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Form 990-PF

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 2016

2016, and ending 2016 For calendar year 2016 or tax year beginning Name of foundation Employer Identification number THE THOMPSON FOUNDATION INC

Number and street (or P O box number if mail is not delivered to street address) 93-1316767 Room/suite R Telephone number (see instructions) (541) 929-6849 6860 SW WINDING WAY City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. OR 97333 CORVALLIS Initial return Initial return of a former public chanty G Check all that apply: 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation Check type of organization: X Section 501(c)(3) exempt private foundation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust If private foundation status was terminated under section 507(b)(1)(A), check here . . . Fair market value of all assets at end of year Accounting method: X Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . **►** S (Part I, column (d) must be on cash basis.) Part Analysis of Revenue and (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (e) for charitable expenses per books income ińcome purposes (cash basis only) (see instructions).) Contributions, glifs, grants, etc., received (attach schedule) . 8,250. If the foundation is not required to attach Sch B 296 Interest on savings and temporary cash investments . . . 296 16,666. 16,666. 16,666. b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 . . . A A STATE OF THE STATE OF REVENU b Gross sales price for all ssets on line 6a . . . Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications CAMPACIAN CARROLL 10 a Gross sales less returns and allowances . . b Less Cost of goods sold . . . C Gross profit or (loss) (attach schedule) Other income (attach schedule) 25,212. 16,962. 16,962. 1 W G Total. Add lines 1 through 11. 12 13 Compensation of officers, directors, trustees, etc. -14 Other employee salaries and wages Pension plans, employee benefits. 15 16 a Legal fees (attach schedule). **b** Accounting fees (attach sch). 70. 70. 70. C Other professional fees (attach sch) NISTRAT OPERATING Taxes (attach schedule)(see Instrs) See Line, 18 Stmt 18 265 265 265 19 Decreciation (attach schedule) and depletion . . 21 Travel, conferences, and meetings . 807 Printing and publications 23 Other expenses (attach schedule) 342. See Line 23 Stmt 342 NS 24 Total operating and administrative expenses. Add lines 13 through 23 . . 677 335 342 Contributions, glits, grants paid 54,000. 54,000. Total expenses and disbursements. 54,677 54,342 Subtrect line 26 from line 12: a Excess of revenue over expenses and disbursements -29,465 <u>16,6</u>27. b Net investment income (if negative, enter -0-). . 16,627.### (P) (S) (B) (B) (B) (B) C Adjusted net income (if negative, enter -0-) . .

Page 2

| Part | | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | уеаг |
|--------------------------------------|---------|---|--|----------------|-----------------------|
| - air | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash — non-interest-bearing | 509,540. | 376,664. | 376,664. |
| ì | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | 20.00 | 44 17 18 A 2 4 A 2 |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | 1 (3.17) |
| - 1 | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | , , | The state of the s | TO LARGE LANGE | |
| ŝ | | Less: allowance for doubtful accounts | | | |
| S | 8 | Inventories for sale or use | | | |
| A S E T S | 9 | Prepaid expenses and deferred charges | | | |
| S | | Investments — U.S. and state government obligations (attach schedule) | | | |
| | | Investments — corporate stock (attach schedule) . L=10b. St η t | | 506,751. | 576,819. |
| | _ C | : Investments — corporate bonds (attach schedule) | | | - |
| | 11 | Investments — land, buildings, and equipment: basis | | 1771 T. 1771 | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | Investments — other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis | 100 | 7.6 | |
| | | Less. accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I) | | 883,415. | 953,483. |
| ī | 17 | Accounts payable and accrued expenses | | | |
| Α | 18 | Grants payable | | | |
| В | 19 | Deferred revenue | | | |
| Ļ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | |
| Ť | 21 | Mortgages and other notes payable (attach schedule) | - | | |
| E | 22 | Other liabilities (describe | | | |
| S | 23 | Total liabilities (add lines 17 through 22) | | | |
| | | Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31. | | | |
| NF | 24 | Unrestricted | 912,880. | 883,415. | |
| ËU | 25 | Temporarily restricted | | | 170.46 |
| D | 26 | Permanently restricted | | | |
| A S S A E L T A | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| ĔĹ | 27 | Capital stock, trust principal, or current funds | | | |
| SN | 28 | Pald-in or capital surplus, or land, bldg., and equipment fund | | | |
| O E | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ŔŠ | 30 | Total net assets or fund balances (see instructions) | 912,880. | 883,415. | |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | 912,880. | 883,415. | THE SALE |
| Par | tilli | Analysis of Changes in Net Assets or Fund Balance | ces | | |
| 1 | Tota | I net assets or fund balances at beginning of year — Part II, column of-year figure reported on prior year's return) | (a), line 30 (must agree | with 1 | 912,880. |
| 2 | | er amount from Part I, line 27a | | | -29,465. |
| 3 | | | | | 25,7303. |
| 4 | | lines 1, 2, and 3 · · · · · · · · · · · · · · · · · · | | | 883,415. |
| 5 | | eases not included in line 2 (itemize) | | , 5 | 1 |
| 6 | Tota | al net assets or fund balances at end of year (line 4 minus line 5) – | Part II, column (b), line 3 | 0 6 | 883,415. |

