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Form **990**

# 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)

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01/01 , 2011, and ending 12/31 , 20 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **The Corvallis Clinic Foundation Inc**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) **444 NW Elks Drive** Room/suite

City or town, state or country, and ZIP + 4 **Corvallis, OR 97330**

D Employer identification number **93-6021898**

E Telephone number **541-754-1374**

G Gross receipts $ **58,083**

F Name and address of principal officer: **Judith M Corwin**
**444 NW Elks Drive, Corvallis, OR 97330**

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.corvallisclinicfoundation.org**

H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1954**

M State of legal domicile **OR**

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: **The Corvallis Clinic Foundation is dedicated to providing resources in the mid-Willamette Valley and Central Coast region of Oregon for health education, preventive care, and the delivery of health care to at-risk populations.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 31 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 147,918 | 51,512 |
| 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 9,048 | 4,876 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | -7,511 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 156,966 | 48,877 |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 84,213 | 20,108 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,171 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 50,300 | 52,343 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 134,513 | 72,451 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 22,453 | -23,574 |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 298,758 | 269,370 |
| 21 | Total liabilities (Part X, line 26) | 0 | 0 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 298,758 | 269,370 |

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## Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

**Sign Here**

Judith M Corwin
Signature of officer

June 7, 2012
Date

Judith Corwin, Executive Director
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No



AG17

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

The Corvallis Clinic Foundation is dedicated to providing resources in the mid-Willamette Valley and Central Coast region of Oregon for health education, preventive care, and the delivery of health care to at-risk populations.

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 ☑ 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? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 39,331 including grants of $ 964 ) (Revenue $ 0 )

Project H.E.R. - The navigator program provided awareness, education and support for women in Benton, Linn and Lincoln counties of Oregon, from the time of breast cancer diagnosis through survivorship. Support teams consisted of a nurse navigator, a clinical social worker, MammaCare specialists and many volunteers who were breast cancer survivors. Project H.E.R. served approximately 50 newly diagnosed breast cancer patients last year. In addition to supporting breast cancer patients, the MammaCare program's nurses and clinicians taught 11 self-breast exam classes, reaching more than 175 women in the three Oregon counties. Project H.E.R. nurses and clinicians also participated in numerous outreach events to increase awareness of breast cancer prevention, including the Susan G. Komen Race for the Cure in Eugene, Oregon; Corvallis Knights baseball events; Pink Out events held at the local university and local high schools; and the Lunafest women's health film festival. Cook for Cancer, a new Project H.E.R. program, provided meals for families of patients undergoing chemotherapy treatments of all types of cancer diagnoses, oncology and hematology.

4b (Code: ) (Expenses $ 8,408 including grants of $ 8,408 ) (Revenue $ 0 )

Emergency Assistance Grants: Ten individuals received emergency assistance grants ranging from $300 to $1,500 each to help them through financial hardships. These grants, paid directly to vendors such as banks and utility companies, supported the individuals' medical care, basic human needs such as rent or mortgage payments and utility bills, school loan payments, and other expenses that needed to be paid during individuals' medical illnesses, deaths in the family, and other unforeseen family circumstances.

4c (Code: ) (Expenses $ 6,486 including grants of $ 6,486 ) (Revenue $ 0 )

Health Education Scholarships, Grants, and Lecture Series: Scholarships ranging from $250 to $1,000 each were awarded to 8 high school and university students who are pursuing careers as doctors, nurses, physician assistants, nurse practitioners, phlebotomists, and other medical professionals. The Foundation also provided a grant for a nurse to receive additional training and certification on breast cancer issues. In addition, the Foundation provided a grant to the local hospital foundation for its Asbury Lectureship series on issues in obstetrics and gynecology, which was attended by area physicians, nurses and other practitioners working in the area of women's health.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 1
(Expenses $ 4,250 including grants of $ 4,250 ) (Revenue $ 0 )

4e **Total program service expenses** ▶ 58,475

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | ✓ | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | ✓ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | ✓ |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | ✓ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | ✓ |
| 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 credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | ✓ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | | ✓ |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | ✓ |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | ✓ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | ✓ |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | ✓ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | ✓ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | ✓ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | ✓ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | ✓ |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | ✓ |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | ✓ | |
| 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 | | ✓ |
| 20 a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | ✓ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | ✓ | |
| 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 | ✓ | |
| 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 | | ✓ |
| 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 | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | ✓ |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | ✓ |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | ✓ |
| 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 | | ✓ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | ✓ | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . | 1a | 5 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | ✓ | |
| 2a | 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 | 2a | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . . | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . | 3a | | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | 6a | | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? . . . . . | 13a | | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . | 14b | | | |

