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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury
Internal Revenue Service

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 changeUse the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation

NORTHWEST HEALTH FOUNDATION

FUND II

Number and street (or P O box number if mail is not delivered to street address)

221 NW SECOND AVENUE, SUITE 300

Room/suite

City or town, state, and ZIP code

PORTLAND, OR 97209

A Employer identification number

93-1293344

B Telephone number

503 220-1955

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☒

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationI Fair market value of all assets at end of year
(from Part II, col. (c), line 16)

\$ 27,128,601. (Part I, column (d) must be on cash basis)

J Accounting method

☐ Cash☒ Accrual☐ Other (specify)**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)

1 Contributions, gifts, grants, etc., received

3,843,629.

2 Check ☐ If the foundation is not required to attach Sch B3 Interest on savings and temporary
cash investments

4 Dividends and interest from securities

522,175.

522,175.

STATEMENT 1

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

-575,958.

b Gross sales price for all
assets on line 6a 1,180,601.

7 Capital gain net income (from Part IV, line 2)

0.

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns
and allowances

b Less Cost of goods sold

c Gross profit or (loss)

11 Other income

8,400.

0.

8,400.

STATEMENT 2

12 Total. Add lines 1 through 11

3,798,246.

522,175.

8,400.

13 Compensation of officers, directors, trustees, etc.

245,525.

181,759.

0.

63,766.

14 Other employee salaries and wages

386,836.

0.

0.

386,836.

15 Pension plans, employee benefits

126,192.

41,716.

0.

84,476.

16a Legal fees

STMT 3

429.

117.

0.

312.

b Accounting fees

STMT 4

31,278.

15,880.

0.

15,398.

c Other professional fees

STMT 5

353,044.

88,012.

0.

265,032.

17 Interest

18 Taxes

STMT 6

43,640.

6,366.

0.

37,274.

19 Depreciation and depletion

24,809.

5,924.

0.

20 Occupancy

109,289.

18,274.

0.

91,015.

21 Travel, conferences, and meetings

173,090.

10,564.

0.

162,526.

22 Printing and publications

2,222.

116.

0.

2,106.

23 Other expenses

STMT 7

56,785.

12,617.

0.

44,168.

24 Total operating and administrative
expenses. Add lines 13 through 23

1,553,139.

381,345.

0.

1,152,909.

25 Contributions, gifts, grants paid

5,682,573.

5,682,573.

26 Total expenses and disbursements.
Add lines 24 and 25

7,235,712.

381,345.

0.

6,835,482.

27 Subtract line 26 from line 12

-3,437,466.

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

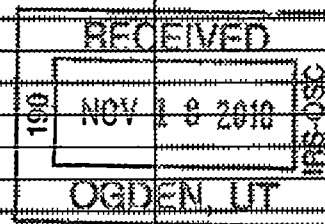
140,830.

c Adjusted net income (if negative, enter -0-)

8,400.

SCANNED DEC 28 2010

SCANNED NOV 29 2010



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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	22,144.	50.	50.
	2	Savings and temporary cash investments	4,750,237.	2,362,066.	2,362,066.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable	89,654.	5,409.	5,409.
	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	48,909.	19,228.	19,228.
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	11,277,020.	9,522,040.	9,180,787.
	c	Investments - corporate bonds STMT 9	5,818,642.	5,818,642.	5,970,511.
Liabilities	11	Investments - land, buildings, and equipment basis ▶			
		Less: accumulated depreciation ▶			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	6,050,000.	6,050,000.	6,705,723.
	14	Land, buildings, and equipment basis ▶			
		Less: accumulated depreciation ▶			
	15	Other assets (describe STATEMENT 11)	1,571,342.	2,884,827.	2,884,827.
	16	Total assets (to be completed by all filers)	29,627,948.	26,662,262.	27,128,601.
	17	Accounts payable and accrued expenses	79,972.	444,733.	
	18	Grants payable	8,172,393.	7,852,771.	
Net Assets or Fund Balances	19	Deferred revenue		426,641.	
	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)	8,252,365.	8,724,145.	
		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	912,232.	1,227,251.	
	25	Temporarily restricted	20,463,351.	16,710,866.	
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances	21,375,583.	17,938,117.	
	31	Total liabilities and net assets/fund balances	29,627,948.	26,662,262.	

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	21,375,583.
2	Enter amount from Part I, line 27a	2	-3,437,466.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	17,938,117.
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	17,938,117.

