Form 990-PF



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

1808

MB No 1545-0052

2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

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|------------------------|----------------|--|---------------------------------------|--------------|----------------------------------|--|-------------------------------|--|--|
| Fo | rcalend | dar year 2017 or tax year beginning | 09-01 , 2017, a | nd ending | 3 | 08- | 31 , 20 18 | | |
| _ | lame of t | foundation | ·· <u>-</u> | | A Employer identification number | | | | |
| F | . M. | WADE FOUNDATION | | | 93-6021 | 93-6021298 | | | |
| _ | | and street (or PO box number if mail is not delivered to street address) | Ro | om/suite | B Telephone | number (see instructions) | | | |
| 10025 SW ALLEN BLVD | | | | | | (503) 641-1872 | | | |
| _ | | vn, state or province, country, and ZIP or foreign postal code | | | | on application is pending, | check here | | |
| | | RTON, OR 97005-4124 | | | O il exempu | on application is pending, | oncok here | | |
| _ | | | of a former public chant | ν | D 1. Foreign | n organizations, check her | e ▶ [, | | |
| | | Final return Amended ret | · | • | _ | _ | _ | | |
| | | Address change Name chang | | ام | 2. Foreigi | n organizations meeting the here and attach computation | e 85% test, on · · · · ▶ | | |
| _ | Check t | type of organization X Section 501(c)(3) exempt private | | -0 | r | , | | | |
| ΪΓ | _ | | axable private foundation | on J | section 50 | oundation status was term 7(b)(1)(A), check here | | | |
| 士 | | rket value of all assets at J Accounting method | · · · · · · · · · · · · · · · · · · · | Accrual | | | | | |
| | | vear (from Part II, col. (c), Other (specify) | <u> </u> | (Oo) dai | | dation is in a 60-month ter tion 507(b)(1)(B), check hi | | | |
| | line 16) | | on cash hasis) | | under see | 0011 001 (D)(1)(D), 011001 11 | | | |
| | art I | Analysis of Revenue and Expenses (The total of | on odon bacic y | | | | (d) Disbursements | | |
| ب | | amounts in columns (b), (c), and (d) may not necessarily equal | (a) Revenue and expenses per | (b) Net | nvestment | (c) Adjusted net | for charitable | | |
| , | | the amounts in column (a) (see instructions)) | books | ` in | come | income | purposes (cash basis only) | | |
| , | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 8,630 | | | | (| | |
| V. | 2 | Check ► I if the foundation is not required to attach Sch B · · | 8,630 | | | | | | |
| Į | 3 | <u> </u> | | | 20 | | | | |
| 1 | 4 | Interest on savings and temporary cash investments | 30 | | 30 | | | | |
| | 1 - | Dividends and interest from securities | 1,290 | | 1,290 | | 1 | | |
| | 55 | Gross rents | , | | | | | | |
| | 10° | Net rental income or (loss) | | | | | | | |
| Revenue | 4.p | Net gain or (loss) from sale of assets not on line 10 · · · · · | | | | | | | |
| | 70 | Gross sales price for all assets on line 6a | | | | • | | | |
| | MAR-1 | Capital gain net income (from Part IV, line 2) | | | | | | | |
| œ | ₹ | Net short-term capital gain | | | | | | | |
| | | Income modifications | | | | | | | |
| | 10a | Gross sales less returns and allowances · · | | | | | | | |
| | ¥ _P | Less Cost of goods sold · · · · · · · | | | | | | | |
| | ₹° | Gross profit or (loss) (attach schedule) | | • | | | | | |
| 9 | 11 | Other income (attach schedule) | | | | | | | |
| _ | 12 | Total. Add lines 1 through 11 · · · · · · · · · · · · · · · · · · | 9,950 | | 1,320 | | | | |
| | 13 | Compensation of officers, directors, trustees, etc · · · · · | | | | | _ | | |
| enses | 14 | Other employee salaries and wages | | | | | | | |
| e | 15 | Pension plans, employee benefits | | | | | | | |
| × | 16a | Legal fees (attach schedule) | | | | · · · — . | | | |
| and Administrative Exc | b | Accounting fees (attach schedule) | | | | | | | |
| ₽ | С | Other professional fees (attach schedule) · · · · · STM109 | 126 | _ | 63 | | | | |
| tra | 17 | Interest | | | | | | | |
| nis | 18 | Taxes (attach schedule) (see instructions) · · · · STM110 | _ 47 | | | | | | |
| Ē | 19 | Depreciation (attach schedule) and depletion · · · | | | | | | | |
| Add | 20 | Occupancy · · · · · · · · · · · · · · · · · · · | CEIVED | | | | | | |
| Ď | 21 | Travel, conferences, and meetings | SEIVED | | | | | | |
| ā | 22 | Printing and publications | 1 0 2019 | | | | | | |
| Operating | 23 | Other expenses (attach schedule) | | | | | | | |
| rati | 24 | Total operating and administrative expenses. | RS RS | | | | | | |
| Der | _[| Add lines 13 through 23OGD | EN 117 4/73 | | 63 | | 0 | | |
| ō | 25 | Contributions, gifts, grants paid | 7,00 | | | | 7,700 | | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 7,873 | | 63 | | 7,700 | | |
| _ | 27 | Subtract line 26 from line 12 | | | | | | | |
| | а | Excess of revenue over expenses and disbursements . | 2,077 | | • | e | j | | |
| | ь | Net investment income (if negative, enter -0-) | | | 1,257 | | | | |
| | C | Adjusted net income (if negative, enter -0-) | 1 | | | 0 | | | |

