<sub>Fo</sub>≥990`

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

Open to Public

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.											ion
7	A	For the	2016 calen	dar year, or tax year beginning	JULY 1	, 2016, a	and ending	JUNE	30	, 20 17	
ī	В	Check if	applicable C	Name of organization_AGRICULT	URAL RESEARCH FO	UNDATION		ľ	Employ	er identification n	umber
[	_		change	Doing business as AGRICULTU						93-0400250	
Ī	_	Name cl	· ·	Number and street (or P O box if n			Room/suite	E	Telepho	ne number	
i	_	Initial ref	· ·	1600 SW WESTERN BLVD		•	32	.	·	541-737-4068	
Ì	=		rn/terminated	City or town, state or province, cou	intry, and ZIP or foreign po	stal code		<del>'</del>		341-737-4000	
í		Amende		CORVALLIS, OR 97333	,, and an extension pr			1,	Gross re	ceints \$ 1	2,716,545
í			-	Name and address of principal office	er PHILLIP WALKER	<del></del>				subordinates? Yes	
٠		Applicat		1780 BRUSH COLLEGE ROAD	• • • • • • • • • • • • • • • • • • • •		$\sim$	1		s included? Yes	
-	_			501(c)(3) 501(c)			□ 527 <b>)</b>			a list (see instruction	
		Website	mpt status	ESEARCHFOUNDATION.ORE		#947(a)(1) Or	<u> </u>	H(c) Group e		·	,
:				Corporation Trust Associ		# T. Voc	ar of formation			of legal domicile	OR
ì	_	art l	Summa		ation Comers	1 1 1 1 1 1 1 1	ai oi ioimatioi	1934	W State	or legal domiche	<u>OR</u>
1		1		scribe the organization's miss	sion or most significa	nt antivition	der cou	EDULE.O.			
0	d)	'	briefly des	scribe the organization's miss	sion or most signines	int activities.	JEE SUM		/ED		
0107	Governance	}								70	
	ra	١ ۾	Chook this	s box ▶ ☐ if the organization			(2)	4.22 W = 1	700/0-6	1/5	
<b>1</b> 3	ove.	2					1401		- 7 1 2	1 1 1	
<b>∋</b>		3	Number of	fundamendant vating mamba	erning body (Fart VI,	ille (a)	الماد ماد			K	23
JUL.	se {	4	Total numb	f voting members of the gove f independent voting membe ber of individuals employed i	in colondor year 2016	Ody (Part VI,		GDEN	ਹਵੇਂ	F <del>-</del>	23
J	viti	5		• •	•	o (Part V, line	2 (d)		6		3
	Activities &	7-		ber of volunteers (estimate if					$\vdash$		
	•	7a		lated business revenue from					7a		0
		b_	Net unrela	ted business taxable income	: Irom Form 990-1, III	ne 34	· · · · ·	Prior Yea	7b	Current Ye	0
•		ا ا	O = A11	(D+) (III) line	41-1		<u> </u>				
9	ne	8		ons and grants (Part VIII, line			· ·		073,858		2,941,773
9	Revenue	9	-	service revenue (Part VIII, line	- ·		· · -		58,763.		5,451,939
	Re	10		t income (Part VIII, column (A	•			6	<u>33,491.</u>		907,950
		11		enue (Part VIII, column (A), lin		•			0.		0
-		12		nue-add lines 8 through 11 (			ne 12)	<del></del>	<u>66,112.</u>		9,301,662
		13		d similar amounts paid (Part		1–3)	· ·	7,6	76,874.		7,443,538
		14	•	aid to or for members (Part I			-:.: -		0.		0
	Expenses	15		ther compensation, employee	•		· -	2	93,660.		299,008
	e i	16a		nal fundraising fees (Part IX, o			·		0		0
	X.	ь		raising expenses (Part IX, co							
	_	17		enses (Part IX, column (A), lir		-	<u>.</u> ∵ ·		81,445.		861,646
	l	18	· ·	enses. Add lines 13-17 (must	•	in (A), line 25	)' ·		<u>51,978.</u>		8,604,19 <u>2</u>
-		19	Revenue I	ess expenses. Subtract line	18 from line 12	<del></del>	···	inning of Curr	85,866)	End of Ye	697,470
	s or	l.	~	. (5 . ) (1 . 40)			Det				
	Assets Baland	20		ts (Part X, line 16)			·		89,538.		7,975,99 <u>5</u>
	a de	21		ities (Part X, line 26)			· ·  _		<u>61,761.</u>		2,941,672
1	24	22		or fund balances. Subtract	line 21 from line 20	<del></del>		14,3	27,771.	1:	<u>5,034,323</u>
ı	_	irt II		ıre Block	<del></del>						
				<ul> <li>I declare that I have examined this</li> <li>Declaration of preparer (other than</li> </ul>						ny knowledge and	belief, it is
-		-,	The Ac	IMOOD TKOR				T		2-2/110	
,	Sig	n	Signat	ture of officer	ow			Date		3-2018	
	3ig Hei		Signal	Russell 5 Karo	E) FYO	Direct	107	Date	1		
'	ne	e	Type		IN I NEC	medic					
			<del></del>	or print name and title e preparer's name	Preparer's signature		Date			PTIN	
	Pa		1	o proparer a name	, raparer a signature		Date		Check	ן זיי (∟	
		epare	I — .		<del></del>			·	self-emp	Jioyeu	
!	Us	e Onl			<del></del>	<del></del>			EIN ►		
7	Mai	, the IF	Firm's add	dress ► this return with the preparer	shown above? /car :	netructions\		Phon	e no		
	ivia)	v 111 <del>0</del> 11	10 UISCUSS	uno return with the preparer	SINOWII ADOVE! ISEE!	1130 UCUUIS)					



Cat No 11282Y



Form **990** (2016)



Part	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,"	1		
_	complete Schedule A	1	<b>V</b>	
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_		<b>✓</b>
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? If "Yes," complete Schedule C, Part II	4		<b>√</b>
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_		<b>✓</b> _
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		<b>√</b>
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		_ 
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>\</b>
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	·	<b>-</b>
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	<b>√</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	<b>/</b>	
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		<b>✓</b>
ď	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		<b>√</b>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		<b>√</b>
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	<b>√</b>	
b	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		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	<u> </u>	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	14b	}	<b>√</b>
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	15		<b>✓</b>
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.	16		<b>✓</b>
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? <i>If "Yes," complete Schedule G, Part II</i>	18		<b>✓</b>
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		<b>√</b>
		Form	n <b>990</b>	(2016)