| (a) List and descri | d Losses for Tax on Investmer the the kind(s) of property sold (e.g , real ehouse; or common stock, 200 shares M | estate, | (b) How acquire P — Purchase D — Donation | (C) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|--|---|---|--|----------------------------------|
| | | | | | |
| b | | | | 1 | |
| C | | | | | |
| d | | | | | |
| θ | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sale | | (h) Gain or (e) plus (f) m | (loss) inus (g) |
| a b | | | | | |
| | | | | | |
| | | | | | |
| 8 | | | | | - |
| | owing gain in column (h) and owned by the | ne foundation on 12/31/69 | | M Gains (Co | 1 (%) |
| (i) F M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | (1) Gains (Co gain minus col. (k), b than -0-) or Losses (fi | ut not less |
| а | | | | | · |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (r | net capital loss) If gain, also If (loss), ento | enter in Part I, line 7 er -0- in Part I, line 7 | | | |
| 3 Net short-term capital gain o | r (loss) as defined in sections 1222(5) an | id (6): | | | |
| If gaın, also enter in Part I, Iii in Part I, Iine 8 | ne 8, column (c) (see instructions). If (los | s), enter -0- | 3 | | |
| | der Section 4940(e) for Reduce | | ent Incom | e | |
| If 'Yes,' the foundation does not qu | ection 4942 tax on the distributable amou | olete this part. | | Yes | X No |
| 1 Enter the appropriate amour | nt in each column for each year; see the i | | ny entries. | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use ass | ets | (d) Distribution (col. (b) divided | |
| 2015 | 52,050. | 97 | 8,265. | | 0.053206 |
| 2014 | 53,565. | | 4,370. | | 0.061970 |
| 2013 | 14,313. | 26 | 7,453. | | 0.053516 |
| 2012 | 33,976. | | 6,812. | | 0.164284 |
| 2011 | 10,430. | 18 | 1,443. | | 0.05748 |
| 2 Total of line 1, column (d) | | | | 2 | 0.39046 |
| 3 Average distribution ratio for number of years the foundate | the 5-year base period — divide the tota tion has been in existence if less than 5 y | I on line 2 by 5, or by the rears | | 3 | 0.07809 |
| 4 Enter the net value of nonch | aritable-use assets for 2016 from Part X | , line 5 | | 1 | 920,971 |
| 5 Multiply line 4 by line 3 | | | | 5 | 71,920 |
| 6 Enter 1% of net investment | income (1% of Part I, line 27b) | | | 6 | 166 |
| 7 Add lines 5 and 6 | | | | 7 | 72,086 |
| | s from Part XII, line 4 | | _ | 8 | 54,342 |
| If line 8 is equal to or greate Part VI instructions. | er than line 7, check the box in Part VI, lin | e 1b, and complete that par | t using a 1% t | ax rate. See the | |