| _ | | -PF (2017) R. M. WADE FOUNDATION | Beginning of year | 93-602 End of | | | |
|-----------------------------|-------------|---|-------------------|------------------|--|--|--|
| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| П | 1 | Cash - non-interest-bearing | 102 | (1) 2001111110 | | | |
| | 2 | Savings and temporary cash investments | 21,433 | 23,612 | 23,612 | | |
| | 3 | Accounts receivable | 22,433 | 23,012 | | | |
| | • | Less allowance for doubtful accounts | | | <u> </u> | | |
| | 4 | Pledges receivable | | | | | |
| | • | Less allowance for doubtful accounts | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | • | i i i i i i i i i i i i i i i i i i i | | | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | | | |
| | • | Less allowance for doubtful accounts | | | | | |
| ဖွ | 8 | Inventories for sale or use | | | | | |
| ssets | 9 | Prepaid expenses and deferred charges | | | | | |
| As | | Investments - U S and state government obligations (attach sstredubs | 9,816 | 9,816 | 12,392 | | |
| | | Investments - corporate stock (attach schedule) · · · · STM137 | 15,402 | 15,402 | 25,424 | | |
| - | | Investments - corporate bonds (attach schedule) | | | 20/111 | | |
| | 11 | Investments - land, buildings, and equipment basis | | | | | |
| | •• | Less accumulated depreciation (attach schedule) | | · | <u> </u> | | |
| | 12 | Investments - mortgage loans · · · · · · · · · · · · · · · · · · · | | | - · · · · · · · · · · · · · · · · · · · | | |
| Ì | 13 | Investments - other (attach schedule) | | | | | |
| | 14 | Land, buildings, and equipment basis | | | | | |
| | - | Less accumulated depreciation (attach schedule) | - | <u> </u> | · | | |
| | 15 | Other assets (describe | | | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | <u> </u> | | |
| | | instructions Also, see page 1, item I) | 46,753 | 48,830 | 61,428 | | |
| - | 17 | Accounts payable and accrued expenses | | 40,030 | <u> </u> | | |
| | 18 | Grants payable | | | | | |
| န္တ | 19 | Deferred revenue · · · · · · · · · · · · · · · · · · · | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| ᅙ | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| וַבֿי | 22 | Other liabilities (describe | | | | | |
| ļ | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | | | |
| - | | Foundations that follow SFAS 117, check here | | | | | |
| S | | and complete lines 24 through 26, and lines 30 and 31. | | | | | |
| ည | 24 | Unrestricted | | | | | |
| ē | 25 | Temporanly restricted | | | | | |
| <u>ا</u> ۵۵ | 26 | Permanently restricted | | | • | | |
| 밁 | | Foundations that do not follow SFAS 117, check here · · ▶ X | | | | | |
| 리 | | and complete lines 27 through 31. | | | | | |
| 5 | 27 | Capital stock, trust principal, or current funds | 46,753 | 48,830 | | | |
| Net Assets or Fund Balances | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | ., 3 | | | |
| SSE | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| ا≱ | 30 | Total net assets or fund balances (see instructions) | 46,753 | 48,830 | | | |
| اقِ | 31 | Total liabilities and net assets/fund balances (see | / | | | | |
| _ | | Instructions) | 46,753 | 48,830 | | | |
| | rt III | | | | | | |