Part I	V Checklist of Required Schedules (continued)		٠	
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1.
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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	✓	_
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			,
04-	employees? If "Yes," complete Schedule J	23		<b>✓</b>
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<b>✓</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	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	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	258		<del>-</del>
_	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		✓
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			1
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		
21	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):		<del></del>	لبا
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
b	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		-	<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<b>-</b>
•	Part 1	31		1
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		✓_
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? If "Yes," complete Schedule R, Part I	00		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	✓_
•	or IV, and Part V, line 1	34	ŀ	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
60	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<b>/</b> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	}	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<del>                                     </del>	<del>                                     </del>
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	[	ĺ
	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	000	(2016)
		Fon	コランし	, (∠U16)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· ·	<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ļ ·	Ì	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		<u> </u>
20	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	<u> </u>
2a		]		
ь	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		ļ
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	-	١ <u>٠</u>
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			1
	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).	l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
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	İ		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
-	gifts were not tax deductible?	6b	ļ	<b> </b>
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		
a	and services provided to the payor?	7-		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_	
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·		,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
_b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	.,	,	
a b	Initiation fees and capital contributions included on Part VIII, line 12	1.		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		das a	
	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	# T		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	## T	175	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>*</b> 37 /	124 126 (1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	7.	( AF 1	,
	the organization is licensed to issue qualified health plans	٠٠.		۴,
С	Enter the amount of reserves on hand	t "_#	. s. · · · · · · · · · · · · · · · · · ·	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	i	Ī

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S									
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>							
Secti	on A. Governing Body and Management		<del></del>	- No.						
	en de la companya del companya del companya de la c		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23	١,	74. n	,						
	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			-						
	committee, explain in Schedule O.	31.5								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 23	-	*							
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		1						
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		✓_						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	<b>✓</b>						
6	Did the organization have members or stockholders?	6	<u> </u>	<b>✓</b>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		,						
L	one or more members of the governing body?	7a	<del> </del> -	<b>✓</b>						
р	stockholders, or persons other than the governing body?	7b		1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<del>''</del>		1						
•	the year by the following:		1							
а	The governing body?	8a	1							
b	Each committee with authority to act on behalf of the governing body?	8b	1							
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	L	✓_						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C								
		140	Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b>						
•	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 filling the form?	11a	1							
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	1							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	L						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		ļ						
	describe in Schedule O how this was done	12c		├						
13	Did the organization have a written whistleblower policy?	13	1	├						
14 15	Did the organization have a written document retention and destruction policy?			<del>  , </del>						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. 45	The state of the s	-						
а	The organization's CEO, Executive Director, or top management official	15a		ļ						
b	Other officers or key employees of the organization	15b								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	6		· 花木						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	\$15 . 3	***	<del>,</del>						
	with a taxable entity during the year?	16a		<b>✓</b>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	5	**							
	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?		7.5	1						
Spoti	on C. Disclosure	16b	L	<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	n 501	(c)(3)s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.			• • •						
	☐ 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 info	erest	polic	y, and						
	financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	s: <b>►</b>							
	Dussell S. Karow, 641-737-4066 - 1600 SW WESTERN BLVD SHITE 320 CORVALLIS OR 97333									

E~~~	000	(2016)	

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

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 nor any related organization compensated any current officer, director, or trustee										
	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
		ļ .		-	C)				[	
(A)	(B)	Position (do not check more than one					one	(D)	(E)	(F)
Name and Title	Average	box,	box, unless person is b			ıs both	an	Reportable	Reportable	Estimated
	hours per week (list any		fficer and a director/trustee)					compensation	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	불률	Former	the	organizations	compensation
	related organizations	irec	Ì	e e	l g	og eg	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호텔	) ž	1	탕	8 8		1	i	and related
	line)	lste	Ę	[	8	ਬੂ		1	j	organizations
	}	6	ë		Ì	Highest compensated employee			ĺ	
	<del> </del>		-	_	<del> </del>	- ă	<u> </u>			
(1) ARNOLD APPLEBY	2									
DIRECTOR	<u> </u>	1		<u> </u>	_		L_	0	0	0
(2) ROBERT BAILEY	2						l	l		
DIRECTOR	ļ	<b>✓</b>		<u>L</u>			L_	0	0	0
(3) STELLA COAKLEY	2			[			ţ	(		1:
DIRECTOR		<b>✓</b>					Ĺ.,	0	0	0
(4) RALPH FISHER	2						1	}		
VICE PRESIDENT		<b>\</b>		✓				0	0	0
(5) RON HATHAWAY	2		1				}	}		
DIRECTOR		✓		_				0	0	0
(6) MIKE HESSEL	2			1			ŀ	ř	1	
DIRECTOR	ļ	<b>\</b>		Ĺ	_		L	0	0	0
(7) JOSH KVIDT	3			1			Ì	ľ		
SECRETARY/TREASURER	ļ	<b>✓</b>	_	✓	L_		L	0	0	0
(8) ELIZABETH LEVI	2						ŀ	ļ		
DIRECTOR	<u> </u>	<b>✓</b>		L	<u>.</u>		L	0	0	0
(9) LANCE LYON	2							4		
VICE PRESIDENT	ļ	<b>✓</b>	_	✓				0	0	0
(10) PATRIC MALONE	11							1	1	
DIRECTOR	<b></b>	✓	L	_			L	0	0	0
(11) JEAN MCKINNEY	2				1			,	1	
DIRECTOR	<b> </b>	<b>\</b>						0	0	0
(12) BRYAN OSTLUND	11							Ì		
DIRECTOR	<del> </del>	✓	<u> </u>	L_				0	0	0
(13) FRED POSTLEWAIT	11							[		
DIRECTOR	ļ	<b>✓</b>			$\vdash$			0	0	0
(14) BRENDA POWELL	11									
DIRECTOR	<u> </u>	<b>✓</b>	$oxed{oxed}$		L			0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
						C)								
	(A)	(B)				ition			(D) (E)			(F) ^		
	Name and title	Average					than one is both		Reportable	Reportable	able Estimated			t
		hours per					or/trust		compensation	compensation f	rom	am	ount o	if
		week (list any	9.5	5	Q	×	학표	יג	from	related	_	I .	other	
		hours for related	ਰੋਵੋ	l st	Officer	e e	age ghe	Former	the organization	organization: (W-2/1099-MIS			oensati om the	
		organizations	ecta	盲	۳	퓔	st c	8	(W-2/1099-MISC)		,	1	anızatıc	
		below dotted	걸	<u>a</u>		Key employee	ğ	ĺ	1				l relate	
		line)	Individual trustee or director	Institutional trustee		ď	en		1			orga	nızatıo	ns
		}	"	99	}		Highest compensated employee	ļ	}			1		
/15\ CI	ELLY SOREM	1		$\vdash$	├	-		-				<b> </b> -		
DIREC		<del> </del>	1		1			Ì	1 0		0	l		0
	OWIN STASTNY JR.	1	<u> </u>	М	$\vdash$				<u> </u>	<del></del>	Ť			
DIREC			1		L				0		0			0
(17) PI	IILLIP J WALKER	3				}			}					
PRE	SIDENT		/		✓	<u> </u>		L_	0		0			0
	J. WEISER	11		l i	]	l	]		Ì			İ		
DIREC		ļ	1	$\Box$	<u> </u>	ļ			0		_0	ļ		0
	AVID BECK	1	,		}	1	,	]	1			}		
DIREC		ļ <u>.</u>	1	H	<del> </del>		}	<del> </del>	<u> </u>		_0	<del> </del> -		0
DIREC	ARBARA BOND	11	1	łi	}			ł	0		0	l		0
	MI KERR	1	Ť	$\dagger \neg$	$\vdash$	1	<u> </u>	$\vdash$						
DIREC		<b>†</b>	1		1	]	1	ļ	0		0	1		0
(22) DA	N LOFARO	1												
DIREC	TOR		1			<u> </u>	<u> </u>	<u> </u>	0		0			0
	KE MACNAB	2			1	ļ	ĺ	•	ſ			ļ		
DIREC			/	<b> </b>	<u> </u>		<u> </u>		ļ <u>o</u>	<u> </u>	0			0
	JSSELL S KAROW	20	1		/	1	1	•	05.075			1		47 400
(25)	UTIVE DIRECTOR	<del> </del>	<del> </del>	╁╾	<del>                                     </del>	╁╴	├	┢	65,975	<del> </del> -	-	<del> </del>		17,420
12-27		<del> </del>	1		ļ	1	}	ĺ	ļ	j		j		
1b	Sub-total		·	٠.	•			▶	65,975					17,420
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0			<u> </u>		0
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					<u> </u>	65,975	L		<u> </u>		17,420
2	Total number of individuals (including but		to th	nose	e list	ted	above	e) w	ho received m	ore than \$10	0,00	30 of		
	reportable compensation from the organ	ization >												0
3	Did the organization list any former of	Hinne dues	***	~~ +-			kov. a	.mr	alovoo or high	oet compon	cata	od [	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							sirik	oloyee, or mgr	iesi compen	sait	3	<del> </del>	1
4	For any individual listed on line 1a, is the							n a	and other comm	ensation fro	m tl		1	+
•	organization and related organizations													
	individual	, , , ,										4	+	1
5	Did any person listed on line 1a receive of		ompe	nsa	tion	fro	m any	/ un	related organia	zatıon or indi	vidu		1 . 4	1700
	for services rendered to the organization											5	1	1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more than	\$1	00,000 c	of	
	compensation from the organization. Repyear.	oort compe	nsati	on f	or ti	he c	alenc	lar y	year ending wi	th or within th	те о	rganizat	ion's	tax
	(A) (B) (C) Name and business address Description of services Compensation													
	<del></del>													
	<del></del>							1						
					_									
	¥-5.4.7							<u>L</u>				<del></del>		
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) wno				7

