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

2009

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation PACIFICSOURCE CHARITABLE FOUNDATION, INC		A Employer identification number 93-1100080
	Number and street (or P O box number if mail is not delivered to street address) Room/suite PO BOX 7068		B Telephone number (541) 686-1242
	City or town, state, and ZIP code EUGENE, OR 97401		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 8,377,103.		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	31,530.	31,530.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	18,338.			
	b Gross sales price for all assets on line 6a	2,218,338.			
	7 Capital gain net income (from Part IV, line 2)		18,338.		
	8 Net short-term capital gain				
Operating and Administrative Expenses	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	49,868.	49,868.	0.	
	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	3,272.	0.	0.	0.
	c Other professional fees				
	17 Interest				
	18 Taxes	1,752.	0.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
22 Printing and publications					
23 Other expenses	60.	0.	0.	0.	
24 Total operating and administrative expenses. Add lines 13 through 23	5,084.	0.	0.	0.	
25 Contributions, gifts, grants paid	800,000.			800,000.	
26 Total expenses and disbursements. Add lines 24 and 25	805,084.	0.	0.	800,000.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<755,216.>				
b Net investment income (if negative, enter -0-)		49,868.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash - non-interest-bearing					
	2 Savings and temporary cash investments			326,231.	1,555,269.	1,555,269.
	3 Accounts receivable ▶ 221,834.					
	Less: allowance for doubtful accounts ▶				221,834.	221,834.
	4 Pledges receivable ▶					
	Less: allowance for doubtful accounts ▶					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons					
	7 Other notes and loans receivable ▶					
	Less: allowance for doubtful accounts ▶					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments - U.S. and state government obligations					
	b Investments - corporate stock STMT 6			6,064,205.	4,665,951.	6,600,000.
	c Investments - corporate bonds					
11 Investments - land, buildings, and equipment basis ▶						
Less accumulated depreciation ▶						
12 Investments - mortgage loans						
13 Investments - other						
14 Land, buildings, and equipment basis ▶						
Less accumulated depreciation ▶						
15 Other assets (describe ▶)						
16 Total assets (to be completed by all filers)			6,390,436.	6,443,054.	8,377,103.	
Liabilities	17 Accounts payable and accrued expenses			<4,364.>	1,382.	
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable					
	22 Other liabilities (describe ▶)					
23 Total liabilities (add lines 17 through 22)			<4,364.>	1,382.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	27 Capital stock, trust principal, or current funds			0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds			6,394,800.	6,441,672.	
	30 Total net assets or fund balances			6,394,800.	6,441,672.	
31 Total liabilities and net assets/fund balances			6,390,436.	6,443,054.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,394,800.
2 Enter amount from Part I, line 27a	2	<755,216.>
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 5	3	802,088.
4 Add lines 1, 2, and 3	4	6,441,672.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,441,672.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a GAIN ON SALE OF FUND			P		
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 2,218,338.		2,200,000.	18,338.		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			18,338.		
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	18,338.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	N/A	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	806,300.	8,485,468.	.095021
2007	516,655.	9,563,392.	.054024
2006	650,600.	7,601,804.	.085585
2005	225,600.	6,095,385.	.037012
2004	42,500.	4,120,710.	.010314
2 Total of line 1, column (d)			2 .281956
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .056391
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4 6,140,219.
5 Multiply line 4 by line 3			5 346,253.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 499.
7 Add lines 5 and 6			7 346,752.
8 Enter qualifying distributions from Part XII, line 4			8 800,000.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	499.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	499.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	499.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	320.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	320.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7	9	179.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 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 conflict with the state law remain in the governing instrument?	X	
7 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.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> <u>OR</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

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 Located at ► **PO BOX 7068, EUGENE, OR** ZIP+4 ► **97401**

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b
Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

▶ ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

▶ 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS RELATING TO HEALTH CARE ISSUES.	800,000.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,624,345.
b	Average of monthly cash balances	1b	1,609,380.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,233,725.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,233,725.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	93,506.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,140,219.
6	Minimum investment return. Enter 5% of line 5	6	307,011.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	307,011.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	499.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	499.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	306,512.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	306,512.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	306,512.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	800,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	800,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	499.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	799,501.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				306,512.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006	417,571.			
d From 2007	54,811.			
e From 2008	382,340.			
f Total of lines 3a through e	854,722.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 800,000.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				306,512.
e Remaining amount distributed out of corpus	493,488.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	1,348,210.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,348,210.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006	417,571.			
c Excess from 2007	54,811.			
d Excess from 2008	382,340.			
e Excess from 2009	493,488.			

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
ADJUSTMENT TO PRIOR PERIOD	274.
CHANGE IN UNREALIZED GAIN/LOSS ON SECURITIES	801,814.
TOTAL TO FORM 990-PF, PART III, LINE 3	802,088.