2 Enter amount from Part I, line 27a 2,077 3 4 48,830

5 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

48,830

R. M. WADE FOUNDATION

| (a) List and describe | e the kind(s) of property sold (for example, ouse, or common stock, 200 shs MLC Co | real estate, | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|---|--|--|---------------------------------------|--|
| 1a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or o plus expen | | | ain or (loss) s (f) minus (g)) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | <u> </u> | |
| Complete only for assets showing | ng gain in column (h) and owned by the | e foundation on 12 | /31/69 | (I) Gains (C | ol (h) gain minus |
| (i) FMV as of 12/31/69 | as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any | | | | ot less than -0-) or (from col (h)) |
| a | | | | | <u> </u> |
| b | | | | | |
| С | | | | | |
| d | | | | - | |
| е | | | | | |
| 2 Capital gain net income or (net | ranital loss) | enter in Part I, line ter -0- in Part I, line | , | 2 | |
| 3 Net short-term capital gain or (lo | oss) as defined in sections 1222(5) and | d (6) | : | | |
| If gain, also enter in Part I, line 8 | 3, column (c) See instructions If (loss) |), enter -0- ın | 3 | | |
| Part I, line 8 · · · · · · · | <u> </u> | | 5 | 3 | |
| Part V Qualification Un | der Section 4940(e) for Rec | luced Tax on | Net Investme | ent Income | |
| If section 4940(d)(2) applies, leave to Was the foundation liable for the sec | e foundations subject to the section 49 his part blank ction 4942 tax on the distributable amo fy under section 4940(e) Do not comp | unt of any year in t | | | Yes X No |
| 1 Enter the appropriate amount in | each column for each year, see the in | structions before r | naking any entries | · · · · · · · · · · · · · · · · · · · | |
| (a) Base penod years Calendar year (or tax year beginning | in) Adjusted qualifying distributions | Net value of r | (c) nonchantable-use as | | (d) stribution ratio) divided by col (c)) |
| 2016 | 7,70 | 00 | 55,3 | 351 0 | .139112 |
| 2015 | 7,70 | 00 | 53,2 | 214 0 | .144699 |
| 2014 | 7,70 | 00 | 50,8 | 394 0 | . 151295 |
| 2013 | 7,50 | 00 | 48,7 | 791 0 | . 153717 |
| 2012 | 7,50 | 00 | 46,7 | 766 0 | .160373 |
| | | | | 2 0 | .749196 |
| <u> </u> | s 5-year base penod - divide the total o tion has been in existence if less than | - | | 3 0 | .149839 |
| 4 Enter the net value of nonchanta | able-use assets for 2017 from Part X, | line 5 | | 4 | 58,710 |
| 5 Multiply line 4 by line 3 · · · | | | | 5 | 8,797 |
| 6 Enter 1% of net investment inco | me (1% of Part I, line 27b) · · · · | | | 6 | 13 |
| 7 Add lines 5 and 6 | | | | 7 | 8,810 |
| 8 Enter qualifying distributions from | | | | | 7,700 |
| If line 8 is equal to or greater that Part VI instructions | an line 7, check the box in Part VI, line | 1b, and complete | that part using a 1 | % tax rate See the | |

2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes." attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of 3 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes." attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either · By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that Χ conflict with the state law remain in the governing instrument? 7 Χ Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . Enter the states to which the foundation reports or with which it is registered. See instructions. **b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General 8b (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See instructions for Part XIV)? If "Yes," Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their 10

the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4a

| | 990-PF (2017) R. M. WADE FOUNDATI | ON | | | | | | 93-6021 | | Р | age 6 |
|--|---|--------------|-------------------|------------|---------------|------------|------------|---------------------------|--|---------|-------|
| Pai | t VII-B Statements Regarding Activiti | es for ' | Which Form | n 4720 | May Be | Requi | ed (cc | ntınued, |) | , | |
| 5a | During the year, did the foundation pay or incur any an | nount to | | | | - | _ | | | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to influ | ience leg | ıslatıon (sectior | 4945(e) |))? | \cdots [| Yes | X No | | | |
| | (2) Influence the outcome of any specific public election | on (see s | ection 4955), o | r to carry | on, | | _ | | | | |
| | directly or indirectly, any voter registration drive? | | | | | [| Yes | X No | İ | | |
| | (3) Provide a grant to an individual for travel, study, or | other sir | nılar purposes? | • • • | | [| Yes | X No | | | |
| | (4) Provide a grant to an organization other than a ch | antable, e | etc , organizatio | n descn | bed in | _ | | | | | |
| | section 4945(d)(4)(A)? See instructions · · | | | | | [| Yes | X No | 1 | | |
| (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational | | | | | | | | | | | |
| purposes, or for the prevention of cruelty to children or animals? | | | | | | | | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in | | | | | | | | | | | |
| | Regulations section 53 4945 or in a current notice regi | | | | | | | | 5b | | |
| | Organizations relying on a current notice regarding dis | | | | | | | . ▶ 🗍 | | | |
| С | If the answer is "Yes" to question 5a(4), does the found | | | | tax | | | ب | | | |
| - | because it maintained expenditure responsibility for the | | , | | | [| Yes | □ No | | | |
| | If "Yes." attach the statement required by Regulations | • | | | | | | ш | | | |
| 6a | Did the foundation, during the year, receive any funds, | | ` , | av nrem | iums | | | | | | |
| · · | on a personal benefit contract? | • | | | | ſ | Yes | X No | | | |
| b | Did the foundation, during the year, pay premiums, dire | | | | | _ | | <u> </u> | 6b | | X |
| - | If "Yes" to 6b, file Form 8870 | culy of in | directly, on a pe | i sonai b | enem contra | Ct. | | | | - | |
| 7-2 | At any time during the tax year, was the foundation a p | arty to a | prohibited tay c | haltar tra | neaction? | Г | Yes | X No | ŀ | | |
| _ | | • | • | | | _ | | تت | 7b | | |
| | b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | | | | | | | | | | |
| 1 41 | and Contractors | ctors, | musices, i | Valla | ation mai | lagers | ,g | iy i ala i | Linpio | ,,,,,, | , |
| | | | and their can | | ion Con innt | | | | | | |
| 1 6 | ist all officers, directors, trustees, and foundation n | | e, and average | | mpensation | | Contributi | ons to | 4-3 5 | | |
| | (a) Name and address | hou | rs per week | `´(If n | iot paid, | emplo | yee bene | efit plans | (e) Expense account, other allowances | | |
| | 990_OFOV | | ed to position | | ter -0-) | and det | errea com | pensation | | | |
| | N RUSSELL | SECRE | TARY/TREAS | 5 | _ | | | _ | | | _ |
| | 25 SW ALLEN BLVD, OR 97005 | | 0.19 | | 0 | | 0 | | - | | _0_ |
| | ARD H NEWBEGIN, 1 | DIREC | | | | | 0 | | _ | | |
| | S SW AVERY STREET, OR 97062 | | 0.04 | | 0 | | | 0_ | | | |
| TIM | OTHY KALBERG, 1 | PIREC | | | | | | | | | |
| 121: | L SW 5TH AVE. STE 1000, OR 97204 | <u> </u> | 0.04 | | 0 | | 0 | | 0 | | 0 |
| PEN | ELOPE DIEBEL, 13 | ASSIS | TANT DEAN | | | | | | | | |
| | COLLEGE OF AG 206 BEXELL H, 97331 | | 0.04 | | 0 | | | . 0 | | | 0_ |
| | compensation of five highest-paid employees (other | than the | ose included o | n line 1 | - see instruc | tions). I | f none, e | enter | | | |
| | NONE." | | _ | | | | | | | | |
| | | | (b) Title, and a | verage | | | | nbutions to ee benefit | (e) Expe | NCO 20 | oount |
| | (a) Name and address of each employee paid more than \$50 | 0,000 | hours per w | eek | (c) Comper | sation | plans an | d deferred | | allowan | |
| | | | devoted to po | SILIOIT | | | compe | ensation | | | |
| NONE | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | number of other employees paid over \$50,000 · · · | | | | | | | ▶ | | | |
| i vidi | mambal of other employees pala over 400,000 | | | | | | | | | | U |