Par	t VIII	Statement of Reve Check if Schedule C		nonse or note t	o any lino in thi	s Port VIII		
1948 134 144	# 100 4 100			porise of note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants ir Amounts	b c d	Federated campaigns Membership dues . Fundraising events . Related organizations	1b					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above  1f		2,941,773				
	9 h	Total. Add lines 1a-1	·		2,941,773			
Program Service Revenue	2a b			Business Code 110000	5,451,939	5,451,939	ett Seur	
ram Service	d e							
Progi	f	All other program ser <b>Total.</b> Add lines 2a-2			5,451,939		<u> </u>	1
	3	Investment income and other similar amount income from investment	(including dividounts)	ends, interest,	753,020			753,020
	5	<b>–</b>	(i) Real				ig 12	
	6a b	Gross rents Less: rental expenses						
	c d 7a	Rental income or (loss)  Net rental income or ( Gross amount from sales of	(loss)	▶			A Since 25 May	
	b	assets other than inventory Less: cost or other basis and sales expenses .	3,569,813 3,414,883	(4) 0 (4)				
	c d	Gain or (loss) Net gain or (loss) .	154,930	>	154,930	A Page 1		154,930
enue	8a	Gross income from fu						The same of the sa
Other Reve	}		a					
δ	С	Less: direct expenses Net income or (loss) for Gross income from ga See Part IV, line 19	rom fundraising	events . ►				
	C	Less: direct expenses Net income or (loss) fi Gross sales of in	orom gaming activentory, less	vities ►				
		returns and allowance Less: cost of goods s Net income or (loss) for	old <b>b</b> rom sales of inve	entory ▶				
	11a b c d	All other revenue . Total. Add lines 11a-		Business Code				
	12	Total revenue See in	etructione	<b>.</b>				

Part IX	Statement of Funct	ional Ex	penses		

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete co	lumn (A).					
	Check if Schedule O contains a response or note to any line in this Part IX									
	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	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations				4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	and domestic governments. See Part IV, line 21	7,438,463	7,438,463	المستخدد والمستحدث	to - 11 - 12 - 1					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,075	5,075	A CONTRACTOR OF THE PARTY OF TH	The state of the s					
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	}		we a second and a second	And the state of t					
	individuals. See Part IV, lines 15 and 16		)	y " 3 40 40 40 40 40 40 40 40 40 40 40 40 40						
4	Benefits paid to or for members			7 A						
5	Compensation of current officers, directors,									
	trustees, and key employees	84,644		84,644						
6	Compensation not included above, to disqualified				<del></del>					
	persons (as defined under section 4958(f)(1)) and	}			п					
	persons described in section 4958(c)(3)(B)	}								
7	Other salaries and wages	128,872		128,872						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	19,331		19,331						
9	Other employee benefits	49,455		49,455						
10	Payroll taxes	16,706		16,706						
11	Fees for services (non-employees):	1								
а	Management									
b	Legal	ļi	<del></del>							
C	Accounting	<del></del>			<del> </del>					
d	Lobbying	\		<del></del>	<del></del>					
e	Professional fundraising services. See Part IV, line 17	<del></del>	<del></del>	* * * * * * * * * * * * * * * * * * * *						
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column									
g	(A) amount, list line 11g expenses on Schedule O.)	13,707		13,707						
12	Advertising and promotion	13,707		13,707						
13	Office expenses			<del></del>						
14	Information technology			<del></del>	<del></del>					
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		<del> </del>							
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	6,346		6,346						
23	Insurance									
24	Other expenses. Itemize expenses not covered	3 78 (40%) \$	19 人名英德		· · · · · · · · · · · · · · · · · · ·					
	above (List miscellaneous expenses in line 24e. If	- S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		The street of th						
	line 24e amount exceeds 10% of line 25, column	200	5 m. k							
	(A) amount, list line 24e expenses on Schedule O.)	, * è , , d	****	Comment of the second	7 Ox					
a	RESEARCH EXPENDITURES PAID THRU ARF	809,595	809,595							
b	SERVICES, SUPPLIES & OTHERS	47,202		47,202	<del> </del>					
c d	IN-KIND FACILITY RENT	(15,204)	<del></del>	(15,204)	<del> </del>					
u e	All other expenses	<del> </del>								
25	Total functional expenses. Add lines 1 through 24e	8,604,192	8,253,133	351,059						
26	Joint costs. Complete this line only if the	0,004,132	0,200,100	30.,330						
	organization reported in column (B) joint costs	ł		ł	l					
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	l		Ì	İ					
	following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u> </u>	<u> </u>					
					Form <b>990</b> (2016)					

