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Department of the Treasury

SCANNED JUN 03 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

	1010	TIGO CAIVICO	The organization, increase a copy of this retain to causiy class	o roporting rodalionionio	inspection				
<u>A I</u>	For the	e 2009 cal	lendar year, or tax year beginning and ending						
В	Check if applicable	use IRS	C Name of organization	D Employer identifi	ication number				
	Addre chang	print or	PORTLAND VA RESEARCH FOUNDATION						
	Name chang	type	Doing Business As	94-3	090170				
	Initial return		Number and street (or P.O. box if mail is not delivered to street address) Room/sui						
	Termii ated Amen	n- Specific Instruc-	P.O. BOX 69539	(503) 273-5228				
Ļ	ireturn		City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>4,386,631.</u>				
	Application pendication	,, 	PORTLAND, OR 97239	H(a) Is this a group r	eturn Yes X No				
F Name and address of principal officer SHELLEY COBB for affiliates?									
		SAM	E AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No				
1.	Гах-ех	empt statu	us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)				
<u>J '</u>	Websi	te: 🕨 VI	SN20.MED.VA.GOV/PORTLAND/RESEARCH	H(c) Group exempted	on number				
<u>K </u>	orm of	forganizatio	n: X Corporation Trust Association Other Ve		M State of legal domicile: OR				
Pa	art I	Summa	ary						
	1	Briefly des	scribe the organization's mission or most significant activities. SUPPORT M	EDICAL RESEA	RCH AND				
Activities & Governance		EDUCA							
Ē	1		s box if the organization discontinued its operations or disposed of mo	ore than 25% of its net a	esets				
Š	l .		f voting members of the governing body (Part VI, line 1a)	1	10				
ၓ	4	Number	f independent voting members of the governing body (Part VI, line 1b)	EIVED 3	9				
ර ග			ther of employees (Part V, line 2a)						
ţį	1		11 00 11	to l	100				
ξij	1		Del di volunteers (estimate il necessary)		0				
Ş	1	-	is difference business revenue from Part VIII, column (C), line 12	7a	0.				
_	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	0.				
Revenue				Prior Year	Current Year				
	1		ons and grants (Part VIII, line 1h)	2,350,386.	2,225,958.				
	9	Program s	service revenue (Part VIII, line 2g)	2,347,294.	1,746,924.				
ě	10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)	<u>455,663.</u>	413,749.				
_	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58.					
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,153,401.	4,386,631.				
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)		381,224.				
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)						
ø,	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,392,753.	2,621,411.				
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		2,022,1220				
be			Iraising expenses (Part IX, column (D), line 25)						
Ж			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,115,168.	1,915,472.				
				4,507,921.	4,918,107.				
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
<u> </u>	19	neveriue i	ess expenses Subtract line 18 from line 12	645,480.	-531,476.				
Net Assets or Fund Balances	-	T-4-1		Beginning of Current Year	End of Year				
Asse Bali	20		ets (Part X, line 16)	<u> 11,415,587.</u>	10,751,762.				
int/	21		ities (Part X, line 26)	547,251.	450,077.				
7	<u> 22</u> art		s or fund balances. Subtract line 21 from line 20	<u> 10,868,336.</u>	10,301,685.				
	11 L II	· · · · · · · · · · · · · · · · · · ·			<u>.</u>				
		and complet	lties of perjury, I declare that I have examined this return, including accompanying schedules and statement te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	s, and to the best of my knowled ge	ge and belief, it is true, correct,				
			Sharlandon	5/	2 1,0				
Sig	n	<u> </u>	JULIAN LANGE		9/10				
Her	е	► Sign	atture of officer	Date	•				
			ELLEY COBB, EXECUTIVE DIRECTOR						
		Туре	or print name and title						
Paid	ı	Preparer's		Check If Prepar	er's identifying number structions)				
	oarer's	signature	- 1/ 0/0 e	employed >	-				
	Only	Firm's name yours if	GARI MUGEE & CO.	EIN ►					
USE	Jilly	self-employe							
_		address, and ZIP + 4	PORTLAND, OREGON 97204-2130	Phone no. ▶ (503) 222-2515				
Ma	the IF	RS discuss	s this return with the preparer shown above? (see instructions)	1	Yes No				
	01 02-0		A For Privacy Act and Paperwork Reduction Act Notice, see the separate in	structions.	Form 990 (2009)				
	0				. 5 555 (2003)				