| | Excise Tax Based on Investment Income (Section 4940(a), 49- | | | instr | uctions | 5) | | _ |
|-----|---|--------------------|---|-------------------------|----------|----------------|---------------|----------|
| | Exempt operating foundations described in section 4940(d)(2), check here Land enter 19 and enter 19 and enter 19 (attach copy of letter if necessar | | · · · · · · · · · · · · · · · · · · · | | A. Corto | 2 6 -8 | 11.201 | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | - | · | 1 | | | 333. | _ |
| | check here . F and enter 1% of Part I, line 27b | | | QUART. | | | W - 3 - 43 | M |
| | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line | | | 200 | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | | | 0. | <u>.</u> |
| 3 | Add lines 1 and 2 | | | 3 | | | 333. | _ |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations or | nly. Otl | hers enter -0-) | 4 | | | 0. | |
| 5 | Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter - | 0 | | 5 | | - | 333. | - |
| 6 | Credits/Payments: | | | | | | | |
| а | 2016 estimated tax pmts and 2015 overpayment credited to 2016 | 6 a | | | | 4.25 | | |
| b | Exempt foreign organizations — tax withheld at source | 6 b | | | | | | Ą |
| С | Tax paid with application for extension of time to file (Form 8868) | 6 c | | | | | | Ś |
| d | Backup withholding erroneously withheld | 6 d | | ¥ 14 | | A Section | . Carrie | Ä |
| | Total credits and payments. Add lines 6a through 6d | | | | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 22 | 220 is a | attached | . 8 | | | | _ |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 9 | | | 333. | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 10 | | | 0. | |
| | Enter the amount of line 10 to be Credited to 2017 estimated tax | | Refunded | 11 | | | | |
| Par | VII-A Statements Regarding Activities | | | | | | | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or loc | al legis | slation or did it | | | 禁湿) | Yes No | _ |
| | participate or intervene in any political campaign? | | | | | 1 a | X | _ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political p (see Instructions for the definition)? | ourpose | es | | | 1 b | х | |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and coper or distributed by the foundation in connection with the activities. | pies of | any materials publishe | d | | * | | |
| | Did the foundation file Form 1120-POL for this year? | | | | | 1 c | Х | |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during | ng the | year: | | | A. 15 . | | |
| _ | (1) On the foundation ▶ \$ (2) On foundation management (if any) paid by the foundation during the year for political expenses. | agers . | ture toy imposed on | | | | | Ä |
| | foundation managers * \$ | | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported t | to the i | RS7 | | • • • | 2 | X | 24.0 |
| 3 | If 'Yes,' attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its gove | eming i | instrument, articles | | | | | |
| | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed | сору о | f the changes | | | | X | |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the | he yea | 17 | • • • • | • • • • | | X | _ |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | • • • • | | | • • • | 4 b | | _ |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | • • • • | | • • • • | • • • • | 5 | X | |
| | If 'Yes,' attach the statement required by General Instruction T. | | | | | 44 | 100 | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis | fied eit | her: | | | | | |
| | By language in the governing instrument, or | | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no ma with the state law remain in the governing instrument? | | | | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, 'complete Part II, | | | | | 7 | Х | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see ins | tructio | ns) | | | 1 | 4 4 94 | Ä |
| | OREGON | | | | | | | Ş |
| b | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gen (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | eral | | | | 8 b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meanin for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Pa | g of se rt XIV) | ection 4942(j)(3) or 4942 ? If 'Yes,' complete Pan | 2(j)(5) 1 <i>XIV</i> | | 9 | X | |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach | | | | | | <u> </u> | , |
| BAA | and addresses | • • • | | | | 10 pm 990 | PF (2010 | |
| | | | | | 1.4 | ,,,,,, | \201 | -, |

| | 1930-F1 (2016) THE THOMPSON FOUNDATION INC 93-1316/6 | <u>/</u> | | age 5 |
|--------------|---|--------------|-------------|----------|
| <u>r;a</u> r | Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions) | 11 | Yes | No X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions) | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address | | | |
| 14 | The books are in care of GENE THOMPSON Telephone no. (541) Located at 6860 SW WINDING WAY CORVALLIS OR ZIP+4 97333 | <u>929</u> - | <u>-684</u> | <u>9</u> |
| 45 | Located at 6860 SW WINDING WAY CORVALLIS OR 2IP+4 9/333 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | • • • | | <u>Ц</u> |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | | |
| Rai | tavilies Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly): | | | 194H |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? , Yes X No | | 250 | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | | |
| | (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.) | | * | |
| k | o If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1 b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | 74 |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? | 1 c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | 414 | | |
| í | a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? | | | |
| | If 'Yes,' list the years ► 20 _ , 20 , 20 | | 4 | |
| | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.) | 2 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. | | | |
| | ► 20 , 20 , 20 , 20 | | *** | |
| 3 6 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 1 | 2.53 | |
| 1 | b If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) | 3 b | | |
| 4 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 a | | х |
| | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4 b | | X |
| BA | | orm 99 | 0-PF (| |