Р	art X	Balance Sheet			<del></del>
		Check if Schedule O contains a response or note to any line in this Par	rt X		
`	-		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	749,690.	2	1,515,803
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,230,677.	4	1,953,484
	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	
	6	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	10 mg 10 mg	6	)1 <sup>†</sup> 1
ets	l _	- · · · · · · · · · · · · · · · · · · ·		7	
Assets	7	Notes and loans receivable, net		8	
Q.	8	Inventories for sale or use		9	<del></del>
	9 10a	Prepaid expenses and deferred charges	3.5	9	
	\ <u>.</u>	Less: accumulated depreciation 10b 66,592	18,221.	10c	22,126
	b	Investments—publicly traded securities	22,625,298.	11	24,133,556
	11	Investments—publicly traded securities	22,023,296.	12	24, 133,330
	12 13	Investments—program-related. See Part IV, line 11		13	
		· -		14	
	14	Intangible assets	465,652.	15	351,026
	15	Total assets. Add lines 1 through 15 (must equal line 34)	26,089,538.	16	27,975,995
	16	Accounts payable and accrued expenses	90,099.	17	237,002
	18	· ·	3,511,435.	18	4,476,755
	19	Grants payable . ,	8,160,227.	19	8,227,915
	20	Tax-exempt bond liabilities	0,100,227.	20	0,227,310
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
"	1	Loans and other payables to current and former officers, directors,	* / * * * * * * * * * * * * * * * * * *		
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	,
iat		•		23	<del></del>
_	23	Secured mortgages and notes payable to unrelated third parties		24	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		}	
	ļ	of Schedule D		25	
	00	Total liabilities. Add lines 17 through 25	11,761,761.	26	12,941,672
_	26	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	11,761,761.	1-0	12,941,072
ces		complete lines 27 through 29, and lines 33 and 34.			
필	27	Unrestricted net assets	3,950,960.	27	4,221,714
Ва	28	Temporarily restricted net assets	9,398,628.		9,829,203
2	29	Permanently restricted net assets	978,189.	29	983,406
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	The state of the s	, T,	
ţ	30	Capital stock or trust principal, or current funds		30	
šše	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds .	L	32	
Š	33	Total net assets or fund balances	14,327,777.	33	15,034,323
_	34	Total liabilities and net assets/fund balances	26,089,538.	34	27,975,995

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form 990 (2016)

#### **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

-	•						
	ICULTURAL RESEARCH FOUNDATION					93-040	
	rt I Reason for Public Chari						ns.
	organization is not a private foundati		•		•	•	$\bigcap$ $\ell$
1	[ ] A ]						
2	A school described in section 1		•			• •	
3	A hospital or a cooperative hosp						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
_	hospital's name, city, and state:						7 2
5	An organization operated for the		college or university	owned or	operate	d by a government	al unit described in
_	section 170(b)(1)(A)(iv). (Comp	•			45041	/41/A1/ 1	
6	☐ A federal, state, or local govern						the general multi-
7	An organization that normally redescribed in section 170(b)(1)(a			port irom	a govern	imental unit or iron	i trie general public
	_		•	D-4 II \			
8	☐ A community trust described in			-			
9	☐ An agricultural research organize or university or a non-land-gran						
	university:	t college of agri	iculture (see mstructio	nis). Ente	i ille Hall	ie, city, and state or	the college of
10		ceives: (1) more	e than 331/3% of its su	ipport fro	m contrib	outions membershir	fees and gross
	receipts from activities related t	o its exempt fui	nctions—subject to co	ertain exc	eptions.	and (2) no more that	n 331/3% of its
	support from gross investment acquired by the organization aft	income and uni	related business taxal	ble incom	e (less se	ection 511 tax) from	businesses
11	An organization organized and		•		•	•	
12	☐ An organization organized and o		•	-			ny out the ourooses
-	of one or more publicly suppor						
	Check the box in lines 12a throu						
а	Type I. A supporting organiz	zation operated	, supervised, or contr	olled by it	ts suppoi	rted organization(s),	typically by giving
	the supported organization(s		•	-			
	supporting organization. Yo	u must comple	ete Part IV, Sections	A and B.			
b	Type II. A supporting organi	zation supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
	control or management of the				persons	that control or mana	age the supported
	organization(s). You must c	omplete Part I	V, Sections A and C.				
C							ally integrated with,
	its supported organization(s	•	•		•		
C							
	that is not functionally integrated in the second requirement (see instruction						d an attentiveness
_		•	-				
е	Check this box if the organize functionally integrated, or Ty						e II, Type III
f		-		Jporting C	n gannzan	O11.	
	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	,	``	(described on lines 1-10	listed in you	r governing	support (see	other support (see
			above (see instructions))	docur	nentr	instructions)	instructions)
				Yes	No		
(A)							
·~·							
(B)							
			<del></del>				
(C)							
(D)							
(E)							