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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 INVESTMENTS		P	VARIOUS	VARIOUS
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 1,180,601.		1,756,559.	-575,958.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-575,958.
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	-575,958.
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	7,650,132.	27,929,314.	.273910
2007	7,058,118.	30,635,942.	.230387
2006	3,706,085.	21,039,540.	.176149
2005	3,460,801.	14,099,979.	.245447
2004	4,797.	178,652.	.026851

2 Total of line 1, column (d)	2	.952744
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	.190549
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	23,035,636.
5 Multiply line 4 by line 3	5	4,389,417.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,408.
7 Add lines 5 and 6	7	4,390,825.
8 Enter qualifying distributions from Part XII, line 4	8	6,835,482.

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

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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	1,408.
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	1,408.
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	1,408.
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	
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	0.
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. IN TERMINATION	9	SEE 872-B 0.
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 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
1b 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
1c 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 type="checkbox"/> \$ 0. (2) On foundation managers. <input 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 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?		N/A
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 type="checkbox"/> OR		
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? Website address ► NONE	13	X	
14	The books are in care of ► M. DAVID HOOFF Located at ► 221 NW SECOND AVE., SUITE 300, PORTLAND, OR	Telephone no. ► 503-220-1955 ZIP+4 ► 97209		
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)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> N/A	1b	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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) <input type="checkbox"/> 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.) <input type="checkbox"/> 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

X

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
		215,103.	30,423.	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
JUDITH WOODRUFF - 221 NW SECOND, STE 300, PORTLAND, OR 97209	DIR. OF WORKFORCE INITIATIVES 32.00	91,200.	17,419.	0.
JENNIFER FULLER - 221 NW SECOND, STE 300, PORTLAND, OR 97209	PROGRAM ASSOCIATE 40.00	78,000.	16,655.	0.
RENEE JENSEN - 221 NW SECOND, STE 300, PORTLAND, OR 97209	PROGRAM ASSOCIATE 40.00	56,500.	13,586.	0.
CHRIS KABEL - 221 NW SECOND, STE 300, PORTLAND, OR 97209	PROGRAM OFFICER 23.00	52,664.	10,719.	0.

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 N/A	
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.

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	20,530,584.
b	Average of monthly cash balances	1b	2,855,848.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	23,386,432.
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	23,386,432.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	350,796.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,035,636.
6	Minimum investment return. Enter 5% of line 5	6	1,151,782.

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	1,151,782.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,408.
b	Income tax for 2009. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,408.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,150,374.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,150,374.
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	1,150,374.

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	6,835,482.
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	6,835,482.
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	1,408.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,834,074.

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.

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				1,150,374.
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	2,757,013.			
c From 2006	2,670,372.			
d From 2007	5,548,181.			
e From 2008	6,287,002.			
f Total of lines 3a through e	17,262,568.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 6,835,482.				
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				1,150,374.
e Remaining amount distributed out of corpus	5,685,108.			
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:	22,947,676.			
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	22,947,676.			
10 Analysis of line 9				
a Excess from 2005	2,757,013.			
b Excess from 2006	2,670,372.			
c Excess from 2007	5,548,181.			
d Excess from 2008	6,287,002.			
e Excess from 2009	5,685,108.			

NORTHWEST HEALTH FOUNDATION

Form 990-PF (2009)

FUND II

93-1293344

Page 10

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c 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					
e 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:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities 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 (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines



d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>a Paid during the year</div> <div>SEE STATEMENT 15</div>	<div>NONE</div>	<div>PUBLIC</div>	<div>STATEMENT 15</div>	<div>5,682,573.</div>
<div>Total</div>				<div>▶ 3a 5,682,573.</div>
<div>b Approved for future payment</div> <div>NONE</div>				
<div>Total</div>				<div>▶ 3b 0.</div>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee 		Date <u>11/15/10</u>	Title <u>VP-FINANCE</u>
	Preparer's signature 	Date <u>11-15-10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code <u>MCDONALD JACOBS, P.C.</u> <u>520 SW YAMHILL, STE 500</u> <u>PORTLAND, OR 97204</u>		EIN <u></u>	
	Phone no <u>503 227-0581</u>			

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization

NORTHWEST HEALTH FOUNDATION
FUND II

Employer identification number

93-1293344

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
NORTHWEST HEALTH FOUNDATION
FUND II