Pa	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission. SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code.) (Expenses \$ 4,249,536. including grants of \$ 381,224.) (Revenue \$ 1 RESEARCH - ADMINISTERED AND CONDUCTED RESEARCH PROJECTS THAT IN THE HEALTH OF OUR VETERANS.	
4b	(Code) (Expenses \$ 247,793. including grants of \$) (Revenue \$ EDUCATION - ADMINISTERED AND CONDUCTED EDUCATION ACTIVITIES THE TRANSPORTER AND PARTIENTS	10,559.) HAT
	IMPROVE THE EDUCATION OF VA STAFF AND PATIENTS.	
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
		
4d	,	
46	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ \$ 4,497,329.	
<u>4e</u>	Total program service expenses ▶ \$ 4,497,329.	

			_Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	3T /	7.
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_X_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	-		<u> </u>
·	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		
	If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X		_	
	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			_
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
10	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Sthe propagation a school decomposition 170/b/(1/VA)/92 (5 1/Va) Complete School School			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
b	and program service activities outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part I</i>	المدا		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> X</u>
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form 9	990 (2	2009)

Form 990 (2009) PORTLAND VA RESEARCH FOUNDATION

Part IV Checklist of Required Schedules (continued) 94-3090170 Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			_
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
٠	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		- 21
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 12
31	If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	00		x
22	·	32		_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		₩.
04		_33_		X
34	Was the organization related to any tax-exempt or taxable entity?			•
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			47
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	(
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	9 90 (2009)

Form 990 (2009) PORTLAND VA RESEARCH FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

15 Enter the number reported in Box 3 of Form 1096, Annual Summany and Transmittal of U.S. Information Returns. Enter 0: if not applicable 10.0 bit formation Returns. Enter 0: if not applicable 10.0 bit formation Returns. Enter 0: if not applicable 10.0 bit formation Returns. Enter 0: if not applicable 10.0 bit for organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) without with mey sear covered to the organization of enter the number of forms with the year covered by this return 10.0 bit fall teast one is reported on line 2a, did the organization of leaf required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-fire this return, see instructions; 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-fire this return, see instructions; 3c. All any time during the calendary year, did the organization have a miner still, or a signature or other authority over, a financial account in a foreign country; fluxch as a bank account, securities account, or other financial account? See the instructions for exceptions and filing sequirements for form 10.7 by 0.22.1, Report of Foreign Bank and Financial Accounts William of the organization and party to a prohibited tax shelter transaction? By If Yes, 1 did the organization in that it was or is a party to a prohibited tax shelter transaction? Country outhorisons that were not tax deductible? If Yes, 1 did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? If Yes, 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If Yes, 3 did the organization h				1							
U.S. Information Returns Enter 0- if not applicable Enter the number of forms WaS (ancluded in the 1a. Enter-0- if not applicable Obtate organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1. If a sum of lines 1a and 2 as is greater than 250, you may be required to e-file this return. (see instructions) 3. Did the organization have unfeated business gross income of \$1.000 or more dumps the year covered by this return? 3. A line of the sum of lines 1a and 2 as is greater than 250, you may be required to e-file this return, (see instructions) 3. Did the organization have unfeated business gross income of \$1.000 or more dumps the year covered by this return? 3. A line of the sum of the form 900-Tor the year? If "No." provide an explanation in Schedule 0 4. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a formation of the foreign country (such as a bank account, securities account, or other financial account; a financial Accounts 5. Was the organization a party to a prohibited tax shelter transaction of Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts 6. Was the organization and it is was or is a party to a prohibited sus shelter transaction? 6. If "Yes," to line 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 7. If "Yes," to line 5 are 5b, did the organization that it was or is a party to a prohibited the organization solicit any contributions that were not tax deductible? 8. If "Yes," and the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 9. If "Yes," indicate the number of Forms 8282 filed duming the year 9. If "Yes				Yes	No						
be finite the number of Forms W-26 included in line 1s. Enter 0-4 not applicable Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file this return. (See instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4b. If Yes, 1 and 1 filed a Form 950 Tor this year If 10°, provide an explanation in Schoulz O 4c. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial Accounts See the instructions for exceptions and filing requirements for Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization in exceptions and filing requirements for Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization of the displacement of Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts 6 Did any strakele party notify the organization file Form Baseler transaction? 7 To Typical Typical Typical Typical Typical Typical Typical	1a	· · · · · · · · · · · · · · · · · · ·									
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withinings to prize winners? 28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return. 29 X 8 Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return. 8 Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year did the organization flave unique the calendary year did the organization flave unique the calendary year did the organization have unique to e-rife this return. (see instructions) 8 January 10 January 10 January 11 January 11 January 12 January 12 January 12 January 12 January 12 January 13 January 13 January 14 January 14 January 15 January 1											
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 10 2 2 100 2 2 100 2 2 100 2 2 2 100 2 2 2 2 100 2 2 2 2 2 2 2 2 2		· · · · · · · · · · · · · · · · · · ·									
2a Enter the number or employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on Ine 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife this return. (see instructions) 3a Did the organization have unrelated business gross income of \$10,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990 F1 or this year? If "No.," provide an explanation in Schedule O 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. [In No.] provide an explanation in Schedule O 5d At any time during the calendar year, did the organization have an interest in. Or a signature or other authority over, a financial Accounts 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction? 5d Doss the organization aparty to a prohibited tax shelter transaction? 5d Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 1d the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the year and year they are the payor? 7d If "Yes," indicate the number of Forms 8282 field during the year. 1d If the organization and year than \$100,000 and year prohibited tax shelped tax shelped tax shelped tax shelped tax shelped tax shelped tax s	С			.							
freed for the calendary year ending with or within the year covered by this returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-fife this return. (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 10. If 'Yea,' has 1 fife a form 995 For this year? If 'No.,' provide an explanation in Schedule O 11. Yeas,' and at 1 fife a form 995 For this year? If 'No.,' provide an explanation in Schedule O 12. A larty time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)? 13. A larty time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 15. Was the organization a party to a prohibited tax shelter transaction? 15. Was the organization aparty to a prohibited tax shelter transaction? 15. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 16. Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 16. If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 16. Organizations that may receive deductible contributions under section 170(c). 17. If yes,' did the organization notify the donor of the value of the goods or services provided? 18. Organization may be year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 18. Organization make any taxable distributions under section 4968	0-		<u>1C</u>								
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			12a								
	<u>~</u>	120	Form	990 /	วกกดา						