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	<del>)</del>		
	(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.)									
	on A. Public Support			<del></del>		<del>,</del>			
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and				]				
	membership fees received. (Do not								
_	include any "unusual grants.")	7,281,440.	3,406,578.	3,961,686.	3,073,858.	2,941,773	20,665,335		
2	Tax revenues levied for the organization's benefit and either paid								
	to or expended on its behalf			ļ	1				
3	The value of services or facilities			<del> </del>			<del></del>		
3	furnished by a governmental unit to the		i		ļ				
	organization without charge	12.000	17 500	14.005	44.770	45.004	70.000		
4	Total. Add lines 1 through 3	12,000. 7,293,440.	17,500. 3,424,078.	14,335. 3,976,021.	14,770 3,088,628.	15,204 2,956,977	73,809		
	••	1,293,440.	3,424,076.	3,970,021.	3,000,020.	2,950,977	20,739,144		
5	The portion of total contributions by each person (other than a			, 4		a second			
	each person (other than a governmental unit or publicly	,		,		, mark			
	supported organization) included on	·	articles and govern			The second secon			
	line 1 that exceeds 2% of the amount		· ·			3 T T T T			
	shown on line 11, column (f)			* * «					
6	Public support. Subtract line 5 from line 4			· · · · · · · · · · · · · · · · · ·		4 4 1	_20,739,144		
Secti	on B. Total Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	7 <u>,293,440</u> .	3,424,078.	3,976,021	3,088,628.	2,956,977	20,739,144		
8	Gross income from interest, dividends,					1			
	payments received on securities loans,					1			
	rents, royalties and income from similar				l				
_	sources	849,411.	675,607.	586,482.	703,582.	753,020	3,568,102		
9	Net income from unrelated business			1					
	activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or			<u></u>					
10	loss from the sale of capital assets				1	]			
	(Explain in Part VI.)								
11	Total support. Add lines 7 through 10	1 34			17,50 4 1 2 7	e si pêrie si	24,307,246		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	5,451,939		
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 section			
	organization, check this box and stop he		• • • • • •	<u></u> .	<u>.</u>		▶ 🗆		
Secti	on C. Computation of Public Suppor	t Percentage	е						
14	Public support percentage for 2016 (line					14	85.3 %		
15	Public support percentage from 2015 Sch					15	87.1 %		
16a	331/3% support test—2016. If the organi								
	box and stop here. The organization qua								
b	331/3% support test—2015. If the organithis box and stop here. The organization								
17a					•				
	10% or more, and if the organization me								
	Part VI how the organization meets the "			-			• •		
	organization						_		
b	10%-facts-and-circumstances test—26								
	15 is 10% or more, and if the organization								
	Explain in Part VI how the organization r supported organization								
18	Private foundation. If the organization di						_		

Part							
	(Complete only if you checked the						ider Part II.
<u> </u>	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	11.)	
	on A. Public Support		1				
	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016 /	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise		ļ		<u> </u>		
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		<u> </u>	<u> </u>	ļ/	<b>1</b>	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	!					
_						<del> </del>	
4	Tax revenues levied for the		1				
	organization's benefit and either paid to or expended on its behalf			/	1		
_	· ·			<del>                                     </del>	<del> </del>	<del> </del>	
5	The value of services or facilities					,	
	furnished by a governmental unit to the						
_	organization without charge		ļ	<del>  /                                   </del>			
6	<b>Total.</b> Add lines 1 through 5		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	
/ a	received from disqualified persons .				ļ		
			-/-	<b>-</b>	<del> </del>	<del> </del>	
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000				,		
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	<del>/</del>	<del> </del>	<del> </del>		<del></del>	
8	Public support. (Subtract line 7c from	· /-	<del> </del>	157 # 1	i b		
U	line 6.)		-	. * 1	1, 1,	* .	
Secti	on B. Total Support		l	<u> </u>	L	1	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	(a) 2012	(0) 2013	(6) 2014	(4) 2013	(6) 2010	(i) Total
10a	Gross income from interest, dividends,	<del></del>	<del> </del>	<del> </del>	<del>                                     </del>		
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .		-	ļ	ļ	ļ	
ь	Unrelated business taxable income (less				<del> </del>		
•	section 511 taxes) from businesses						
	acquired after June 30, 1975		1				
c	Add lines 10a and 10b				† <del></del>	<del> </del> -	
11	Net income from unrelated business		<del>                                     </del>		<del>                                     </del>	ļ -	
• •	activities not included in line 10b, whether	i			1	ŀ	
	or not the business is regularly carried on				E		
12	Other income. Do not include gain or		1		<del>                                     </del>		
	loss from the sale of capital assets				]		
	(Explain in∕Part VI.)				Į.		
13	Total support. (Add lines 9, 10c, 11,						
	and 12,)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🛚
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Pűblic support percentage for 2016 (line 8	B, column (f) d	ivided by line	13, column (f))		15	%
16	Public support percentage from 2015 Sch	nedule A, Part	III, line 15 .	<u> </u>	<u></u> .	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2016 (	line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18 ∮	Investment income percentage from 2015	5 Schedule A,	Part III, line 17	·		18	%
19aً	331/3% support tests-2016. If the organ						
/	17 is not more than 331/3%, check this box		_				
þ	331/3% support tests-2015. If the organiz						
r' I e	line 18 is not more than 331/3%, check this	box and <b>stop l</b>	<b>here.</b> The organ	nization qualifie	s as a publicly s	supported orgar	nization 🕨 🗌
00	Dulyate formulation of the avacaination of	م بلممناء فمند اد	hav an line 4.4	10 10h	ahaali shia bas		otions

#### Part IV Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F on A. All Supporting Organizations	uit v	<u>·/</u>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	Ann	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	- 7 3a	<u> </u>	
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 <b>Part VI</b> when and how the 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	To the second	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 <b>Part VI</b> , 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		を ない ない ない ない ない ない ない ない ない ない ない ない ない
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	<b>7</b> .5° −	
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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	8	7.34	
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 <b>Part VI</b> .	9a		The state of the s
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>⊹. '√</u> 9b		S.F
С	Did a disqualified person (as defined in line 9a) 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 <b>Part VI.</b>	9c	31.5	13742
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

ı	Page	5

	W Supporting Organizations (continued)			age o
Part	Supporting Organizations (continued)		Voc	Nic
44	Has the organization accepted a gift or contribution from any of the following persons?	$\vdash$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
		-		
	A family member of a person described in (a) above?	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		
Secti	on B. Type I Supporting Organizations		<b>V</b>	NI.
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1	1	
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	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		*	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	enganizations and that contained or rectioned, it any, appries to seen period as mig the tax year.	_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported	*		
	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	. 49	7	
	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	<u></u> _		
-	on british type in 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			7
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		, ,-'	糖
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	, ¥r.	<b>'</b> ; '	Ž.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_		<u>.</u>	*	
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).			NG
_		2	<b>}</b>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	l	·	
	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	- 44,	* * *	*
	· · · · · · · · · · · · · · · · · · ·			
	supported organizations played in this regard.	3_		
<u>Secti</u>	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 it	nstru	ction	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.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	etnict	ions)
·	The organization supported a governmental entity. Describe in a are 41 how you supported a government entity (	500 m		
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		* 47	<u>\$</u> .
	those supported organizations and explain how these activities directly furthered their exempt purposes,	i '		ľ
	how the organization was responsive to those supported organizations, and how the organization determined	. "	<u>'</u>	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- 151 - 151	,	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		15	'
	reasons for the organization's position that its supported organization(s) would have engaged in these	23.8	***	1
	activities but for the organization's involvement.	2b	<u> </u>	<del>                                     </del>
^	-	20	├	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		۱. <sup>`</sup>	\
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	<del> </del> -	├─-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, ,,		ļ
	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard.	3b	i	l