Employer identification number

93-1293344

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KAISER FOUNDATION HEALTH PLAN NORTHWEST 500 NE MULTNOMAH STREET, SUITE 100 PORTLAND, OR 972322099	\$ 130,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PROVIDENCE HEALTH SYSTEMS PO BOX 13993 PORTLAND, OR 972130093	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ROBERT WOOD JOHNSON FOUNDATION PO BOX 2316 PRINCETON, NJ 08543	\$ 3,047,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JIM MEYER 1211 SW FIFTH AVENUE, SUITE 720 PORTLAND, OR 97204	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CARE OREGON 315 SW FIFTH AVENUE, SUITE 900 PORTLAND, OR 97204	\$ 107,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NORTHWEST HEALTH FOUNDATION 221 NW SECOND AVENUE, SUITE 300 PORTLAND, OR 97209	\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
NORTHWEST HEALTH FOUNDATION
FUND II

Employer identification number

93-1293344

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	OCHIN 707 SW WASHINGTON, SUITE 1200 PORTLAND, OR 97205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	LEGACY HEALTH SYSTEM 1919 NW LOVEJOY PORTLAND, OR 97209	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	STATE OF OREGON 255 CAPITOL ST NE SALEM, OR 97310	\$ 222,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	LAERDAL MEDICAL CORPORATION PO BOX 1840 WAPPINGERS FALLS, NY 12590	\$ 31,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	OHSU AHEC PROGRAM 3181 SW SAM JACKSON PARK ROAD, L 612 PORTLAND, OR 97239	\$ 34,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	OREGON MEDICAL EDUCATION FOUNDATION 11740 SW 68TH PARKWAY, SUITE 100 PORTLAND, OR 97223	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

93-1293344

[illegible]

Name of organization

NORTHWEST HEALTH FOUNDATION

Employer identification number

FUND II

93-1293344

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Form 872-B (Rev. Dec. 2004)	Department of the Treasury - Internal Revenue Service Consent to Extend the Time to Assess Miscellaneous Excise Taxes	In reply refer to: 806045001 Taxpayer Identification Number 83-1293344
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Northwest Health Foundation Fund II _____, taxpayer(s)
(Name(s))

of 1500 S W First Avenue Suite 850, Portland, OR 97201 _____ and the
(Number, Street, City or Town, State, ZIP Code)

Commissioner of Internal Revenue consent and agree to the following:

(1) The amount of liability for Chapter 42 Excise _____ tax, imposed on the taxpayer(s) by
(Kind)

section 4940 of the Internal Revenue Code due for the period 12/31/2006; 12/31/2007; 12/31/2008;
(Internal Revenue Code, Revenue Act, etc.)

12/31/2009 & 12/31/2010 may be assessed at any time on or before May 15, 2015
(Expiration date)

(2) The collection provisions and limitations now in effect will also apply to any tax assessed within the extended period.

(3) The taxpayer(s) may file a claim for credit or refund and the Service may credit or refund the tax within 6 months after this agreement ends.

Your Rights as a Taxpayer

You have the right to refuse to extend the period of limitations or limit this extension to a mutually agreed-upon issue(s) or mutually agreed-upon period of time. Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you may make. If you have not already received a Publication 1035, the publication can be obtained, free of charge, from the IRS official who requested that you sign this consent or from the IRS' web site at www.irs.gov or by calling toll free at 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled.

YOUR SIGNATURE HERE

Thomas D. Schubert

5-15-06
(Date signed)

I am aware that I have the right to refuse to sign this consent or to limit the extension to mutually agreed-upon issues and/or period of time as set forth in U.R.C. § 6501(c)(4)(B).

TAXPAYER'S REPRESENTATIVE

SIGN HERE

I am aware that I have the right to refuse to sign this consent or to limit the extension to mutually agreed-upon issues and/or period of time as set forth in U.R.C. § 6501(c)(4)(B). In addition, the taxpayer(s) has been made aware of these rights. (Date signed)

CORPORATE NAME

Northwest Health Foundation Fund II

CORPORATE OFFICER(S) SIGN HERE

Thomas D. Schubert President
VP Finance
(Title)
(Title)

5-15-06
(Date signed)
5-16-06
(Date signed)

I (we) am (are) aware that I (we) have the right to refuse to sign this consent or to limit the extension to mutually agreed-upon issues and/or period of time as set forth in U.R.C. § 6501(c)(4)(B).