Form 990 (2009) PORTLAND VA RESEARCH FOUNDATION 94-3090170 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<u>Sec</u>	tion A. Governing Body and Management						
_	Fatantha a sub- of above while a fill	1.	1	ام م		Yes	No
_	Enter the number of voting members of the governing body	1a		10			
b	Enter the number of voting members that are independent	<u>1b</u>		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip wit	n any otner		•		.
_	officer, director, trustee, or key employee?			-	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	ie uir	ect supervision				.
4	of officers, directors or trustees, or key employees to a management company or other person?	0	OO waa filado	}	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		90 was meur	-	4		X
5 6	Did the organization become aware during the year of a material diversion of the organization's asse	ilo r		-	5 6		X
7a	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more mi	ombo	re of the	-	0		^
7 a	governing body?	embe	is of the		7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	reone	.2	Ė	7b	Х	^
8	Did the organization contemporaneously document the meetings held or written actions undertaken			ŀ	10	Λ	
Ŭ	by the following:	· Guiii	ig the year				
9	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?			ŀ	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	acher	l at the	ŀ	OD	7.	
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrice	a at the		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code)			<u> </u>	
	trest DTT Office (This occitan B requests information about policies not required by the internal	10,000	<u>uc couc /</u>			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			[10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	char	oters affiliates	Ì	<u> 10u</u>		 -
-	and branches to ensure their operations are consistent with those of the organization?		rtoro, armatoo,	i	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina t	he form?	İ	11	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5		İ			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld g	ve rise	Ì			
	to conflicts?				12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe	ĺ			
	in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	Х	
14	Does the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by	ındependent	Ī			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official			l	15a	X	<u> </u>
b	Other officers or key employees of the organization			Į	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization and the organization adopted as written policy or procedure requiring the organization and the organization adopted as written policy or procedure requiring the organization and the organization adopted as written and the org	aluate	ts participation	ı			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganıza	ition's				•
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶OR						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (50	l(c)(3)s only) ava	ılable	for		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflu	ct of interest pol	icy, an	d fina	ncial	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the org	anızat	on.		
	SHELLEY COBB - 503-273-5228						
	P.O. BOX 69539, PORTLAND, OR 97239						