| Part VII-B Statements Regarding Activiti | • | 4720 May Be Requ | uired (continued) | | | | | | |
|---|---|--|---|---------------------------------------|--|--|--|--|--|
| 5 a During the year did the foundation pay or incur a | • | | Г. Г | 74 GF 23 | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No | | | | | | | | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | | | | | | | | | |
| | | | Yes X | No | | | | | |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions) . | a charitable, etc., organi | zation described | Yes X | No Establish | | | | | |
| educational purposes, or for the prevention of | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | | | | | | | | |
| b If any answer is 'Yes' to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? | | | | | | | | | |
| Organizations relying on a current notice regarding | ng disaster assistance ch | eck here | | | | | | | |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib If 'Yes,' attach the statement required by Regula: | ility for the grant? | | Yes |]No | | | | | |
| , , , | • | • | | | | | | | |
| 6 a Did the foundation, during the year, receive any on a personal benefit contract? | | | | No S | | | | | |
| b Did the foundation, during the year, pay premium | ns, directly or indirectly, o | n a personal benefit con | tract? | 6b X | | | | | |
| If 'Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the foundati | ian a nachr ta a probibitad | t toy aboltor transaction? | □vos [v | INC. PARTIES | | | | | |
| b If 'Yes,' did the foundation receive any proceeds | | | | J | | | | | |
| PartVIII Information About Officers, D and Contractors | | | | | | | | | |
| List all officers, directors, trustees, foundation | on managers and their c | compensation (see inst | ructions). | | | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c)Compensation (If not paid, enter -0-) | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances | | | | | |
| GENE THOMPSON | | | - Composition | | | | | | |
| 6860 SW WINDING WAY | PRESIDENT | | | | | | | | |
| CORVALLIS OR 97333 | 1.00 | 0. | 0. | 0. | | | | | |
| CARRIE THOMPSON 6860 SW WINDING WAY | VICE PRESIDENT | | | | | | | | |
| CORVALLIS OR 97333 | 1.00 | 0. | 0. | 0. | | | | | |
| JAKE THOMPSON 6860 SW WINDING WAY CORVALLIS OR 97333 | DIRECTOR 1.00 | 0. | 0. | 0. | | | | | |
| See Information about Officers, Directors, Trustees, Etc | | | | <u> </u> | | | | | |
| | | 0. | 0. | 0. | | | | | |
| 2 Compensation of five highest-paid employee | es (other than those inc | | | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances | | | | | |
| NONE | | | | | | | | | |
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| Table and a second | <u></u> | <u> </u> | 1 | | | | | | |
| Total number of other employees paid over \$50,000 | · · · · · · · · · · · · · · · · · · · | | | None | | | | | |

| 3 Five highest-paid independent contractors for professional services (see | instructions). If none, enter 'NONE.' | |
|---|---------------------------------------|---------------------------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
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| Total number of others receiving over \$50,000 for professional services | ········ | Non |
| PartiX-A Summary of Direct Charitable Activities | | |
| ist the foundation's four largest direct charitable activities during the tay year. Include relevant statistic | al information such as the number of | |
| ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistic rganizations and other beneficiarles served, conferences convened, research papers produced, etc. | ar aronnadori such as the number of | Expenses |
| 1 NONE | | |
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| 3 | | |
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| | | |
| 4 | | |
| | | |
| Description Comments (consinct | uctions | |
| Part IX-B Summary of Program-Related Investments (see instr Describe the two largest program-related investments made by the foundation durin | | Amount |
| 1 | <u> </u> | 7 |
| | | • |
| | | |
| 2 | , | |
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| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | ····· | L |
| BAA | | Form 990-PF (201 |

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

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 a 549,784. a Average monthly fair market value of securities 1 b 385,212 b Average of monthly cash balances 1 c C Fair market value of all other assets (see instructions) . . 1 d 934,996. e Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 3 934,996. Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 14,025. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 920,971 Minimum investment return. Enter 5% of line 5.......... 46,049 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here x and do not complete this part.) Minimum investment return from Part X. line 6 1 2 a Tax on investment income for 2016 from Part VI, line 5 2 a 2 b b Income tax for 2016. (This does not include the tax from Part VI.). . 20 3 Distributable amount before adjustments. Subtract line 2c from line 3 4 Recoveries of amounts treated as qualifying distributions . . . 5 6 Deduction from distributable amount (see instructions) . . Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. **Part XII** Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. a Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26. 1 a 54,342 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a a Suitability test (prior IRS approval required). 3 b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. 54,342 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 0 Adjusted qualifying distributions. Subtract line 5 from line 4 . . . Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

| · | | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|---|--|--|-------------------------------|---|--|
| 1 | Distributable amount for 2016 from Part XI, line 7 | | | | |
| 2 | Undistributed Income, if any, as of the end of 2016: | | | | |
| | Enter amount for 2015 only | | | 0. | *1-7-1 |
| | Total for prior years: 20, 20, 20 | | | P. P. St. | |
| | Excess distributions carryover, if any, to 2016 | | | | |
| | From 2011 | | | | |
| | From 2013 0. | | | | |
| | From 2014 0 . | | | | |
| | From 2015 0 . | 100 | | | |
| | Total of lines 3a through e | 0. | | | |
| 4 | Qualifying distributions for 2016 from Part | | Mary Services | 41.44 | |
| | XII, line 4: ► \$ 54,342. | | and the same | 4.7 | |
| а | Applied to 2015, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years (Election required — see instructions) | | | | |
| c | Treated as distributions out of corpus (Election required — see instructions) | | | | |
| | Applied to 2016 distributable amount | | and the second | te te describer de la company | |
| • | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).) | Francisco de la companya de la compa | | | |
| 6 | Enter the net total of each column as indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | is the second | | |
| | • | 0. | | | |
| | Prior years' undistributed income. Subtract line 4b from line 2b | 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 | 0. | | |
| | Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| (| Subtract line 6c from line 6b. Taxable amount — see instructions | | 0. | | |
| • | Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount — see instructions | | | 0. | |
| 1 | Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 | e de la companya de l | | | 0. |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) | | | | |
| 8 | Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) | 0. | | | and the second second |
| 9 | Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a | | | | - 100 T - 20 T - |
| | Analysis of line 9: | 21.414 | | | |
| | Excess from 2012 0. | 1.1 | | | |
| | Excess from 2013 0. | and the second | No. | | |
| | © Excess from 2014 | | | | |
| | d Excess from 2015 0 | | April 18 April 18 | | |
| | e Excess from 2016 0 . | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | Controller Section Controller | PROS. 2.45.7 (1958) 1888 1889 1944 1945 1948 1948 | Charles Landing Control of Carlot March |

| Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) | | | | | | | |
|---|---|---|---|-------------------------|------------|--|--|
| 1 a If the foundation has received a ruling or dete is effective for 2016, enter the date of the ruli | rmination letter that i | t is a private operati | ng foundation, and t | he ruling | | | |
| b Check box to indicate whether the foundation | - | | | X 4942(j)(3) or | 4942(j)(5) | | |
| 2 a Enter the lesser of the adjusted net | Tax year | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Prior 3 years | 1-1 /- /- ()/(-/ | | | |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total | | |
| investment return from Part X for each year listed | 16,627. | 8,181. | 21,575. | 274. | 46,657. | | |
| ь 85% of line 2a | 14,133. | 6,954. | 18,339. | 233. | 39,659. | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | 54,342. | 52,050. | 53,565. | 14,313. | 174,270. | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | 0. | N/A | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 54,342. | 52,050. | 53,565. | 14,313. | 174,270. | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | : | | | |
| a 'Assets' alternative test — enter: (1) Value of all assets | 883,415. | 912,880. | 949,249. | 973,739. | 3,719,283. | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | 883,415. | 912,880. | 949,249. | 973,739. | 3,719,283. | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | 21,325. | 32,609. | 28,813. | 8,915. | 91,662. | | |
| c 'Support' alternative test — enter: (1) Total support other than gross investment income (interest, dividends, rents, payments | | | | į | | | |
| on securities loans (section 512(a)(5)), or royalties) | 8,250. | 7,500. | 7,500. | 695,500. | 718,750. | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | 8,250. | 7,500. | 7,500. | 695,500. | 718,750. | | |
| (3) Largest amount of support from an exempt organization | 0. | 0. | 0. | 0. | N/A | | |
| (4) Gross investment income | 16,962. | 8,733. | 21,811. | 437. | 47,943. | | |
| Part XV Supplementary Information | (Complete this | part only if the | foundation had | \$5,000 or more | in | | |
| assets at any time during th 1 Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have of COURTENAY THOMPSON | jers: re contributed more t | han 2% of the total | contributions receive on 507(d)(2).) | d by the foundation | before the | | |
| b List any managers of the foundation who ow a partnership or other entity) of which the foundation | indation has a 10% o | r greater interest. | | ge portion of the owi | nership of | | |
| 2 Information Regarding Contribution, Gran Check here ∑ if the foundation only ma requests for funds. If the foundation makes g complete items 2a, b, c, and d | akes contributions to jifts, grants, etc. (see | preselected charitat instructions) to indi | ole organizations and viduals or organizati | ons under other cond | | | |
| a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: | | | | | | | |
| b The form in which applications should be submitted and information and materials they should include: | | | | | | | |
| c Any submission deadlines: | | | | | | | |
| d Any restrictions or limitations on awards, suc | ch as by geographica | l areas, charitable f | ields, kınds of institu | tions, or other factors | 3. | | |