INTERNAL REVENUE SERVICE SIGNATURE AND TITLE

(Division Executive Name - see instructions)

(Division Executive Title - see instructions)

BY

Chris J. Schuman
(Authorized Official Signature and Title - see instructions)

JUN 14 2006
(Date signed)

(Signature instructions are on the back of this form)

www.irs.gov

Catalog Number 61485N

Form 872-B (Rev. 12-2004)

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VARIOUS INVESTMENTS	522,175.	0.	522,175.
TOTAL TO FM 990-PF, PART I, LN 4	522,175.	0.	522,175.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GRANT CONTRACT AND SERVICE FEES	8,400.	0.	8,400.
TOTAL TO FORM 990-PF, PART I, LINE 11	8,400.	0.	8,400.

FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	429.	117.	0.	312.
TO FM 990-PF, PG 1, LN 16A	429.	117.	0.	312.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	31,278.	15,880.	0.	15,398.
TO FORM 990-PF, PG 1, LN 16B	31,278.	15,880.	0.	15,398.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	88,012.	88,012.	0.	0.
PROGRAM EVALUATION SERVICES	102,262.	0.	0.	102,262.
OTHER PROFESSIONAL FEES	162,770.	0.	0.	162,770.
TO FORM 990-PF, PG 1, LN 16C	353,044.	88,012.	0.	265,032.

FORM 990-PF	TAXES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CT 12	1,200.	0.	0.	1,200.
PAYROLL TAXES	42,440.	6,366.	0.	36,074.
TO FORM 990-PF, PG 1, LN 18	43,640.	6,366.	0.	37,274.

FORM 990-PF	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SYSTEMS MAINTENANCE	17,099.	4,040.	0.	13,059.
EQUIPMENT RENTAL AND MAINTENANCE	7,168.	2,196.	0.	4,972.
OFFICE EXPENSES	3,080.	735.	0.	2,345.
SUPPLIES	8,102.	1,838.	0.	6,264.
INSURANCE	2,647.	632.	0.	2,015.
COMMUNICATIONS	2,440.	261.	0.	2,179.
POSTAGE AND DELIVERY	1,989.	156.	0.	1,833.
PARKING	9,428.	2,231.	0.	7,197.
MISC EXPENSE	4,832.	528.	0.	4,304.
TO FORM 990-PF, PG 1, LN 23	56,785.	12,617.	0.	44,168.

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BECKER CAPITAL VALUE	1,325,843.	1,477,655.
BRANDES INTERNATIONAL	1,814,249.	1,640,091.
KALMAR INVESTMENTS	1,372,546.	1,462,318.
VANGUARD	3,599,402.	3,297,421.
WILLIAM BLAIR INTERNATIONAL	1,410,000.	1,303,302.
TOTAL TO FORM 990-PF, PART II, LINE 10B	9,522,040.	9,180,787.

FORM 990-PF	CORPORATE BONDS	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PIMCO	5,818,642.	5,970,511.
TOTAL TO FORM 990-PF, PART II, LINE 10C	5,818,642.	5,970,511.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BLACK DIAMOND	COST	1,050,000.	1,450,403.
COMMON SENSE OFFSHORE	COST	2,000,000.	2,334,729.
WEATHERLOW OFFSHORE	COST	3,000,000.	2,920,591.
TOTAL TO FORM 990-PF, PART II, LINE 13		6,050,000.	6,705,723.

FORM 990-PF	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DUE FROM NORTHWEST HEALTH FOUNDATION	1,571,342.	2,884,827.	2,884,827.
TO FORM 990-PF, PART II, LINE 15	1,571,342.	2,884,827.	2,884,827.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 12
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THOMAS D. ASCHENBRENER 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	PRESIDENT 18.00	109,269.	18,095.	0.
M. DAVID HOOFF 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	VICE PRESIDENT 15.00	75,411.	12,328.	0.
JAMES A. HILL, JD 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	CHAIRMAN 1.30	6,055.	0.	0.
MELVIN A. KOHN, MD 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	VICE CHAIRMAN 0.80	2,107.	0.	0.
RICHARD M. PAGE, CPA 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	TREASURER 1.30	3,394.	0.	0.
LESLEY M HALLICK, PHD 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	SECRETARY 0.50	2,083.	0.	0.
TINA CASTANARES, MD 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	1,114.	0.	0.
DARLEEN ORTEGA, JD 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.50	1,744.	0.	0.
MARK HASS 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	1,332.	0.	0.
NATHALIE JOHNSON, MD 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.50	1,744.	0.	0.
ALISSA KENY-GUYER 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	1,768.	0.	0.