**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.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . 1a 9 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | 2 | ✓ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓ |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | ✓ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | 7a | | ✓ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? . . . . . | 8a | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | 9 | | ✓ |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . . . | 10a | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | ✓ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . . | 12c | ✓ | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | ✓ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | | ✓ |
| b | Other officers or key employees of the organization . . . . . | 15b | | ✓ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | | ✓ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | | |

## Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **Judith M Corwin, (541)754-1374**

**444 NW Elks Drive, Corvallis, OR 97330**

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Steve Kunke<br>President | 1 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Bruce Bynum<br>Vice President | 1 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Robin Lannan<br>Secretary/Treasurer | 1 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| John Erkkila<br>Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Lorri Hendon<br>Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Fred Koontz<br>Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Robert Poole<br>Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Alice Rampton<br>Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Lark Wysham<br>Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Judith Corwin<br>Executive Director | 4 | | | ✓ | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | 0 | 0 | 0 |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 0 | 0 | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

| | | Yes | No |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | ✓ |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | | ✓ |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | ✓ |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

## Part VIII Statement of Revenue

| | | | | (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 | 1a | Federated campaigns | 1a 0 | | | | |
| | b | Membership dues | 1b 0 | | | | |
| | c | Fundraising events | 1c 27,216 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 0 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 24,296 | | | | |
| | g | Noncash contributions included in lines 1a-1f: $ 0 | | | | | |
| | h | **Total.** Add lines 1a–1f ▶ | | 51,512 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f ▶ | | 0 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 4,876 | 0 | 0 | 4,876 |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | 0 |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | 0 / 0 | | | | |
| | b | Less: rental expenses | 0 / 0 | | | | |
| | c | Rental income or (loss) | 0 / 0 | | | | |
| | d | Net rental income or (loss) ▶ | | 0 | 0 | 0 | 0 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | 0 / 0 | | | | |
| | d | Net gain or (loss) ▶ | | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 27,216 of contributions reported on line 1c). See Part IV, line 18 a | 1,695 | | | | |
| | b | Less: direct expenses b | 9,206 | | | | |
| | c | Net income or (loss) from fundraising events ▶ | | -7,511 | | 0 | -7,511 |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from gaming activities ▶ | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| | b | Less: cost of goods sold b | | | | | |
| | c | Net income or (loss) from sales of inventory ▶ | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a–11d ▶ | | 0 | | | |
| | 12 | **Total revenue.** See instructions. ▶ | | 48,877 | 0 | 0 | -2,635 |

## Part IX Statement of Functional Expenses

*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).*

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

| | ***Do not include amounts reported on lines 6b, 7b, 8b, 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 United States. See Part IV, line 21 | 6,250 | 6,250 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . | 13,858 | 13,858 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . | 0 | 0 | | |
| 4 | Benefits paid to or for members . . . . | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . . | 0 | 0 | 0 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages . . . . . | 0 | 0 | 0 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits . . . . . | 0 | 0 | 0 | 0 |
| 10 | Payroll taxes . . . . . | 0 | 0 | 0 | 0 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management . . . . . | 0 | 0 | 0 | 0 |
| b | Legal . . . . . | 825 | 0 | 825 | 0 |
| c | Accounting . . . . . | 6,151 | 0 | 6,151 | 0 |
| d | Lobbying . . . . . | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees . . . . | | | | |
| g | Other . . . . . | 38,929 | 37,029 | 1,400 | 500 |
| 12 | Advertising and promotion . . . . . | 125 | 0 | 125 | 0 |
| 13 | Office expenses . . . . . | 655 | 0 | 655 | 0 |
| 14 | Information technology . . . . . | | | | |
| 15 | Royalties . . . . . | | | | |
| 16 | Occupancy . . . . . | | | | |
| 17 | Travel . . . . . | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest . . . . . | | | | |
| 21 | Payments to affiliates . . . . . | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance . . . . . | 1,535 | 0 | 1,535 | 0 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | Other Project HER Program Costs | 1,338 | 1,338 | 0 | 0 |
| b | Bank/Credit Card Fees | 1,870 | 0 | 1,870 | 0 |
| c | Fees & Taxes, Storage Costs | 915 | 0 | 244 | 671 |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24e | 72,451 | 58,475 | 12,805 | 1,171 |
| 26 | **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . . . | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | 74,828 | 1 | 10,735 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a | | | |
| | b | Less: accumulated depreciation — 10b | | 10c | |
| | 11 | Investments—publicly traded securities | 223,930 | 11 | 258,635 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 298,758 | 16 | 269,370 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 0 | 26 | 0 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 56,508 | 27 | 41,519 |
| | 28 | Temporarily restricted net assets | 158,751 | 28 | 142,113 |
| | 29 | Permanently restricted net assets | 83,499 | 29 | 85,738 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 298,758 | 33 | 269,370 |
| | 34 | Total liabilities and net assets/fund balances | 298,758 | 34 | 269,370 |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 48,877 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 72,451 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -23,574 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 298,758 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -5,814 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 269,370 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | ✓ |
| c | 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | | |
| 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 separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3a | 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 | | ✓ |
| 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 | | |