Schedule	A (Form	990 or	990-F7	ን 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	•				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
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	l					
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)				
1 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	<del></del>					
e Discount claimed for blockage or other		₹	* * * * * * * * * * * * * * * * * * *				
factors (explain in detail in Part VI):	F and	grave the property of the second seco	*				
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,	L	}					
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	大学 (1) (1) (1) (1) (1) (1) (1) (1) (1) (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	The state of the s					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6	to a series a					
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	organization (see				

Schedul	Schedule A (Form 990 or 990-EZ) 2016 Page <b>7</b>							
Part	Current Year							
Secti	Section D - Distributions							
1_	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	orted						
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purp	oses 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.							
	Total annual distributions. Add lines 1 through 6.			<u></u>				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive					
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	<del></del>						
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required - explain in Part VI). See			,				
	instructions.			255 m <sup>2</sup> c				
3	Excess distributions carryover, if any, to 2016:	17 Jun. 1889		44.				
а	- 17: **		a, a da da Sara a a a a a a a a a a a a a a a a a	*				
Ь	gar v h	, , , , , , , , , , , , , , , , , , , ,						
c	From 2013			h ,				
d	From 2014	一种 经营业	認備なるという	<del></del>				
е	From 2015	1 a supering	15 福田 内蒙默的	ONE PAR				
f	Total of lines 3a through e		A TET	######################################				
g	Applied to underdistributions of prior years	77 . PAKELAN . 17		Market Control of the				
<u>h</u>	Applied to 2016 distributable amount	LAND TO THE OWNER.	1學為多工的 201					
<u>i</u> _	Carryover from 2011 not applied (see instructions)		THE STATE OF THE S					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Marka Strategy					
4	Distributions for 2016 from							
	Section D, line 7:	4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	THE STATE OF THE S	****				
a	Applied to underdistributions of prior years			````````				
b	Applied to 2016 distributable amount	28, 88, 19		, <u>,                                  </u>				
с	Remainder. Subtract lines 4a and 4b from 4.			A Part of the second se				
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j and 4c.							
8	Breakdown of line 7:	AND WHAT THE THE PERSON OF THE	AT AT A STATE OF THE STATE OF T	Caraba P				
а	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEASE EXTRE	The state of the s	THE THE RESERVE AND ASSESSED.				
b	Excess from 2013	[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	27. <b>对</b> 数以为16. 数	and the second s				
C	Excess from 2014		(李) (本)	1 3 Sec. 1				
d	Excess from 2015			ر المراجع ا				
е_	Excess from 2016	· 福州州州		4 .c.				
				A (Form 990 or 990-EZ) 2016				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
~~~	
**********	

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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	of the or	ganization			Employe	er identification number
AGRIC	ULTUI	RAL RESEARCH FOUNDATION				93-0400250
Par		<b>Organizations Maintaining Donor Adv</b>	rised Funds or Oth	er Similar Fund	ds or /	
		Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 6.		
			(a) Donor advi	sed funds		(b) Funds and other accounts
1	Total	number at end of year				
2	Aggr	egate value of contributions to (during year)				
3	Aggr	egate value of grants from (during year) .				
4	Aggr	egate value at end of year				<del></del>
5	Did t	he organization inform all donors and donor	advisors in writing the	hat the assets he	eld in d	donor advised
	funds	s are the organization's property, subject to th	e organization's exclu	ısive legal contro	1?	· · · · 🔲 Yes 🔲 No
6	Did t	he organization inform all grantees, donors, a	ınd donor advisors in	writing that gran	it funds	s can be used
		for charitable purposes and not for the benef				
	confe	erring impermissible private benefit?				· · · · 🔲 Yes 🗌 No
Par	t II	Conservation Easements.			<del></del>	
		Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 7.		
1	Purp	ose(s) of conservation easements held by the	organization (check a	ll that apply).		
	□ P	reservation of land for public use (e.g., recrea	tion or education)	Preservation of	a histo	orically important land area
	□ P	rotection of natural habitat		Preservation of	a certif	fied historic structure
		reservation of open space				
2		plete lines 2a through 2d if the organization he	eld a qualified conserv	ation contributio	n in the	e form of a conservation
	ease	ment 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 easement	s		[	2b
C	Numi	per of conservation easements on a certified h	nistoric structure inclu	ided in (a)	. [	2c
d	Numl	per of conservation easements included in	(c) acquired after 8/	17/06, and not o	on a [	
		ric structure listed in the National Register .				2d
3		per of conservation easements modified, trans	sferred, released, exti	nguished, or term	nınated	by the organization during the
	tax y					
4		per of states where property subject to conse				
5		the organization have a written policy reg				<u> </u>
		ions, and enforcement of the conservation ea				
6	Staff a	and volunteer hours devoted to monitoring, inspect	ting, handling of violation	ns, and enforcing c	onserva	ation easements during the year
	▶					
7		int of expenses incurred in monitoring, inspectin	ig, handling of violatior	is, and enforcing o	conserv	ation easements during the year
_	<b>&gt;</b> \$					
8		each conservation easement reported on line	• •	•		
		ection 170(h)(4)(B)(ıı)?				
9		rt XIII, describe how the organization reports of				
		ce sheet, and include, if applicable, the text of		organization's fina	ancial s	statements that describes the
	<u> </u>	nization's accounting for conservation easeme			<u> </u>	<del></del>
Par	111	Organizations Maintaining Collection			Otner	Similar Assets.
		Complete if the organization answered '				<del></del>