Form 990-PF (2017)

EEA

| Form 990-PF (2017) R. M. WADE FOUNDATION | | 021298 Page 7 |
|--|--|------------------|
| Information About Officers, Directors, Trustees, Foun and Contractors (continued) | dation Managers, Highly Pa | aid Employees, |
| 3 Five highest-paid independent contractors for professional services. See instru | ictions. If none, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | <u> </u> | |
| Total number of others receiving over \$50,000 for professional services | · · · · · <u>·</u> · · · · · · · · · · · · · | |
| [RartilX:A] Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct chantable activities during the tax year. Include relevant statis organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 SCHOLARSHIP AWARDS ARE GIVEN TO OREGON STATE UNIV. | | |
| WASHINGTON STATE UNIVERSITY & UNIVERSITY OF IDAHO FOR | | |
| AGRICULTURAL AND EDUCATIONAL ADVANCEMENT PURPOSES | | 3,100 |
| TEACHING AWARDS ARE GIVEN TO OREGON STATE UNIVERSITY, AND THE UNIVERSITY OF IDAHO FOR AGRICULTURAL AND | | |
| EDUCATIONAL ADVANCEMENT. | | 3,600 |
| 3 THE OREGON STATE UNIVERSITY IRRIGATION AWARD IS GIVEN | ` | |
| FOR AGRICULTURAL AND EDUCATIONAL ADVANCEMENT PURPOSES. | | |
| | · | 1,000 |
| • | | |
| | | |
| [RartiX:B] Summary of Program-Related Investments (see instru | | |
| Describe the two largest program-related investments made by the foundation during the tax year on 1 NONE | lines 1 and 2 | Amount |
| NONE | | |
| | | o |
| 2 | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | l |

Total. Add lines 1 through 3

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign | found | lations, |
|-----|--|----------|----------------|
| | see instructions) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 38,270 |
| b | Average of monthly cash balances | 1b | 21,334 |
| С | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 59,604 |
| 0 | Reduction claimed for blockage or other factors reported on lines 1a and | | r |
| | 1c (attach detailed explanation) · · · · · · · · · · · · · · · · · · · | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0_ |
| 3 | Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · · | 3 | 59,604 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | İ | |
| | ınstructions) | 4 | 894 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · · | 5 | 58,710 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,936 |
| Pai | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fo | undat | tions |
| | and certain foreign organizations, check here ▶ and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 2,936 |
| 2a | Tax on investment income for 2017 from Part VI, line 5 · · · · · · · · 2a 25 | | |
| b | Income tax for 2017 (This does not include the tax from Part VI) | | |
| С | Add lines 2a and 2b · · · · · · · · · · · · · · · · · · | 2c | 25 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 2,911 |
| 4 | Recoveries of amounts treated as qualifying distributions · · · · · · · · · · · · · · · · · · · | 4 | · |
| 5 | Add lines 3 and 4 | 5 | 2,911 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 2,911 |
| Pai | T XII Qualifying Distributions (see instructions) | | |
| | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 7,700 |
| þ | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | i | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific chantable projects that satisfy the | nm n n n | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | " - |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 7,700 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | i _ | |
| | Enter 1% of Part I, line 27b See instructions | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 7,700 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo | undati | on |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