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours	(c		alit			ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SHARON ANDERSON, M.D. DIRECTOR	1.00	x						0.	0.	0.
JAMES TUCHSCHMIDT, M.D. DIRECTOR	1.00	x						0.	0.	0.
DAVID STOCKWELL DIRECTOR	1.00	х						0.	0.	0.
CHRISTOPHER CUNNINGHAM, DIRECTOR	1.00							0.	0.	0.
MICHAEL P. DAVEY, M.D. DIRECTOR	1.00							0.	0.	0.
JOHN DRYDEN, M.D. DIRECTOR	1.00							0.	0.	0.
MICHAEL FISHER DIRECTOR	1.00							0.	0.	0.
KELLY GOUDREAU, R.N., PH DIRECTOR	1.00	х						0.	0.	0.
MOLLY OSBORNE, M.D., PHD DIRECTOR	1.00							0.	0.	0.
KENT THORNBURG, PHD. DIRECTOR	1.00	x						0.	0.	0.
JAMES EDWARDS, M.D. CHAIRPERSON	1.00	x		x				0.	0.	0.
DAVID H. HICKAM, M.D. PRESIDENT	5.00	х		x				21,626.	0.	1,298.
SHELLEY COBB EXECUTIVE DIRECTOR	40.00			x				93,676.	0.	15,091.
							_			
			<u> </u>							000

Form **990** (2009)

Form 990 (2009) PORTLAND	VA RESI	EAI	RCI	1 I	<u>70</u> 7	JNI)AC	TION	94-30	901	70	Page 8
Part VII Section A. Officers, Directors, Tru	Į.	nplo	yee			ligh	est	1	ees (continued)	-		
(A) Name and title	(B) Average						(D) Reportable	(E) Reportable		(F Estim	•	
	hours per		neck	all 1	that	app	ly)	compensation from	compensation from related	١	amou	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	omper from organi and re	nsation the zation
											_	
												-
			_									
Total Total number of individuals (including but n	0.0 linesteed 4.0 Ale		1.040			<u> </u>		115,302.	'	0.	16,	389.
2 Total number of individuals (including but n compensation from the organization	ot ilmited to tr	iose	iiste	eo ai	DOVE	e) wr	10 r	eceived more than \$100	,000 in reportable			0
O Daliba annonatan batan d	4										Ye	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, ke	y em	plo	yee,	or r	highest compensated ei	nployee on	.	3	x
4 For any individual listed on line 1a, is the su		le co	mp	ensa	ation	and	d ot	her compensation from	the organization	<u> </u>	-	<u>^</u>
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	° co	mple	ete S	Sche	edule	e J f	for such individual	-	<u> </u> -	1	X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	unr	elat	ted organization for serv	ices rendered to		5	x
Section B. Independent Contractors												
Complete this table for your five highest co the organization.	mpensated inc	depe	nde	ent c	ontr	acto	ors t	that received more than	\$100,000 of comp	ensatio	on fron	n
Name and business								(B) Description of s		Com	(C) pensa	ition
U.S. DEPARTMENT OF VETERALSW US VETERANS HOSPITAL,	PORTLA	ND,	, (DR		10	_	MEDICAL RESE SERVICES		4	181,	963.
OREGON HEALTH SCIENCE UNI		-						MEDICAL RESE SERVICES			257,	505.
UNIVERSITY OF COLORADO P.O. BOX 238, DENVER, CO	80291							MEDICAL RESE		1	46,	865.
POLAR CRYOGENICS, INC. P.O. BOX 82039, PORTLAND	OR 972	282	2					GAS USAGE, C RENTAL	YLINDER	1	12,	030.
2 Total number of independent contractors (ii	-	ot lır	nite	d to		se lis	sted	d above) who received in	nore than			