1a		organization elected, as permitted under SF				
		s of art, historical treasures, or other similar				
	-	c service, provide, in Part XIII, the text of the f				
b		organization elected, as permitted under S				
		s of art, historical treasures, or other similar		lic exhibition, ed	ucation	n, or research in furtherance of
		c service, provide the following amounts relati				
	(i) Re	evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X				. • \$
_	(ii) As	ssets included in Form 990, Part X				. > \$
2		organization received or held works of art,				s for financial gain, provide the
		ving amounts required to be reported under S				
a	Heve	nue included on Form 990, Part VIII, line 1 .				. 5

Part									
3	Using the organization's acquisition, collection items (check all that apply):				•			nificant u	se of its
а	☐ Public exhibition		d [	Loan	or exchang	e progra	ams		
b	☐ Scholarly research			] Other					
С	☐ Preservation for future generations	6				********			
4	Provide a description of the organizat XIII.	tion's collections a	ınd explaii	n how th	ey further	the orga	anızatıon's exemp	pt purpose	e in Part
5	During the year, did the organization	solicit or receive	donations	of art. I	nistorical tr	easures	. or other similar		
	assets to be sold to raise funds rather							☐ Yes	□No
Part	IV Escrow and Custodial Arra	angements.							
-	Complete if the organization 990, Part X, line 21.		on Form	n 990, F	art IV, line	9, or r	eported an amo	ount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							☐ Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the foll	owing ta	ble:	Γ-	Am	nount	
С	Beginning balance					1c	f		
d	Additions during the year					1d	<del></del>		
e	Distributions during the year					1e	-		
f	Ending balance					1f	<del>                                     </del>		
2a	Did the organization include an amount						account liability?	□ Yes	□ No
	If "Yes," explain the arrangement in P								Π
Par		art yum. Orlock more	<i>3 11 11 10 0 1</i> 14	<i>3.07.741.107</i>	77740 2007	p/01/00		<del></del> -	
	Complete if the organization	answered "Yes"	on Form	990. F	art IV. line	a 10.			
		(a) Current year	(b) Prior		(c) Two year		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	978,189.		974,416.	9.	70,590.	965,845.		997,581.
b	Contributions	500		0		0	500,540.	<del> </del>	1,600.
c	Net investment earnings, gains, and	300		—— <b>"</b>		<del></del>			1,000.
•	losses	4,717		3,773.		3,826.	4,245.		63,872.
d	Grants or scholarships	7,717		0,7,0.		0,020.	1,2.10.		00,012.
e	Other expenditures for facilities and							<del>                                     </del>	
	programs	o		o		o	0	ì	53,056.
f	Administrative expenses	<u>*</u>					<u>_</u>		
g	End of year balance	983,406		978,189.	9	74,416.	970,590.	1	,009,997.
2	Provide the estimated percentage of							<u> </u>	
а	Board designated or quasi-endowme	-	%	` `	,	,,			
b		100%	' '						
С	Temporarily restricted endowment ▶								
_	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in th			ation tha	at are held	and adn	ninistered for the	<del>)</del>	
	organization by:	·							es No
	(i) unrelated organizations							3a(i)	1
	(ii) related organizations							3a(ii)	7
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses	•						·	
Part									
	Complete if the organization		on Forn	n 990, F	Part IV, line	e 11a. S	See Form 990, I	Part X, lin	e 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost o	r other basis ther)	(c) A	ccumulated preciation	(d) Book	
	Land					mr \	1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg		
b	Buildings								
c	Leasehold improvements				13,620		8,130		5,490
d	Equipment				52,972		36,336		16,636
e	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X,	column	(B), line 10	Oc.)	•		22,126

	Complete if the organization ans		rm 990, Part IV, lin	ne 11b. See Form	990, Part X, line 12.
•	(a) Description of security or category (including name of security)	y	(b) Book value		thod of valuation l-of-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				
				T	
(A)				<del> </del>	
(B)				<del> </del>	<del></del>
(C)			<del> </del>	<del> </del>	
(D)			<del> </del>	<del> </del>	
(E)			<del></del>	<del> </del>	
(F)			<del> </del>	<del> </del>	
(G)			<del></del>	<del> </del>	
(H)			<del> </del>	<del> </del>	<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		<del></del>	<del> </del>	
Part VIII	Investments—Program Related	<del></del>	<u> </u>	<del></del>	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Complete if the organization ans		rm 000 Part IV lin	o 11c Sac Form	000 Part V line 13
	(a) Description of investment	Weled 1es Off Of			
	(a) Description of investment		(b) Book value		thod of valuation l-of-year market value
(1)				<u> </u>	
(2)	<del></del>			<u> </u>	
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)				T	
(9)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 13.) ▶			A net	• ;
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(:	a) Description			(b) Book value
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Part X	Other Liabilities.				<del></del>
	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. lin	e 11e or 11f. See	e Form 990. Part X.
	line 25.		,		
1.	(a) Description of liability	(b) Book value	Tax of the state	Lie The Lander	
(1) Federal in	icome taxes	<del> </del>			
(2)	<del></del>				
(3)	<del></del>	<del> </del>			
(4)		<del> </del>			
(5)		<del></del>			
(6)		<del> </del>		<b>ARTHRONIA</b>	
	- <del></del>	<del> </del>			
(7)		<del> </del>			
(8)		<del> </del>			
(9)		<del> </del>			AND THE LIBERT OF
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	L		为对于特色型的	
	uncertain tax positions. In Part XIII, provi				
organization's	s liability for uncertain tax positions under	<sup>-</sup> FIN 48 (ASC 740). Che	ck here if the text of t	the footnote has bee	en provided in Part XIII 🔲

Part		•	Return.	
	Complete if the organization answered "Yes" on Form 990,		<del></del>	
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • • •	9,32	25, <del>9</del> 42
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1	
а	Net unrealized gains (losses) on investments	2a (6,128)	보 <u></u> .	
b	Donated services and use of facilities	2b 30,428	<u>3</u>	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e 2	24,280
3	Subtract line 2e from line 1		3 9,30	1,662
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1. 1	