Form 990-PF (2016) THE THOMPSON FOUNDATION INC

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approve

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | |
|--|--|--------------------------------|----------------------------------|---|--|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount | | |
| Name and address (home or business) | or substantial contributor | 100,510.11 | | | | |
| a Paid during the year | 1 | | 1 | | | |
| BENTON COUNTY HOSPICE SERVICE | | | | | | |
| 2350 NW PROFESSIONAL DRIVE | | | | | | |
| CORVALLIS OR 97330 | } | 501C3 | GENERAL FUND | 2,500. | | |
| GOOD SAMARITAN HOSPITAL FOUNDATION | | | GSH PASTEGA | | | |
| PO BOX 1068 | | | HOUSE | | | |
| CORVALLIS OR 97339 | | 501C3 | EXPANSION FUND | 23,000. | | |
| FRIENDS OF CORVALLIS PARKS & RECREATION | | | | | | |
| 1310 SW AVERY PARK DRIVE | 1 | İ | | | | |
| CORVALLIS OR 97333 | | 501C3 | GENERAL FUND | 5,000. | | |
| CATLIN GABLE SCHOOL | | | | | | |
| 8825 SW BARNES RD | ļ | | CREATIVE ARTS | | | |
| PORTLAND OR 97225 | ľ | 501C3 | CENTER CAPITAL FUND | 5,000. | | |
| OREGON LOGGING CONFERENCE FOUNDATION | | | | • | | |
| PO BOX 10669 | | | i | | | |
| EUGENE OR 97440 | ł I | 501C3 | GENERAL FUND | 5,000. | | |
| PHILOMATH SCHOOL DISTICT 17J | } | | PHILOMATH HIGH | | | |
| 535 S 19TH STREET | | | SCHOOL FORESTRY | | | |
| PHILOMATH OR 97370 | | 501C3 | CLUB | 1,000. | | |
| KINGS VALLEY CEMETERY ASSOCIATION | 1 | | | | | |
| PO BOX 955 | | | | | | |
| PHILOMATH OR 97370 | | 501C3 | GENERAL FUND | 1,000. | | |
| BOY SCOUTS OF AMERICA OREGON TRAIL COUNCIL | | | | ., | | |
| 2525 MARTIN LUTHER KING, JR. BLVD | | | | | | |
| EUGENE OR 97401 | | 501C3 | GENERAL FUND | 2,500. | | |
| ALBANY GENERAL HOSPITAL FOUNDATION | | İ | AGH INREACH | , | | |
| 1046 SIXTH AVENUE SW | | | CLINIC | | | |
| ALBANY OR 97321 | | 501C3 | FUND | 1,500. | | |
| See Line 3a statement | ļ | | 1 | _, | | |
| - C | | | 1 | | | |
| | | | İ | 7,500. | | |
| | | | l . | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | | |
| | j | 1 | ļ. | ļ | | |
| Total | | | > 3a | 54,000. | | |
| b Approved for future payment | | | | | | |
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| Total | | 1 | 31 | b | | |