	990 rt V I	(2009) PORTI	AND VA R	ESEARCH	FOUNDATION		94-3090	170 Page 9
			lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gransimilar amounts not included abor 	its, and live 1f	1,445,686,				
Con	-	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1f \$	—	2225958.	:		
Program Service Revenue		CLINICAL RESEAR		Business Code 541700		1746924.		
ram Reve	d							
rog	е							
_	1	All other program service reversed. All other program service reverse.	enue		1746924.		<u> </u>	
	3	Investment income (including	dividends, inter	est, and	1/405241			
		other similar amounts)		•	413,749.			413,749.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6 a	Gross Rents	(i) rical	(ii) i cisoriai	1			
	b	Less rental expenses						
	c	Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
	7 a	a Gross amount from sales of	(i) Securities	(II) Other	4			
		assets other than inventory			+			
İ	C	Less cost or other basis and sales expenses						
	c	Gain or (loss)			1			
		Net gain or (loss)		▶	1			
une		 Gross income from fundraisin including \$ 	-					
Other Revenue	b	contributions reported on line Part IV, line 18 Less. direct expenses						
0		Net income or (loss) from fund	draising events					
	9 a	a Gross income from gaming ad						
		Part IV, line 19	a		_			
		 Less direct expenses Net income or (loss) from gan 	b bana actuation		-			
		Gross sales of inventory, less						
1		and allowances	а					
	b	Less: cost of goods sold	b					
+		Net income or (loss) from sale						
}		Miscellaneous Revenu		Business Code	4			
	11 a					-		
	b							
	d							
	е	Total. Add lines 11a-11d						
93200	12	Total revenue See instructions.			4386631.	1746924.	0.	
02-04	-10							Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	381,224.	381,224.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22	ĺ			_					
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	131,691.		131,691.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	2,026,920.	1,929,777.	97,143.						
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)	61,937.	58,332.	3,605.						
9	Other employee benefits	206,230.	182,739.	23,491.						
10	Payroll taxes	194,633.	175,993.	18,640.						
11	Fees for services (non-employees).									
а	Management			į						
b	Legal									
С	Accounting	24,238.		24,238.						
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other	704,190.	658,038.	46,152.						
12	Advertising and promotion									
13	Office expenses	52,724.	15,832.	36,892.						
14	Information technology									
15	Royalties .									
16	Occupancy									
17	Travel	146,201.	137,959.	8,242.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	33,363.	31,482.	1,881.						
19	Conferences, conventions, and meetings	140,477.	31,482. 136,917.	1,881. 3,560.						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	79,127.	75,962.	3,165.						
23	Insurance	7,331.		7,331.						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
я	LABORATORY SUPPLIES	399,242.	399,242.							
b	NITROGEN, GASES	123,055.	123,055.							
c	SMALL RESEARCH EQUIP.	76,992.	73,460.	3,532.						
d	Diame Hebblacon agost v	,		-,,,,,,,						
e										
f	All other expenses	128,532.	117,317.	11,215.						
25_	Total functional expenses. Add lines 1 through 24f	4,918,107.	4,497,329.	420,778.	0.					
26	Joint costs. Check here J If following									
	SOP 98-2. Complete this line only if the organization		•							
	reported in column (B) joint costs from a combined		Ì	Ì						
	educational campaign and fundraising solicitation									
					- 000 ()					

Pa	rt X	Balance Sheet		- 	<u> </u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	21,181.
	2	Savings and temporary cash investments		8,877,610.	2	7,752,903.
	3	Pledges and grants receivable, net		622,068.	3	658,541.
	4	Accounts receivable, net	i	305,743.	4	500,706.
	5	Receivables from current and former officers, di	rectors, trustees, key	<u> </u>		
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L	(6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges	·	30,789.	9	20,361.
	I -	Land, buildings, and equipment cost or other	1 1	30,703.	-	20,301.
		basis Complete Part VI of Schedule D	10a 767,250.			
	h	Less: accumulated depreciation	10b 370,666.	475,711.	40-	396,584.
	11	Investments - publicly traded securities	370,000	4/3,/11.		330,304.
	12	Investments - other securities. See Part IV, line 1	1,103,666.	11	1,401,486.	
	13	Investments - other securities, see Part IV, line	1,103,000.	12	1,401,400.	
	14	Intangible assets		13		
		•			14	
	15	Other assets. See Part IV, line 11	-11	11 415 507	15	10 751 760
	16	Total assets. Add lines 1 through 15 (must equa	ar line 34)	11,415,587.	16	10,751,762.
	17 18	Accounts payable and accrued expenses	491,677.	17	434,927.	
		Grants payable		18		
	19	Deferred revenue	ł		19	
	20	Tax-exempt bond liabilities		 	20	
Liabilities	21	Escrow or custodial account liability Complete I	ľ		21	
ij	22	Payables to current and former officers, director	• • • • •			
Lia		highest compensated employees, and disqualific	ed persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities Complete Part X of Schedule D	}	55,574.	25	15,150.
	26	Total liabilities. Add lines 17 through 25	. (=)	547,251.	26	<u>450,077.</u>
		Organizations that follow SFAS 117, check he	ere ▶ LXJ and complete			
Ses		lines 27 through 29, and lines 33 and 34.				
au	27	Unrestricted net assets		9,934,759.	27	9,215,879.
Bal	28	Temporarily restricted net assets	,	933,577.	28	1,085,806.
5	29	Permanently restricted net assets			29	
Ξ.		Organizations that do not follow SFAS 117, cl	neck here 🕨 📖 and			
ğ		complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		10,868,336.	33	10,301,685.
	34	Total liabilities and net assets/fund balances		11,415,587.	34	10,751,762.