FORM 990-PF	CORPORATE STOCK	STATEMENT	6
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
LINE 10B - INVESTMENT CORPORATE STOCK	4,665,951.	6,600,000.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,665,951.	6,600,000.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH PROVENCHER PO BOX 7068 EUGENE, OR 97401	PRESIDENT 1.00	0.	0.	0.
CLARK COMPTON PO BOX 7068 EUGENE, OR 97401	COMMITTEE CHAIR 1.00	0.	0.	0.
DAVID ABEL, MD PO BOX 7068 EUGENE, OR 97401	MEMBER AT LARGE 1.00	0.	0.	0.
PATRICIA BUCHANAN, MD PO BOX 7068 EUGENE, OR 97401	MEMBER AT LARGE 1.00	0.	0.	0.
MARY MCCAULEY-BURROWS PO BOX 7068 EUGENE, OR 97401	MEMBER AT LARGE 1.00	0.	0.	0.
FLETCHER LITTLE PO BOX 7068 EUGENE, OR 97401	MEMBER AT LARGE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
INTEREST INCOME - MONEY MARKET	31,530.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	31,530.

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	3,272.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	3,272.	0.	0.	0.

FORM 990-PF TAXES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES, LICENSES, FEES	1,752.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	1,752.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	60.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	60.	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTEDLAURA BRENNAN
LBRENNAN@PACIFICSOURCE.COMTELEPHONE NUMBER

541-686-1242

FORM AND CONTENT OF APPLICATIONSMICROSOFT WORD DOCUMENT. ATTACH PROGRAM BUDGET AND MOST RECENT ANNUAL
FINANCIAL STATEMENT.ANY SUBMISSION DEADLINES

ONE MONTH PRIOR TO QUARTERLY MEETINGS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

MUST MEET IRS QUALIFICATIONS FOR NONPROFIT CHARITABLE ORGANIZATION.

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 12

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
CENTER FOR COMMUNITY COUNSELING 1465 COBURG ROAD EUGENE, OR 97401	NONE	170(B)(1)(	25,000.
COLUMBIA RIVER COMMUNITY HEALTH SERVICES PO BOX 397 BOARDMAN, OR 97808	NONE	170(B)(1)(	20,000.
EMERALD KIDSPORTS 2190 POLK STREET EUGENE, OR 97405	NONE	509(A)(2)	20,000.
EUGENE HEARING & SPEECH 1500 WEST 12TH AVENUE EUGENE, OR 97402	NONE	170(B)(1)(	20,000.
FAMILIAS EN ACCION 2710 NE 14TH PORTLAND, OR 97210	NONE	170(B)(1)(	22,750.
HIV ALLIANCE 1966 GARDEN AVENUE EUGENE, OR 97403	NONE	170(B)(1)(	18,110.
THE MEDICAL FOUNDATION OF MARION & POLK COUNTIES 698 12TH STREET, SUITE 230 SALEM, OR 97301	NONE	170(B)(1)(	40,000.
PINE EAGLE CLINIC PO BOX 647 HALFWAY, OR 97834	NONE	170(B)(1)(	25,000.

SOUTHWEST COMMUNITY HEALTH CENTER 7688 SW CAPITOL HIGHWAY, ROOM 37 PORTLAND, OR 97219	NONE	170(B)(1)(	25,800.
COALITION OF COMMUNITY HEALTH CLINICS 619 SW 11TH AVE, SUITE 225 PORTLAND, OR 97205	NONE	170(B)(1)(	40,000.
COMMUNITY ACTION 1001 SW BASELINE STREET HILLSBORO, OR 97123	NONE	170(B)(1)(	10,000.
DE LA SALLE NORTH CATHOLIC HIGH SCHOOL 7528 N FENWICK PORTLAND, OR 97211	NONE	170(B)(1)(	25,000.
DIRECTION SERVICE, INC PO BOX 51360 EUGENE, OR 97405	NONE	170(B)(1)(	22,558.
HEALTH MATTERS OF CENTRAL OREGON 2075 NE WYATT COURT BEND, OR 97701	NONE	170(B)(1)(	40,000.
VOLUNTEERS IN MEDICINE - CLINIC OF THE CASCADES 2300 NE NEFF ROAD BEND, OR 97701	NONE	170(B)(1)(	25,000.
CHILDREN'S COMMUNITY CLINIC 27 NE KILLINGSWORTH STREET PORTLAND, OR 97211	NONE	170(B)(1)(	26,000.
CHILDREN'S RELIEF NURSERY 8425 N LOMBARD STREET PORTLAND, OR 97203	NONE	170(B)(1)(	20,000.
COMMUNITY OUTREACH 865 NW REIMAN AVENUE CORVALLIS, OR 97330	NONE	170(B)(1)(	35,000.