| | FAT Analysis of Income-Producing | | | T | | |
|-----------------|---|-------------------|--|--|--|---|
| Enter gross | s amounts unless otherwise indicated. | (a) Business code | (b) Amount | (c) Exclu- sion | d by section 512, 513, or 514 (d) Amount | (e) Related or exempt function income (See instructions.) |
| 1 Prog | ram service revenue: | | | code | | (000 1110110010110.) |
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| b | | | | | | |
| c | | | | | | |
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| e | | | | | | |
| f | | | | | | |
| | and contracts from government agencies | | | | · · · · · · · · · · · · · · · · · · · | |
| | bership dues and assessments st on savings and temporary cash investments | | | 1 4 | 296. | |
| | ends and interest from securities | | | 14 14 | 16,666. | |
| | rental income or (loss) from real estate: | A CONTRACT | m K A | | | |
| | -financed property | 3333 | | 292 J. C. S. S. S. S. S. S. S. S. S. S. S. S. S. | | 22.7 (m.) (m.) (m.) (m.) (m.) (m.) (m.) (m.) |
| | debt-financed property | | | | | |
| | ental income or (loss) from personal property | | | | | |
| | r investment income | | η, | | | |
| 8 Gain | or (loss) from sales of assets other than inventory | | | | | |
| 9 Net i | ncome or (loss) from special events | | | <u> </u> | | |
| 10 Gros | s profit or (loss) from sales of inventory | | | | | |
| 11 Othe | r revenue: | 4.1 | | 4 | 7 8923 W. | 11 41 48 M |
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| b | | ļ | | <u> </u> | | |
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| 40 <u> </u> | | | 7 | E AND TO SE | | |
| | otal. Add columns (b), (d), and (e) | | | | | 16.060 |
| | al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations | | | | | 16,962. |
| | Relationship of Activities to the | | lichment of Evenu | nt Pur | | |
| Line No. | | | | | | tho |
| LIII⊕ 140. ▼ | accomplishment of the foundation's exempt p | orposes (oth | ner than by providing fund | ds for su | ch purposes). (See instr | uctions.) |
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Form 990-PF (2016) THE THOMPSON FOUNDATION INC 93-1316767 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | <u> </u> | | | | | | E. | A PROPERTY AND A PARTY A |
|----------|-----------------------|--|-------------------------|--|-------------------------------------|--|---|---------------------------------------|---|
| de re | escribed lating to | rganization directly o in section 501(c) of o political organizatio from the reporting fo | the Code (other | r than section 501(c | :)(3) organizati | ons) or in se | nization ection 527, | の意味、また、これでは | Yes No |
| (1 |) Cash | | | | | | | [| 1 a (1) X |
| | | r assets | | | | | | | 1 a (2) X |
| | • | nsactions: | | | | | | 1 | 2.2 |
| - | | | | | | | | i i | |
| • | • | of assets to a nonc | • | _ | | | | <u>-</u> | 1 b (1) X |
| (2 |) Purch | nases of assets from | a noncharitable | e exempt organization | on | | <i></i> | [| 1 b (2) X |
| (3 |) Renta | al of facilities, equipn | nent, or other a | ssets | | | | · [| 1 b (3) X |
| 14 | Neim | bursement arrangen | nents | | | | | | 1 b (4) X |
| | | s or loan guarantees | | | | | | | 1 b (5) X |
| • | • | mance of services | | | | | | F | |
| | | | | | | | | | |
| c Si | haring o | of facilities, equipmer | nt, mailing lists, | other assets, or pair | a employees. | | | [| 1c X |
| th | e goods | wer to any of the abo s, other assets, or se action or sharing arr | rvices given by | the reporting found: | ation. If the foเ | indation rec | eived less that | n fair market value i | ilue of 1 |
| (a) Line | no | (b) Amount involved | (c) Name o | f noncharitable exempt | organization | (d) De | scription of transfe | ers, transactions, and sh | aring arrangements |
| ., | | · · · · · · · · · · · · · · · · · · · | 1 | | | | · · · · · · · · · · · · · · · · · · · | • | |
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| d | escribed | indation directly or in d in section 501(c) of complete the followin | f the Code (other | d with, or related to er than section 501(d | , one or more t c)(3)) or in sec | ax-exempt tion 527? . | organizations | | . Yes XNo |
| | | Name of organization | | (b) Type of | f organization | | (c) | Description of relati | onship |
| | | 3 | | ` ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | ··· | <u>i</u> | |
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| | Under p | enalties of perjury, I declare and complete Declaration | e that I have examin | ed this return, including ac | companying schedi | ules and statem uch preparer ha | ents, and to the be as any knowledge | st of my knowledge and b | elief, it is true, |
| Sign | 33,750, | | o. p. opa. o. (ob.o. a. | | <i>f</i> | | | | May the IRS discuss |
| Here | \ /- | | | ` \ | -/-/- | , • | Secreta | - | this return with the |
| . 1616 | 八 | 0/ | <u> </u> | <u>^</u> ^ | 3/ /// | <u></u> | ES I DENT | / | preparer shown below (see instructions)? |
| | Signa | ture of officer or trustee | | Di | ate | Title | | | Yes No |
| | | Print/Type preparer's nar | me | Preparer's sign | nature | 1 | Date | Check if | PTIN |
| Do: a | C | 1 | | | | 1 | | self-employed | |
| Paid | | | <u> </u> | f <u>-bro</u> r | 1aro | 1 ' | · | | <u>L</u> |
| Prepa | arer | Firm's name | - NCT | <u> </u> | JUTER | <u>. </u> | | Firm's EIN ► | |
| Use (| Only | Firm's address | | - · · | | | | | |
| | | | | | | | | Phone no | |
| BAA | | | | | | - | | | Form 990-PF (2016) |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | | Linproyor recirculation manager |
|---|--|---|
| THE THOMPSON FOUNDATION INC | | 93-1316767 |
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a priv | ate foundation |
| | 527 political organization | |
| | FID | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private | foundation |
| | 501(c)(3) taxable private foundation | |
| Check if your organization is covered by the Gene | eral Rule or a Special Rule. | |
| Note. Only a section 501(c)(7), (8), or (10) organiz | zation can check boxes for both the General Rule and a Special | Rule. See instructions. |
| General Rule | | |
| For an organization filing Form 990, 990-EZ, oppositely) from any one contributor. Complete | or 990-PF that received, during the year, contributions totaling \$ Parts I and II. See instructions for determining a contributor's to | 5,000 or more (in money or lal contributions. |
| Special Rules | | |
| under sections 509(a)(1) and 170(b)(1)(A)(vi). | c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 year, total contributions of the greater of (1) \$5,000 or (2) 2% of IZ, line 1. Complete Parts I and II. | , 16a, or 16b, and that |
| during the year, total contributions of more that | c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an \$1,000 exclusively for religious, charitable, scientific, literary, hildren or animals. Complete Parts I, II, and III. | ny one contributor, or educational |
| during the year, contributions exclusively for re \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete any | c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an eligious, charitable, etc., purposes, but no such contributions to total contributions that were received during the year for an exclusion of the parts unless the General Rule applies to this organization, etc., contributions totaling \$5,000 or more during the year | aled more than usively religious, a because |
| 990-PF), but it must answer 'No' on Part IV, line 2 | e General Rule and/or the Special Rules doesn't file Schedule B 2, of its Form 990; or check the box on line H of its Form 990-Ez g requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | (Form 990, 990-EZ, or Cor on its Form 990-PF, |