10,751,762. Form **990** (2009)

Form	990 (2009) . PORTLAND VA RESEARCH FOUNDATION 94-309	0170	Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

lame of	the organizati	on						E		dentification	
			D VA RESEARC						94	<u>-30901</u>	.70
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part) See inst	tructions			
he orga	nization is not a	a private foundation	because it is: (For lines 1	1 through 1	11, check	only one b	ox)				
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).			
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 📖	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 X	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	e hospital's	name,
	city, and stat	e: <u>PORTLAND</u>	VA MEDICAL C	ENTER	, POR	TLAND	, ORE	GON			
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	it describe	d ın	
	section 170(b)(1)(A)(iv). (Complete Part II)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 🗔	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								bed in		
	section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8 🗆	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	ip fees, and	d gross rece	epts from
	activities rela	ted to its exempt fui	nctions - subject to certa	an excepti	ons, and (2) no more	than 33 1	1/3% of its	s support f	rom gross ir	vestment
	income and i	ınrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization at	fter June 30	, 1975.
	See section	509(a)(2). (Complete	e Part III)								
10 🗔	An organizati	on organized and o	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	1) .			
11 🗀	An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes of	one or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509((a)(3). Che	ck the box t	hat
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h					
	a Type	b	Type II o	тур 🗀 г	e III - Fund	tionally inf	tegrated		d	Type III - Ot	her
е 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons othe	r than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	ection 509(a	a)(2)
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	nis box								
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?	_	
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and ((III) below,		Yes No
	the gov	erning body of the s	upported organization?							11g(i)	
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıonı	(s)						
						y					
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iii) Type of (iv) Is the organization (v) Did you notify the organization organization in col. (i) listed in your organization in col.			s the	(vii) Amo	unt of		
org	janization		(described on lines 1-9	in col. (i) lis				(i) organiz	ed in the	suppo	ort
		above or IRC section (described on lines 1-9 governing document? (i) of your support? U.S.?									
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No		
								1			
				-				 	 		
							_	-			
					1						
				 			 	 	++		
		<u> </u>	 	 				-	 		
				 		 		 	 -		
otal								1			

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

Schedule A (Form 990 or 990-EZ) 2009

<u> </u>	(Complete only if you checke	d the box on line s	5, 7, or 8 of Part I)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support		_r	,			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			 		ļ	
8	Gross income from interest,		İ				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		i				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			ļ. <u>.</u>		 	
11	Total support. Add lines 7 through 10			<u> </u>	<u>. </u>	, 	
12	· ·	· ·	=			12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
<u></u>	organization, check this box and stor		vaanta				
	ction C. Computation of Publ					-, ,	
	Public support percentage for 2009 (•	column (f))		14	
	Public support percentage from 2008	· ·	•			15	%
16a	33 1/3% support test - 2009.If the o	•		· ·	14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies		•				▶ L
t	33 1/3% support test - 2008.If the o	_			line 15 is 33 1/39	6 or more, check th	is box
	and stop here. The organization qual	•	• • • •				▶∟⊥
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac			-		art IV how the orgar	nization
	meets the "facts-and-circumstances"	-	· ·		•	47	▶∟_
t	10% -facts-and-circumstances tes	-				•	
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ						. 🔭
16	Private foundation. If the organization	прина посспеска	DOX OIT HITE 13, 16	οα, 10υ, 17a, 0r 17		and see instruction	

Section A. Public Support				(
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and			(0)	(4) = = =	10/200	()/-5-44.
membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support					<u> </u>	
Calendar year (or fiscal year beginning in)▶∟	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		,				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2009 (lin	e 8, column (f) c	divided by line 13, o	olumn (f))		15	·
16 Public support percentage from 2008 S			<u> </u>		16	
Section D. Computation of Invest	ment Incom	ne Percentage		· 		
17 Investment income percentage for 200	9 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	
18 Investment income percentage from 20)08 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2009. If the o	rganization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2008. If the o	rganization did	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	▶□
			,		nedule A (Form 990	or 990-E