| Form | 990-PF (2017) R. M. WADE FOUNDATION | | | 93-6021298 | Page 9 |
|------|---|---------------|---------------------------------------|-------------|-------------|
| Pai | t XIII Undistributed Income (see instruct | tions) | | | |
| 1 | Distributable amount for 2017 from Part XI, | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
| | line 7 | | | | 2,911 |
| 2 | Undistributed income, if any, as of the end of 2017 | | | | |
| а | Enter amount for 2016 only | | ····· | | |
| b | Total for prior years, | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | ~ | | | |
| а | From 2012 | ļ | | | |
| b | From 2013 | | | | |
| С | From 2014 · · · · · · 5,182 | | | | |
| d | From 2015 | | | , | |
| 8 | From 2016 | | | | |
| f | Total of lines 3a through e | 25,454 | · · · · · · · · · · · · · · · · · · · | | |
| 4 | Qualifying distributions for 2017 from Part XII, | | | , | |
| | line 4 > \$ 7,700 | | | | |
| a | Applied to 2016, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | ļ | |
| _ | (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election required - see instructions) | | | İ | |
| _ | Applied to 2017 distributable amount | | | | 2,911 |
| e | Remaining amount distributed out of corpus | 4,789 | | | 2,31, |
| 5 | Excess distributions carryover applied to 2017 | 4,709 | | | |
| J | (If an amount appears in column (d), the same | | e e | , | |
| | amount must be shown in column (a) | | | | |
| 6 | Enter the net total of each column as | | | | |
| • | indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 - | 30,243 | | | |
| | Pnor years' undistributed income Subtract | | | | |
| | line 4b from line 2b | , | | | |
| С | Enter the amount of pnor years' undistributed | | | | |
| | income for which a notice of deficiency has | : | | | |
| | been issued, or on which the section 4942(a) | 1 | |] | |
| | tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see instructions | | | | |
| 0 | Undistributed income for 2016 Subtract line | | | | |
| | 4a from line 2a Taxable amount - see | | | | |
| | instructions · · · · · · · · · · · · · L | | | | |
| f | Undistributed income for 2017 Subtract lines | | | | |
| | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2018 | | | | |
| 7 | Amounts treated as distributions out of corpus | - | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | | | |
| 8 | Excess distributions carryover from 2012 not | | | | |
| | applied on line 5 or line 7 (see instructions) · · · | 5,175 | | | |
| 9 | Excess distributions carryover to 2018. | | | | |
| | Subtract lines 7 and 8 from line 6a | 25,068 | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2013 | | | | |
| b | Excess from 2014 | | | | |
| C | Excess from 2015 | | , | | |
| d | Excess from 2016 | | | | |
| - 6 | Excess from 2017 4 , 789 | | | 1 | |

| | | E FOUNDATION | taretare and Dad | VIII A susstan O | 93-602129 | 98 Page 16 | |
|----------|--|---|----------------------------|---------------------------|---------------------|---------------------------------------|--|
| <u> </u> | t XIV Private Operating Four | | | |) | | |
| 1a | If the foundation has received a ruling or o | | | 9 | | | |
| | foundation, and the ruling is effective for 2 | | = | | <u> </u> | 4942(J)(5) | |
| þ | | te whether the foundation is a private operating foundation described in section 4942(j)(3) | | | | | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Pnor 3 years | | (a) Tatal | |
| | income from Part I or the minimum investment return from Part X for | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total | |
| | each year listed | | | | | 1 | |
| ь | 85% of line 2a | | | | | | |
| _ | | | | 1 | | + | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities • | | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | | |
| а | "Assets" alternative test - enter | | | | | | |
| _ | (1) Value of all assets · · · · · | | | | | | |
| | (0) Malar of a contract of the contract of | | | <u> </u> | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | |
| ь | "Endowment" alternative test - enter 2/3 | | | / | | | |
| _ | of minimum investment return shown in Part X, line 6 for each year listed | | | | | | |
| С | "Support" alternative test - enter | | | | | | |
| · | (1) Total support other than gross investment income (interest, | | | | | | |
| | dividends, rents, payments on | | | | | | |
| | secunties loans (section | | | | | | |
| | 512(a)(5)), or royalties) | | | | | | |
| | (2) Support from general public | | | | | | |
| | and 5 or more exempt organizations as provided in | | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | | |
| | (3) Largest amount of support from | | | | | | |
| | an exempt organization · · · · | | | | | | |
| | (4) Gross investment income · · · | | | | | | |
| Part | XV Supplementary Information | tion (Complete t | this part only if th | e foundation had | l \$5,000 or more i | in assets at | |
| | any time during the year | r - see instructio | ons.) | | | | |
| 1 | Information Regarding Foundation Ma | nagers: | | | | | |
| а | List any managers of the foundation who | _ | e than 2% of the total co | ontributions received by | the foundation | | |
| | before the close of any tax year (but only | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | NONE | | | | | | |
| b | List any managers of the foundation who | | | | ortion of the | | |
| | ownership of a partnership or other entity |) of which the foundat | ion has a 10% or greate | er interest | | | |
| | | | | | | | |
| | NONE | | | | | | |
| 2 | Information Regarding Contribution, C | Grant, Gift, Loan. Sch | nolarship, etc., Program | ns: | - | <u> </u> | |
| | Check here ► X if the foundation only | | · - | | | | |
| | | | | | | | |
| | unsolicited requests for funds If the foun | | ants, etc , to individuals | or organizations under | otner conditions, | | |
| | complete items 2a, b, c, and d See instri | | | ·- | | · · · · · · · · · · · · · · · · · · · | |
| а | The name, address, and telephone numb | per or email address o | of the person to whom a | oplications should be ad | ldressed | | |
| | | | | | | | |
| | | | | | | | |
| b | The form in which applications should be | submitted and inform | ation and materials they | should include | | | |
| | | | • | | | | |
| | | | | | | | |
| С | Any suhmission deadlines | | | | | | |
| C | Any submission deadlines | | | | | | |
| d | Any restrictions or limitations on awards, | such as by geographi | cal areas, chantable fiel | ds, kinds of institutions | or other | | |
| _ | factors | | a. Jas, and itable lie | ,5 01 1110110000110, | | | |
| | | | | | | | |
| | | | | | | Form 000 BE (0047) | |
| EEA | | | | | | Form 990-PF (2017) | |