NORTHWEST HEALTH FOUNDATION FUND II

93-1293344

REV. W.J. MARK KNUTSON 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.50	1,695.	0.	0.
NICHOLE MAHER 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	1,405.	0.	0.
JIM MEYER 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	1,332.	0.	0.
HELENA HUANG 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	1,477.	0.	0.
LEDA GARSIDE 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	969.	0.	0.
BECKY GRAHAM 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	DIRECTOR 0.30	1,332.	0.	0.
BRIAN ADAMS 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	FINANCE COMMITTEE 0.13	436.	0.	0.
LAURA BRENNAN 221 NW SECOND AVE. NO. 300 PORTLAND, OR 97204	HEALTH REFORM 0.13	436.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>215,103.</u>	<u>30,423.</u>	<u>0.</u>

990-PF	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT	13
	PART XVII, LINE 1, COLUMN (D)		

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

NORTHWEST HEALTH FOUNDATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

REIMBURSEMENT FOR EXPENSES PAID ON BEHALF OF NORTHWEST HEALTH FOUNDATION
FUND II

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

NORTHWEST HEALTH FOUNDATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

LOAN TO NORTHWEST HEALTH FOUNDATION

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

NORTHWEST HEALTH FOUNDATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

ALLOCATION OF COST FOR SHARED EMPLOYEES, FACILITIES AND EQUIPMENT

990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT	14
	PART XVII, LINE 2, COLUMN (C)		

NAME OF AFFILIATED OR RELATED ORGANIZATION

NORTHWEST HEALTH FOUNDATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

COMMON BOARD MEMBERS AND SHARED FACILITIES.

Part XV, Grants and Contributions Paid During the Year or Approved for Future Payment

