PAGE 2, PART V, COL (A), LINE 1A:				
EXPLAN	IATION: THE ENDOWMENT FUNDS BEGINNING BALANCE FOR THE CURRI				
	TS REPORTED IN THE AUDITED FINANCIAL STATEMENTS				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public Inspection

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

AGRICULTURA	L RESEARCH FO	JNDATION					93-0400250
Part I General Information	on Grants and	Assistance					
Does the organization mainta	in records to sub	stantiate the amo	unt of the grants or	r assistance, the	grantees' eligibility fo	r the grants or assistar	nce, and
the selection criteria used to	award the grants	or assistance?					✓ Yes ☐ No
2 Describe in Part IV the organi	zation's procedui	res for monitoring	the use of grant fu	inds in the United	l States		
Part II Grants and Other As	sistance to Do	mestic Organia	zations and Don	nestic Governr	nents. Complete if	the organization ans	wered "Yes" to Form 990
Part IV, line 21, for an	y recipient that	received more t	han \$5,000. Part	Il can be duplic	cated if additional s	pace is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OREGON STATE UNIVERSITY							
B308 KERR ADMINISTRATION BLVD	48-1278540		7,317,559				RESEARCH
(2) CORVALLIS, OR 97331							
(3) (2) WASHINGTON STATE UNIVERSITY, PO BOX 16650	91-6001108		106,904				RESEARCH
(4) STATE ROUTE 536		_			1		
MT. VERNON, WA 98273					1		1
(6) (3) MICHIGAN STATE UNIVERSI							
1066 BOGUE STREET, ROMM A288			6,500				RESEARCH
(6) EAST LANSING, MI48824							
(7) (4). VIRGINIA TECH 1444 DIAMOND SPRINGS RD			6,226				RESEARCH
(8) VIRGINIA BEACH, VA 23455							
(0)						_	
(10)							
(11)							
(12)							
2 Enter total number of section	501(c)(3) and go	vernment organiza	ations listed in the l	ine 1 table	1 1		<u>'</u>
3 Enter total number of other o							•
For Panerwork Reduction Act Notice	 				Cat No. 50055P		Schedule I /Form 2001 /2014

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 93-0400250 AGRICULTURAL RESEARCH FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO ENCOURAGE, FACILITATE, AID AND ENGAGE IN SCIENTIFIC INVESTIGATION, RESEARCH EXPERIMENTATION, AND TO SUPPORT EDUCATIONAL TRAINING ACTIVITIES RELATING TO AGRICULTURE THROUGHOUT THE STATE OF OREGON. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: FORM 990 WILL BE SENT TO ALL BOARD DIRECTORS TO REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY EACH DIRECTOR AND STAFF ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: PERSONNEL COMMITTEE REVIEW, EVALUATE EXECUTIVE DIRECTOR'S PERFORMANCE AND PROPOSE COMPENSATION, THEN RECOMMEND TO THE BOARD OF DIRECTORS FOR APPROVAL. THERE IS NO COMPENSATION PAID TO ANY OTHER OFFICERS OR DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: EXPLANATION: IN-KIND DONATION OF OFFICE SPACE FROM 2016 TO 2018 PROVIDED BY OREGON STATE UNIVERSITY FOR \$43,005. FORM 990, PAGE 12, PART XII, LINE 2C: EXPLANATION: THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PROCESS OR THE SELECTION PROCESS DURING THE

TAX YEAR.