Form 990-PF (2017) R. M. WADE FOUNDATION

[Part XV] Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or A

| 3 Grants and Contributions Paid During the | rear or Approved | 1 101 Future Pa | ayınent | |
|---|--|-------------------------|--|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year OREGON STATE UNIVERSITY FOUNDATION 850 SW 35TH CORVALLIS, OR 97333 | NONE | PC | TEACHING AWARD SCHOLARSHIP AWARD | 3,300 |
| UNIVERSITY OF IDAHO FOUNDATION | | | | |
| PO BOX 443147 | | | TEACHING AWARD | 2 200 |
| MOSCOW, ID 83844 | NONE | PC | SCHOLARSHIP AWARD | 2,200 |
| WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 646242 PULLMAN, WA 99164 | NONE | PC | SCHOLARSHIP AWARD | 2,200 |
| | | | | |
| | | | | |
| Total | | · · · · · · · · · · · · | | 7,700 |
| b Approved for future payment | | | | |
| Total | | | | |

| Form 990-PF (2017) R. M. WADE FOUNDATION Part XVI-A Analysis of Income-Producing A | ctivities | | | 93-602129 | 9Page 1: |
|---|-------------------------|----------------------|--|---------------------|--|
| inter gross amounts unless otherwise indicated | | 1 business income | Excluded by sect | on 512, 513, or 514 | (e) |
| Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| a | 0000 | | | | |
| b | | | | | |
| c | | | ļ | | |
| d | | | | | |
| θ | | | | | |
| f | | _ | + | | |
| g Fees and contracts from government agencies · · · | | | | | |
| 2 Membership dues and assessments | | | | 30 | |
| Interest on savings and temporary cash investments Dividends and interest from securities | | | 14 | 1,290 | |
| Net rental income or (loss) from real estate | | | 14 | 1,290 | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | - |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other than inventory | | | <u> </u> | | |
| Net income or (loss) from special events · · · · · · | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Subtotal Add columns (b), (d), and (e) | | | <u> </u> | 1,320 | |
| | | | | 13 | 1,320 |
| ee worksheet in line 13 instructions to verify calculations) | | | | | |
| Part XVI-B Relationship of Activities to the | | | | | |
| Explain below how each activity for which incon accomplishment of the foundation's exempt pur | | | | | ;) |
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| | | Organization | ns | <u></u> | | | | | | | | |
|---------|--------------|-------------------------|-----------------------------|--|---------------------------------------|-----------------|--------------|---|------------|------------------------------------|-------|--------|
| 1 | Did the or | | | e in any of the following with any | other organiza | tion descri | bed | | | | Yes | No |
| | | | | organizations) or in section 527, r | | | | | | | | 3 |
| | organizati | ons? | , | | • | | | | | | | ' |
| а | Transfers | from the reporti | ng foundation to a no | ncharitable exempt organization of | of | | | | | | | |
| | | | | | | | | | | 1a(1) | | X |
| | (2) Other | assets · · · | | | | | | | | 1a(2) | | Х |
| b | Other tran | sactions | | | | | | | | | | |
| | (1) Sales | of assets to a r | noncharitable exempt | organization | | | | | | 1b(1) | | X |
| | (2) Purch | ases of assets | from a nonchantable | exempt organization | | | | | | 1b(2) | | Х |
| | (3) Renta | I of facilities, eq | uipment, or other as | sets · · · · · · · · · · · · · · · · | | | | | | 1b(3) | | Х |
| | | | | | | | | | | 1b(4) | | Х |
| | | | | | | | | | | 1b(5) | | Х |
| | | | | | | | | | | 1b(6) | | Х |
| С | Sharing of | f facilities, equip | ment, mailing lists, of | ther assets, or paid employees | | | | | | 1c | | Х |
| d | If the ansv | wer to any of the | e above is "Yes," con | nplete the following schedule Co | lumn (b) shoul | ld always s | show the | faır m | arket | | | |
| | | = | | iven by the reporting foundation. I | | | | | | | | |
| | | = | = | nt, show in column (d) the value | | | | | | d | | |
| a) Line | | mount involved | | charitable exempt organization | (d) Descript | | | | | | ngeme | ents |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2a | Is the four | ndation directly o | or indirectly affiliated v | with, or related to, one or more tax | c-exempt organ | nizations | | | | | | |
| | | • | • | 501(c)(3)) or in section 527? | | | | | | ☐ Ye | s X | No |
| | | omplete the follo | , , | | | | | | | ш - | | |
| | | a) Name of organ | | (b) Type of organization | | | (c) Desc | cription | of relati | onship | | |
| | , | , | | (=) .,,, | 1 | | | | | | | |
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| | Under pe | nalties of perjury, I c | fectore that I have examine | I d this return, including accompanying sche an taxpayer) is based on all information of w | dules and statemen | nts, and to the | e best of my | knowle | edge and b | oelief, it is tr | ue, | |