Name	Street Address	City	State	Zip	IRC Code	Amount	Purpose
Fair Share Research & Education Fund	6601 NE MLK Jr Blvd	Portland	OR	97211	501(c)(3)	300,000	Build network for people of color to increase health equity
Upstream Public Health	240 N Broadway, Suite 201	Portland	OR	97227	501(c)(3)	250,628	Build campaign for effective strategies to reduce sweetened beverage consumption
Sisters of the Road	133 NW Sixth Avenue	Portland	OR	97209	501(c)(3)	250,000	Build networks to improve lives of those dealing with poverty/homelessness
Arkansas Community Foundation	1400 West Markham, Suite 206	Little Rock	AR	72201	501(c)(3)	250,000	Educate RNs caring for frail older adults
Hinds Community College Development Foundation	501 East Main Street, PO Box 1100	Raymond	MS	39154	501(c)(3)	250,000	Develop education model for nurses caring for perinatal patients
John T. Vucurevich Foundation	2800 Jackson Blvd., Suite 410	Rapid City	SD	57702	501(c)(3)	250,000	Prepare and retain RNs and RN students as partners and mentors
The Blue Foundation for a Healthy Florida, Inc	4800 Deerwood Campus Parkway, 300-4	Jacksonville	FL	32246	501(c)(3)	250,000	Maximize the use of simulation technology in nursing education
The Sangamon County Community Foundation	1 West Old State Capitol Plaza, Suite 816	Springfield	IL	62701	501(c)(3)	250,000	Expand nursing education and decrease waiting lists
Tufts Health Plan Foundation, Inc	705 Mt Auburn Street	Watertown	MA	02472	501(c)(3)	250,000	Expand diversity of nursing education faculty through scholarship support
Vetter Foundation	5020 S. 118th St	Omaha	NE	68137	501(c)(3)	250,000	Improve the quality of geriatric nursing/leadership through certification
Center for Intercultural Organizing	700 N Killingsworth Street	Portland	OR	97217	501(c)(3)	225,000	Engage immigrants/refugees to address social determinants of health
Partnership for Safety and Justice	825 NE 20th Avenue, Suite 250	Portland	OR	97232	501(c)(3)	225,000	Promote prevention based strategies for addiction
Partners for a Hunger-Free Oregon	712 SE Hawthorne Blvd Suite 202	Portland	OR	97214	501(c)(3)	210,000	Advocate for public policies to reduce food insecurity in Oregon
The Children's Institute	1221 SW Yamhill, Suite 260	Portland	OR	97205	501(c)(3)	200,000	Advocate state funding for Early Head Start
West Central Initiative	1000 Western Avenue	Fergus Falls	MN	56537	501(c)(3)	192,240	Increase number of RNs competent in providing care to the elderly
Organizing People, Activating Leaders (OPAL)	2407 SE 49th Avenue	Portland	OR	97206	501(c)(3)	182,273	Address cultural racism in Portland's environmental movement
Neighborhood Partnerships	1020 SW Taylor, Suite 680	Portland	OR	97205	501(c)(3)	150,000	Support advocacy efforts for policies that address asset poverty
The Greater Kanawha Valley Foundation	852 Middle Road Suite 100	Bethendorf	IA	52722	501(c)(3)	139,580	Strengthen Nursing education infrastructure and faculty development
Western States Center	721 NW 9th Avenue, Suite 200	Portland	OR	97209	501(c)(3)	139,580	Implement online service to increase participation in Farm to School programs
VOZ Workers' Rights Education Project	315 SW Fifth Avenue, Suite 202	Portland	OR	97204	501(c)(3)	138,971	Improve opportunities for health in outer southeast Portland
Central City Concern	1600 Huntington Square	Charleston	WV	25301	501(c)(3)	137,659	Provide leadership development for Nurses in West Virginia
Child Advocates, Inc	P O Box 40305	Portland	OR	97240	501(c)(3)	100,000	Eliminate disparities and build equality for people of color and low-income populations
Casa Lelinos Unidos de Benton County	1131 SE Oak St	Portland	OR	97214	501(c)(3)	95,000	Improve the well being of day laborers through leadership development
Oregon Tradeswomen, Inc	232 NW Sixth Avenue	Portland	OR	97209	501(c)(3)	90,000	Support for clean & sober individuals to serve as advocates for recovery & housing
Clark County Health Department	1001 Molalla Avenue, Suite 203	Oregon City	OR	97045	501(c)(3)	82,500	Support for 55 child advocates in Clackamas City criminal justice system
Native American Youth and Family Center	128 SW 9th St	Corvallis	OR	97333	501(c)(3)	50,000	Development support for this new Latino organization's outreach & advocacy agenda
Mulinomah Co. Commission of Children, Families, and Community	1714 NE Alberta Street	Portland	OR	97211	501(c)(3)	50,000	Advocate to end occupational segregation in male dominated construction trades
Organizing People, Activating Leaders (OPAL)	P O Box 9825	Vancouver	WA	98666	Governme	50,000	Advocate for improved nutritional options in Clark County
Innovative Housing, Inc	5135 NE Columbia Boulevard	Portland	OR	97218	501(c)(3)	50,000	Build a teen parent prevention program
Rural Organizing Project	421 SW Oak St, Suite 200	Portland	OR	97204	Governme	50,000	Develop youth councils for school based health centers in mult County
Community Cycling Center	2407 SE 49th Avenue	Portland	OR	97206	501(c)(3)	50,000	Address unequal distribution of transportation burdens in East Portland
Jefferson Regional Healthcare Alliance	219 NW Second Avenue	Portland	OR	97209	501(c)(3)	50,000	Provide asset building opportunities to low-income residents in Portland
Oregon Healthcare Workforce Institute	P O Box 1350	Scappoose	OR	97056	501(c)(3)	50,000	Address social determinants of health for Asian Pacific Islanders
Oregon Simulation Alliance	3934 NE MLK Blvd Suite 202	Portland	OR	97212	501(c)(3)	49,976	Identify and overcome barriers to using bicycles as a regular means of transportation
Community Health Partners	315 SW Fifth Avenue, Suite 202	Portland	OR	97204	501(c)(3)	49,926	Develop strategies to make farmer's markets more accessible to low-income customers
	221 NW Second Avenue, S 300	Portland	OR	97209	501(c)(3)	12,162	Operating capacity grant
	221 NW Second Avenue, S 300	Portland	OR	97209	501(c)(3)	206,790	Operating capacity grant
	221 NW Second Avenue, S 300	Portland	OR	97209	501(c)(3)	118,468	Operating capacity grant
	315 SW Fifth Avenue, Suite 202	Portland	OR	97204	501(c)(3)	(23,600)	Return of unused funds for support in providing results on various health programs
						5,682,573	

- 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 NORTHWEST HEALTH FOUNDATION FUND II	Employer identification number 93-1293344
	Number, street, and room or suite no. If a P.O. box, see instructions. 221 NW SECOND AVENUE, SUITE 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97209	

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.

M. DAVID HOOFF

- The books are in the care of **221 NW SECOND AVE., SUITE 300 - PORTLAND, OR 97209**
Telephone No. **503-220-1955** 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 OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE 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	\$	0.
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	\$	0.
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 **▶**

Title **▶ CPA**

Date **▶**

Form **8868** (Rev. 4-2009)