b	Other (Describe in Part XIII.)	4b	7 1	
C	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 9.30	1,662
Part				11,002
r en e	Complete if the organization answered "Yes" on Form 990,	•		
1			1 8.61	19,396
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		8	9,390
	• • • • • • • • • • • • • • • • • • • •	ا ما	, '	
а	Donated services and use of facilities	2a 15,204	4 .	
b	Prior year adjustments	<del></del>	-  *	
C	Other losses		-	
d	Other (Describe in Part XIII.)		<del>  _  </del>	
е	Add lines 2a through 2d		<del></del>	15,204
3	Subtract line 2e from line 1			04,192
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	Andread A	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	J ,	
b	Other (Describe in Part XIII.)	4b	*	
C	Add lines <b>4a</b> and <b>4b</b>		4c	0
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5 8,60	<b>04,192</b>
Part				
2; Par	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
EXPL	ANATION: BASED UPON THE DONOR'S INTENTION AND INSTRUCTIONS.			·
PART	X, LINE 2:			
EXPL	ANATION: IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PR	INCIPLES, A PRIVATE ENTIT	TY IS REQUIRED TO	
DISCL	OSE ANY MATERIAL UNCERTAIN TAX POSITIONS THAT MANAGEMENT BEL	IEVES DOES NOT MEET A "I	MORE-LIKELY-THAN-NO	)T"
STAN	DARD OF BEING SUSTAINED UNDER AN INCOME TAX AUDIT AND TO RECOR	RD A LIABILITY FOR ANY SU	ICH TAXES INCLUDING	
PENA	LTY AND INTEREST. MANAGEMENT OF THE FOUNDATION HAS NOT IDENTIF	IED ANY UNCERTAIN TAX P	OSITION THAT REQUIR	<u>E</u>
THE R	ECORDING OF A LIABILITY MENTIONED ABOVE OR FURTHER DISCLOSE.			
SCHE	DULE D, PAGE 2, PART V, COL (A), LINE 1A (D):			
CVDI		NT VEAD HAS DEEN DESTA	ATED TO TIE TO THE	
EXPL	ANATION: THE ENDOWMENT FUNDS BEGINNING BALANCE FOR THE CURRE	NI TEAK HAS BEEN KESTA	ATED TO THE TO THE	

Schedule D (For	orm 990) 2016	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
		***************************************
	······································	
	,,	
·		

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Schedule I (Form 990) (2016)

Department of the Treasury Internal Revenue Service Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Open to Public Inspection

•								
AGRICULTURAL RESEARCH FOUNDATION					93-0400250			
Part I General Information	on Grants and	Assistance						
	, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of							
the selection criteria used to	•		•				☑ Yes 🔲 No	
2 Describe in Part IV the organ								
							on answered "Yes" on Form	
990, Part IV, line 21, 1	for any recipient	that received m	ore than \$5,000.	Part II can be d	luplicated if addit	onal space is ne	eded	
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 noncash assista		
(1) OREGON STATE UNIVERSITY	<del></del>		<del>                                     </del>		- other)			
B308 KERR ADMINISTRATION BLVD	48-1278540		7.219.221	,	1		RESEARCH	
(2) CORVALLIS, OR 97331	40-12/0340		7,213,221		+		RESEARCH	
LI CORVALLIS, OR 97331			!		į l		l	
(3) WASHINGTON STATE UNIVERSI					1			
PO BOX 16650, STATE ROUTE 536	91-6001108		115,563	o	)		RESEARCH	
(4) MT VERNON, WA 98273								
(5) UNIVERSITY OF UTAH								
201 S. PRESIDENT CIR RM 406	87-6000525		84,000	0			RESEARCH	
(6) SALT LAKE CITY, UT 84112								
			<b> </b>	L	<del>                                     </del>			
(7) UNIVERSITY OF CALIFORNIA			[	1			į.	
PO BOX 989062	94-6036494		12,000	0	<b> </b>		RESEARCH	
(8) WEST SACRAMENTO, CA 95798			)	l	1			
(9) H&R ENGINEERING					<del>  </del>		<del></del>	
1975 ROCK LEDGE DR	27-1243814		7,679	o	1 1		RESEARCH	
(10) KEIZER, OR 97303								
(11)				li:	}			
(12)					<del>   </del>			
					]			
2 Enter total number of section	501(c)(3) and gov	ernment organiza	tions listed in the l	ine 1 table			<b>•</b>	
3 Enter total number of other o	rganizations listed	in the line 1 table	•				<b>•</b>	

Cat No 50055P

Part III Grant	s and Other Assistance to I can be duplicated if additi	o Domestic Individua	als. Complete if the	organization answ	vered "Yes" on Form 990,	Page Part IV, line 22
	pe of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 RESEARCH		1	5,075			
2						<del> </del>
3						
4		_				
5						<del></del>
6						
7					<u> </u>	
≥art IV Suppl	emental Information. Pro	ivide the information re	eauirea in Part I lini			
ART I, LINE 2				e z, r art III, coluin	n (b); and any other additi	orial mormation
XPLANATION: ALL	RESEARCH COMMODITY COM	MMISSION FUNDING IS AC	CCOUNTED FOR IN RE	STRICTED USE. ONL	Y RESEARCH RELATED COST	
XPLANATION: ALL	RESEARCH COMMODITY COM	MMISSION FUNDING IS AC	CCOUNTED FOR IN RE	STRICTED USE. ONL	Y RESEARCH RELATED COST	
XPLANATION: ALL	RESEARCH COMMODITY COM	MMISSION FUNDING IS AC	CCOUNTED FOR IN RE	STRICTED USE. ONL	Y RESEARCH RELATED COST	
XPLANATION: ALL	RESEARCH COMMODITY COM	MMISSION FUNDING IS AC	CCOUNTED FOR IN RE	STRICTED USE. ONL	Y RESEARCH RELATED COST	
XPLANATION: ALL	RESEARCH COMMODITY COM	MMISSION FUNDING IS AC	CCOUNTED FOR IN RE	STRICTED USE. ONL	Y RESEARCH RELATED COST	
XPLANATION: ALL	RESEARCH COMMODITY COM	MMISSION FUNDING IS AC	CCOUNTED FOR IN RE	STRICTED USE. ONL	Y RESEARCH RELATED COST	

#### 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.

2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

AGRICULTURAL RESEARCH FOUNDATION	93-0400250
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO ENCOURAGE, FACILITATE, AID AND ENGAGE IN SCIENTIFIC INVESTIGATION, RESEARCH EXPER	RIMENTATION, AND TO SUPPORT
EDUCATIONAL TRAINING ACTIVITIES RELATING TO AGRICULTURE THROUGHOUT THE STATE OF C	DREGON.
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	DR AND STAFF ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: PERSONNEL COMMITTEE REVIEW, EVALUATE EXECUTIVE DIRECTOR'S PERFORMA	ANCE 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 ORG	GANIZATION'S WEBSITE. THE
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO	THE PUBLIC BUT ARE AVAILABLE ON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
EXPLANATION: IN-KIND DONATION OF OFFICE SPACE FROM 2017 TO 2018 PROVIDED BY OREGON	STATE UNIVERSITY FOR \$15,204.
FORM 990, PART XII, LINE 2C:	
EXPLANATION:WE HAVE AN AUDIT COMMITTEE. THERE HAS BEEN NO CHANGE IN EITHER THE OV	ERSIGHT PROCESS OR
THE SELECTION PROCESS DURING THE TAX YEAR.	

Schedule O (Form 990 or 990-EZ) (2016)	
Name of the organization	Employer identification number
	•
······································	
	·

Schedule O (Form 990 or 990-EZ) (2016)