| Sigi | correct, a | | | an taxpayer) is based on all information of w | nich preparer has | any knowledo | ge | | | | | |
| Her | | SAN RUSSEL | usell | 12/19/18 | SECRETARY | //TREAS | URER | | | IRS discuss preparer <u>sho</u> | | |
| 161 | | ature of officer or tru | | Date | Title | -, | ~ | — I | See instr | uctions 🏻 | Yes | ☐ No |
| | | Print/Type prepare | | Preparer's signature | Da | ate / / | | Check | X if | PTIN | | |
| Paid | t | | ENDROFF CPA | A Coldan E | 11CPA | 1/1/ | 16 | self-em | _ | P0012 | 3240 | |
| | parer | Firm's name | DAVID P WEN | IDROFF CPA | | ·/// | Firm's EIN | <u>> = = = = = = = = = = = = = = = = = = =</u> | F.0,00 | <u>,</u> | | |
| | Only | Firm's address | PO Box 877 | TOTAL VIII | <u>-</u> - | | Phone no | | | | | |
| JOU | Cilly | 3 2001 (533 | SEASIDE OR | 97138-0877 | | | | 503 | -784- | 8678 | | |
| EΔ | | I | SEASIDE OR | J.130 0011 | | | | 503 | | Form 99 | 0-PF | (2017) |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

| Name o | Name of the organization Employer identification number | | | | | | |
|-----------|---|------------|---|--------------------|--|--|--|
| R. M. | WADE FOUNDATION | | | 93-6021298 | | | |
| Organi | zation type (check one) | | | | | | |
| | | | | | | | |
| Filers o | of: | Secti | ion: | | | | |
| | | _ | | | | | |
| Form 9 | 90 or 990-EZ | ∐ 5 | i01(c)() (enter number) organization | | | | |
| | | _ | | | | | |
| | | □ 4 | 1947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | | 27 - althoul association | | | | |
| | | ⊔∘ | 27 political organization | | | | |
| Form 9 | 00 PE | ☒ 5 | i01(c)(3) exempt private foundation | | | | |
| r Oilli 3 | 9 0- F f | ⊠ 2 | or(c)(d) exempt private roundation | | | | |
| | | | 947(a)(1) nonexempt chantable trust treated as a private foundation | | | | |
| | | - П | our (a)(1) horiexempt enantable trast treated as a private realisation | | | | |
| | | П 5 | i01(c)(3) taxable private foundation | | | | |
| | | _ | - (-)(-) | | | | |
| | | | | | | | |
| Check | f your organization is cover | red by | the General Rule or a Special Rule. | | | | |
| Note: C | Only a section 501(c)(7), (8) |), or (1 | 0) organization can check boxes for both the General Rule and a Special Ru | ıle See | | | |
| instructi | ons | , | · · | | | | |
| Genera | l Rule | | | | | | |
| | | | | | | | |
| X | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 | | | | | | |
| | or more (in money or propo | erty) fr | om any one contributor. Complete Parts I and II. See instructions for determine | ning a | | | |
| | contributor's total contribut | tions | | | | | |
| Special | Rules | | | | | | |
| | | | | . 4 . 5 4 10 | | | |
| | • | | section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support tes | | | | |
| | | |)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa | | | | |
| | | | d from any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts | | | | |
| | \$5,000 or (2) 2% or the an | HOUHL (| on (i) Form 990, Fait Viii, line III, or (ii) Form 990-62, line i Complete Fait | or and it | | | |
| | For an organization descri | ihed in | section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a | ny one | | | |
| | • | | contributions of more than \$1,000 exclusively for religious, charitable, scien | - | | | |
| | = - | | or for the prevention of cruelty to children or animals. Complete Parts I, II, ar | | | | |
| | morary, or occountries part | , | , | | | | |
| | For an organization describ | ibed in | section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a | ny one | | | |
| _ | | | ributions exclusively for religious, chantable, etc., purposes, but no such | | | | |
| | contributions totaled more | than \$ | 1,000 If this box is checked, enter here the total contributions that were rece | ived | | | |
| | during the year for an excl | lusively | religious, charitable, etc., purpose Don't complete any of the parts unless | the | | | |
| | General Rule applies to the | his orga | anization because it received nonexclusively religious, charitable, etc., contr | ibutions | | | |
| | totaling \$5,000 or more dui | iring the | e year | ▶ \$ | | | |
| | | | | | | | |
| Caution | n: An organization that isn't | t cover | ed by the General Rule and/or the Special Rules doesn't file Schedule B (Fo | rm 990, | | | |
| 990-EZ | , or 990-PF), but it must an | nswer ' | 'No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form | n 990-EZ or on its | | | |
| Form 99 | 90-PF. Part I. line 2, to certif | fy that | it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 9 | 990-PF) | | | |