HARM REDUCTION CENTER OF SOUTHERN OREGON 832 W HIGHLAND STREET ROSEBURG, OR 97470	NONE	509(A)(2)	20,000.
LOOKING GLASS YOUTH & FAMILY SERVICES 72-B CENTENNIAL LOOP #2 EUGENE, OR 97401	NONE	170(B)(1)(	26,500.
OUTSIDE IN 1132 SW 13TH AVENUE PORTLAND, OR 97205	NONE	170(B)(1)(	31,000.
PARENT ENHANCEMENT PROGRAM 421 NW 4TH STREET, SUITE A CORVALLIS, OR 97330	NONE	509(A)(2)	15,000.
SOUTH LANE MENTAL HEALTH SERVICES, INC 410 N NINTH STREET COTTAGE GROVE, OR 97424	NONE	170(B)(1)(	40,000.
WHITE BIRD CLINIC 341 EAST 12TH AVENUE EUGENE, OR 97401	NONE	170(B)(1)(	50,000.
AMERICAN CANCER SOCIETY 0330 SW CURRY STREET PORTLAND, OR 97239	NONE	170(B)(1)(	40,000.
THE DENTAL FOUNDATION OF OREGON PO BOX 2448 WILSONVILLE, OR 97070	NONE	509(A)(3)	10,000.
RINEHART HEALTH CENTER PO BOX 176 WHEELER, OR 97147	NONE	509(A)(2)	30,000.
VIRGINIA GARCIA MEMORIAL FOUNDATION AND HEALTH CENTER PO BOX 486 CORNELIUS, OR 97113	NONE	509(A)(3)	30,000.

PACIFICSOURCE CHARITABLE FOUNDATION, INC

93-1100080

VOLUNTEERS IN MEDICINE CLINIC NONE
3321 W. 11TH AVENUE EUGENE, OR
97402

170(B)(1)(47,282.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

800,000.

NON-PROFIT
RESTATED ARTICLES OF INCORPORATION OF
PACIFICSOURCE CHARITABLE FOUNDATION, INC.

The undersigned a natural person over the age of eighteen (18) years acting as Incorporator under the Oregon Non-profit Corporation Law, submits for filing the following Restated Articles of Incorporation:

ARTICLE I

The name of this Corporation is **PacificSource Charitable Foundation, Inc.** and its duration shall be perpetual.

ARTICLE II

The Corporation is a public benefit corporation as defined in Chapter 65 of the Oregon Revised Statutes.

ARTICLE III

The purposes for which the Corporation is organized are as follows:

- 1) For charitable, scientific, or educational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code;
- 2) To provide resources and funds for the health and welfare of the poor and needy and to lessen the burden of government in this regard;
- 3) Notwithstanding any other provisions of these Articles, the Corporation shall not carry on any activity not permitted to be carried on by an organization exempt from federal income tax under § 501(c)(3) of the Internal Revenue Code.

ARTICLE IV

The Corporation shall have no members.

ARTICLE V

The number of Directors of this Corporation shall be at least three (3) but shall not be more than fifteen (15), said number to be set by the Board of Directors.

ARTICLE VI

The provisions for distribution of assets on dissolution or final liquidation are as follows:

Assets of the Corporation remaining after satisfaction of the Corporation's obligations and liabilities shall be distributed to any organization selected by the Corporation's Board of Directors which at the time of distribution is qualified as a 501(c)(3) Corporation under the Internal Revenue Code, and no assets of the Corporation shall inure to any Director or Officer of the Corporation or any other individual.

ARTICLE VII

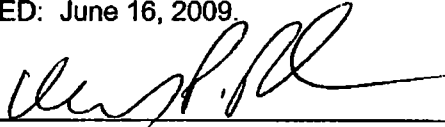
The Corporation shall distribute at least such amounts for each taxable year at such time and in such manner as not to subject the corporation to tax under § 4942 of the Internal Revenue Code of 1986; shall not engage in any act of self-dealing as defined in § 4941(d) of the Internal Revenue Code of 1986; shall not retain any excess business holdings as defined in § 4943(c) of the Internal Revenue Code of 1986; shall not make any investments in such a manner as to subject the corporation to taxes on investments which jeopardize charitable purposes as provided in § 4944 of the Internal Revenue Code of 1986; and shall not make any taxable expenditures as defined in § 4945(d) of the Internal Revenue Code of 1986.

ARTICLE VIII

No part of the net earnings of the Corporation shall inure to the benefit, or be distributable to its directors, officers, or any other private persons except that the Corporation shall be authorized and empowered to pay reasonable compensation for

services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles.

DATED: June 16, 2009.

A handwritten signature in dark ink, appearing to read 'Ken P. Provencher', written over a horizontal line.

Kenneth P. Provencher, President

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	PACIFICSOURCE CHARITABLE FOUNDATION, INC	93-1100080
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	PO BOX 7068	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	EUGENE, OR 97401	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

PETER DAVIDSON

- The books are in the care of ► **PO BOX 7068 - EUGENE, OR 97401**

Telephone No. ► **541-686-1242**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ **X** calendar year **2009** or
- ☐ tax year beginning , and ending .

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	320.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	PACIFICSOURCE CHARITABLE FOUNDATION, INC		93-1100080
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 7068		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions EUGENE, OR 97401		

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PETER DAVIDSON

- The books are in the care of **PO BOX 7068 - EUGENE, OR 97401**

Telephone No. **541-686-1242**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	315.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	320.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Peter Davidson**

Title **CPA**

Date **8-6-2010**

Form 8868 (Rev. 4-2009)