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2016) | Page | 1 of 1 of Parti |
|---------------|---|-------------------------------|---|
| Name of org | | 1 | Identification number |
| THE TH | IOMPSON FOUNDATION INC | 193-13 | 316767 |
| Part 12 | Contributors (see instructions). Use duplicate copies of Part I if additional space | is needed. | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | COURTENAY THOMPSON | | Person X Payroll |
| | 8133 NW HAWKINS BLVD | \$7 <u>_500</u> . | Noncash |
| | PORTLAND OR 97229 | ! | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - ~ - | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

| Taxes 2015 FED EXCISE TAX OR DEPT OF JUSTICE 2015 TAX | Rev/Exp Book 164. 101. | Net Inv Inc 164. 101. | Adj Net Inc 164. | Charity Disb |
|---|------------------------------|-----------------------------|------------------|--------------|
| Total | 265. | 265. | 265. | |

93-1316767

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

| Other expenses: | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|-----------------|--------------|-------------|-------------|--------------|
| SUPPLIES | 95. | | | 95. |
| CONTRACT LABOR | 247. | | | 247. |

342. Total 342.

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| Person. X Business. COURTENAY THOMPSON 8133 NW HAWKINS BLVD | DIRECTOR | | | |
| PORTLAND OR 97229 | 1.00 | 0. | 0. | 0. |
| Person. X Business . GINA THOMAS | | | | |
| 4805 HARBOR VIEW PL. | DIRECTOR | | | |
| ANACORTES WA 98221 | 1.00 | 0. | 0. | 0. |
| Person . X Business MADELEINE THOMPSON | | | | |
| 6860 SW WINDING WAY | DIRECTOR | | | |
| CORVALLIS OR 97333 | 1.00 | 0. | 0. | 0. |
| Person . X Business . HALEY PEARCE | | | | |
| 1100 NW 109TH ST | DIRECTOR | | | |
| VANCOUVER WA 98685 Person. X Business ERIC THOMPSON | 1.00 | 0. | 0. | 0. |
| 6860 SW WINDING WAY | SECRETARY | 1 | | |
| CORVALLIS OR 97333 | 1.00 | 0. | 0. | 0. |

Total

| 0. | 0. | 0. |
|----|----|----|
| | | |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

| 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 | Person or Business Checkbox Amount |
|--|---|--------------------------------|----------------------------------|---|
| a Paid during the year BENTON HOSPICE SERVICE 2350 NW PROFESSIONAL DRIVE CORVALLIS OR 97330 BENTON COUNTY FAIRGROUNDS FOUNDATION 110 SW 53RD STREET CORVALLIS OR 97333 | | 501C3 501C3 | GENERAL FUND | Person or Business X 2,500. Person or Business X 5,000. |

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| 7, | 5 | 0 | 0 | |
|----|---|---|---|--|
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Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

| | End of Year | | |
|---|---------------|----------------------|--|
| Line 10b - Investments - Corporate Stock: | Book Value | Fair Market Value | |
| 200 SHARES RAYTHEON | 6,150. | 28,426 | |
| 21991.849 SHARES CITIZENS BANK | 288,776. | 269,400 | |
| 2000 SHARES INTERNATIONAL PAPER | 76,493. | 106,170 | |
| 500 SHARES UNION PACIFIC | 38,354. | 52,023 | |
| 4000 SHARES WEYERHAEUSER | 96,978. | 120,800 | |
| Total | 506,751. | 576,819 | |