Name of organization Employer identification number

R. M. WADE FOUNDATION 93-6021298

| Parti | Contributors (see instructions) Use duplicate copi | es of Part i if additional space is i | needed |
|------------|--|---------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1_ | WADECO INC PO BOX 23666 PORTLAND, OR 97281-3666 | \$ 5,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | r | | Person |

| List of Off | icers, Di | rectors, 7 | Trustees, | and Key | Employees |
|-------------|-----------|------------|-----------|---------|------------------|

| 1 List all officers, directors, trustees, and key employees for the year even if they were not compensated. | | | | | | | | |
|---|-------------|---|--|--|--|--|--|--|
| (a) Name and title | (b) Average | (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation | | | | |
| JOHN W NEWBEGIN 1 DIRECTOR | | | | | | | | |
| PO BOX 23666, PORTLAND, OR 97281-3666 | 0.04 | 0 | 0 | 0 | | | | |
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| 2017 PG01 | Employer Identification Number 93-6021298 | STATEMENT #109~ | | | | | |
|-------------------------------|---|------------------------------------|-------------------------|--------------|--|--|--|
| ents | | EES SCHEDULE | CHARITABLE FURPOSE | 0 | | | |
| Federal Supporting Statements | | - OTHER PROFESSIONAL FEES SCHEDULE | ADJUSTED NET INCOME | 0 | | | |
| Federal Su | | - LINE 16 (C) | NET INVESTMENT | 63 | | | |
| | | FORM 990PF - PART I | REVENUE AND EXPENSES | 126 | | | |
| | Name(s) as shown on return R M. WADE FOUNDATION | | DESCRIPTION | BANKING FEES | | | |

| 2017 PG01 | Employer Identification Number 93-6021298 | STATEMENT #110~ | | | | | | | | | | |
|-------------------------------|--|-----------------------------------|----------------------|--|--------|--|--|--|--|--|--|--|
| ing Statements | | - LINE 18 - TAXES SCHEDULE | CHARITABI PURPOSE | 0 0 | 0 0 | | | | | | | |
| Federal Supporting Statements | | FORM 990PF - PART I - LINE 18 - T | NET S INVESTMENT | 20 0 | 47 | | | | | | | |
| | Name(s) as shown on return R. M. WADE FOUNDATION | | RU DESCRIPTION AND 1 | US TREASURY OREGON DEPARTMENT OF JUSTICE | TOTALS | | | | | | | |

Federal Supporting Statements Name(s) as shown on return R. M. WADE FOUNDATION Federal Supporting Statements Employer Identification Number 93-6021298

FORM 990PF - PART II - LINE 10(A) INVESTMENTS: U.S. GOVERNMENT OBLIGATION SCHEDULE

STATEMENT #136

| CATEGORY | BOOK VALUE (BOY) | BOOK VALUE (EOY) | FMV (EOY) |
|--------------------|------------------|------------------|-----------|
| U.S. TREASURY NOTE | 9,816 | 9,816 | 12,392 |
| TOTALS | 9,816 | 9,816 | 12,392 |

| | Federal Supporting Statements | 2017 PG01 |
|----------------------------|-------------------------------|--------------------------------|
| Name(s) as shown on return | | Employer Identification Number |
| R. M. WADE | FOUNDATION | 93-6021298 |

FORM 990PF - PART II - LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDULE

STATEMENT #137

| CATEGORY | BOY | BOOK VALUE | EOY FMV |
|--------------|--------|------------|---------|
| 228 SH INTEL | 5,106 | 5,106 | 10,782 |
| 118 SH PCG | 5,160 | 5,160 | 5,429 |
| 202 SH POR | 5,136 | 5,136 | 9,213 |
| TOTALS | 15,402 | 15,402 | 25,424 |