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pai	PORTLAND VA RESEAR		wilan Francia an A	94-3090170			
Pa			milar Funds of A	CCOUNTS. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Donor advised f	unas	(b) Funds and other accounts			
1	Total number at end of year	<u>. </u>					
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	•	in donor advised fun				
	are the organization's property, subject to the organization's	•		└── Yes			
6	Did the organization inform all grantees, donors, and donor a			=			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any o	other purpose confer				
Pai	impermissible private benefit?			Yes No			
			to Form 990, Part IV,	line 7			
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (e.g., recreation or p			ly important land area			
	Protection of natural habitat	L Preserv	ation of a certified hi	storic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution	on in the form of a co	onservation easement on the last			
	day of the tax year						
				Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included in (c) acquired a			2d			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or teri	minated by the organ	nization during the tax			
	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per	• •	n, handling of				
_	violations, and enforcement of the conservation easements if			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,		-	· ————			
7	Amount of expenses incurred in monitoring, inspecting, and			· · · · · · · · · · · · · · · · · · ·			
8							
_	and section 170(h)(4)(B)(ii)? Yes \ N						
9	In Part XIV, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organization	tion's financial statements t	nat describes the orc	ganization's accounting for			
Pai	t III Organizations Maintaining Collections of	f Δrt Historical Treas	sures or Other	Similar Assets			
	Complete if the organization answered "Yes" to Form		Julios, of Other	J. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_				·			
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue sta	stement and halance	sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed						
	the footnote to its financial statements that describes these		riciance of public ser	rvice, provide, in Fait XIV, the text of			
b	If the organization elected, as permitted under SFAS 116, to		ent and halance che	set works of art, historical treasures			
~	or other similar assets held for public exhibition, education, o						
	these items.	Jooda on in familieration Of	paono service, provi	as the following amounts relating to			
	(i) Revenues included in Form 990, Part VIII, line 1			*			
	(ii) Assets included in Form 990, Part X			► \$ ► \$			
2	If the organization received or held works of art, historical trea	asures or other similar asse	ts for financial care	provide			
-	the following amounts required to be reported under SFAS 1:		, co to tiliancial galit,	Provide			
а	Revenues included in Form 990, Part VIII, line 1	to relating to these items.		* \$			
	Assets included in Form 990, Part X			► \$ ► \$			
	restrained in Form Coo, Falt A			V			

$\overline{}$	edule D (Form 990) 2009 PORTLAND VA RESEARCH FOUNDATION 94-3090170 Page						Page 2			
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a si	gnificant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	c			hange progra					
b	Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIV.	
5	During the year, did the organization solicit of					er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran		lete if org	anization ai	nswered "Yes	s" to Forn	n 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	ns or other as	sets not	ıncluded	_	_	
	on Form 990, Part X?								」Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
	Did the organization include an amount on F	orm 990, Part X, line	21?					L_	」 Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo					1	
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance						_			
þ	Contributions									
С	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		<u>l</u> .		<u></u>					
2	Provide the estimated percentage of the year	r end balance held a	as:							
	Board designated or quasi-endowment		%							
	Permanent endowment >	%								
_		%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	ind administe	red for th	ne organi	zation	r	
	by								<u>}</u>	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(II), are the related organizations				•				3b	
A Do	Describe in Part XIV the intended uses of the t VI Investments - Land. Building									
Par										
	Description of investment	(a) Cost or o			or other	` '	cumulate		(d) Book	value
		basis (investr	ment)	Dasis	(other)	aep	reciation	<u> </u>		
	Land		- -					.		
	Buildings									
C	Leasehold improvements	 		77.0	7 252		70 6	<u> </u>	200	F 0 4
d	Equipment			/ 6	7,250.		<u> 370,6</u>	00.	396	<u>,584.</u>
	Add lines 1a through 1e (Column (d) must e	qual Form 000 Post	Y 00///	n /P\ /mc 1	10(a))				206	581

Schedule D (Form 990) 2009

PORTLAND VA RESEARCH FOUNDATION

Schedule D (Form 990) 2009

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	toule D (Form 990) 2009 PORTLAND VA RESEARCH FOUND			aial Cha		<u>3090170</u>	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	ciai Sta	itemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		4,386	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,918	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			<u>,476.</u>		
4	Net unrealized gains (losses) on investments		-35	<u>,175.</u>			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			<u>,175.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			<u>,651.</u>
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Rever	nue per	Retur		
1	Total revenue, gains, and other support per audited financial statements				1	4,351	<u>,456.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a	-3	5,175	5.		
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	-35	,175.
3	Subtract line 2e from line 1				3	4,386	,631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	L				
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	4,386	,631.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents \	Vith Expe	nses p	er Retu		
1	Total expenses and losses per audited financial statements				1	4,918	,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	1				
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	4,918	.107.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1		
b	Other (Describe in Part XIV)	4b			_		
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	4,918	
Pai	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines	1a and 4; Pa	rt IV, lines	1b and	2b. Part V. line	4. Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						.,
	, , , , , , , , , , , , , , , , , , ,			,			
		<u>-</u>			•••		
		-					

Š Employer identification number 94-3090170 TO SUPPORT REASEARCH AND Open to Public SDUCATIONAL ACTIVITIES, Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of 381,224 cash grant PORTLAND VA RESEARCH FOUNDATION (c) IRC section if applicable 501(C)(3) 33-0331855 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 15298 - LONG BEACH, CA 90815-5298 1 (a) Name and address of organization SOUTHERN CALIFORNIA INSTITUTE FOR RESEARCH & EDUCATION - P.O. BOX or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10 Part IV

Page 2

94-3090170

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

PORTLAND VA RESEARCH FOUNDATION

Schedule I (Form 990) 2009

Part III

SCHEDULE O

(Form 990)

932211 02-03-10

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

PORTLAND VA RESEARCH FOUNDATION

Employer identification number 94-3090170

Schedule O (Form 990) 2009

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION'S MISSION IS TO FACILITATE AND ENHANCE THE RESEARCH AND
EDUCATION PROGRAMS CONDUCTED AT THE PORTLAND VA MEDICAL CENTER. THE
FOUNDATION STRIVES TO PROVIDE OUTSTANDING SUPPORT TO SCIENTISTS AND
STAFF IN THEIR RESEARCH, EDUCATION AND TRAINING ENDEAVORS FOSTERING
PROGRESS IN BIOMEDICAL AND CLINICAL RESEARCH.
FORM 990, PART VI, SECTION A, LINE 7B: NEW DIRECTORS ARE ELECTED BY THE
MAJORITY VOTE OF THE CURRENT BOARD OF DIRECTORS BUT MUST BE APPROVED FOR
MEMBERSHIP BY THE PORTLAND VA MEDICAL CENTER CHIEF EXECUTIVE OFFICER.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN
OUTSIDE ACCOUNTANT AND REVIEWED BY THE EXECUTIVE DIRECTOR. THE DRAFT FORM
990 IS THEN EMAILED TO THE MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR
REVIEW. THE DRAFT IS DISCUSSED WITH BOARD MEMBERS PRIOR TO ITS FINAL
APPROVAL AND FILING.
FORM 990, PART VI, SECTION B, LINE 12C: UPON APPOINTMENT AND ANNUALLY
THEREAFTER, BOARD MEMBERS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF REVIEW
OF THE CONFLICT OF INTEREST POLICY. UPON DISCLOSURE, ANY CONFLICT IS
REVIEWED BY THE CHAIRMAN OF THE BOARD AND SUBMITTED TO THE BOARD FOR REVIEW
AT THE NEXT SCHEDULED MEETING.
FORM 990. PART VI. SECTION B. LINE 15: TOP MANAGEMENT - THE EXECUTIVE

DIRECTOR'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS AND BASED ON A

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

COMPARISON BETWEEN THE FEDERAL EMPLOYEES GENERAL SCHEDULE AND LOCALITY PAY

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number PORTLAND VA RESEARCH FOUNDATION 94-3090170 RATES, AND DATA SUPPLIED BY THE NATIONAL ASSOCIATION OF THE VETERANS' THE PRESIDENT'S SALARY IS DETERMINED AS RESEARCH AND EDUCATION FOUNDATION. A PERCENTAGE OF HIS COMPENSATION AS AN EMPLOYEE OF THE VA MEDICAL CENTER AS DETERMINED BY THE BOARD OF DIRECTORS. HIS COMPENSATION AS AN EMPLOYEE OF THE VA MEDICAL CENTER IS BASED ON THE FEDERAL EMPLOYEES GENERAL AND LOCALITY BASED PAY RATES. KEY EMPLOYEES - KEY EMPLOYEES COMPENSATION ARE BASED ON THE FEDERAL EMPLOYEES GENERAL AND LOCALITY BASED PAY RATES SCHEDULE, AS WELL AS AFFILIATED UNIVERSITY AND LOCALITY COMPARISONS FOR LIKE POSITIONS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.