**SCHEDULE A**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| The Corvallis Clinic Foundation Inc | 93-6021898 |

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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 **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) | A family member of a person described in (i) above? | 11g(ii) | |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

**h** Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U S ? | | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . | | | | | | |
| 2 Tax revenues levied for the organization'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) . . . . | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 . . . . . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 47,969 | 175,312 | 60,958 | 147,918 | 51,512 | 483,669 |
| 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 . . . | 3,970 | 0 | 0 | 0 | 0 | 3,970 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 **Total.** Add lines 1 through 5 . . . . | 51,939 | 175,312 | 60,958 | 147,918 | 51,512 | 487,639 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . | 27,690 | 22,980 | 15,590 | 15,358 | 4,970 | 86,588 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b . . . . . | 27,690 | 22,980 | 15,590 | 15,358 | 4,970 | 86,588 |
| 8 **Public support** (Subtract line 7c from line 6.) . . . . . | | | | | | 401,051 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 . . . . . | 51,939 | 175,312 | 60,958 | 147,918 | 51,512 | 487,639 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . | 22,437 | 11,492 | 4,090 | 9,048 | 4,876 | 51,943 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 10a and 10b . . . . . | 22,437 | 11,492 | 4,090 | 9,048 | 4,876 | 51,943 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . | 5,092 | 0 | 0 | 0 | 0 | 5,092 |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) . . . . . | 79,468 | 186,804 | 65,048 | 156,966 | 56,388 | 544,674 |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 73.63 % |
| 16 | Public support percentage from 2010 Schedule A, Part III, line 15 . . . . . | 16 | 72.4 % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) . . . | 17 | 9.54 % |
| 18 | Investment income percentage from **2010** Schedule A, Part III, line 17 . . . . . | 18 | 9.87 % |

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**General Explanation - Fundraising event receipts of $5,092 in 2007.**

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| The Corvallis Clinic Foundation Inc | 93-6021898 |

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 83,499 | 77,765 | 68,032 | 0 | |
| b Contributions | 9,000 | 0 | 6,270 | 81,551 | |
| c Net investment earnings, gains, and losses | 423 | 8,734 | 9,055 | -13,519 | |
| d Grants or scholarships | 4,000 | 3,000 | 5,592 | 0 | |
| e Other expenditures for facilities and programs | 0 | 0 | 0 | 0 | |
| f Administrative expenses | 0 | 0 | 0 | 0 | |
| g End of year balance | 88,922 | 83,499 | 77,765 | 68,032 | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 0 %
b Permanent endowment ▶ 94 %
c Temporarily restricted endowment ▶ 6 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | ✓ |
| (ii) related organizations | 3a(ii) | | ✓ |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| | (a) Description | (b) Book value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | |

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 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 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule D, Part V, Line 4 - The intended uses of the permanent and term endowments are for awarding scholarships to high school seniors and current college students who are pursuing careers as doctors, nurses, physician assistants, nurse practitioners, phlebotomists, and other medical professionals.**

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization
**The Corvallis Clinic Foundation Inc**

**Employer identification number**
**93-6021898**

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | . . . . . ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 Annual Fund Campaign (event type) | (b) Event #2 Pink Out Events (event type) | (c) Other events 0 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 20,677 | 8,234 | | 28,911 |
| | 2 Less: Charitable contributions | 18,982 | 8,234 | | 27,216 |
| | 3 Gross income (line 1 minus line 2) | 1,695 | 0 | | 1,695 |
| Direct Expenses | 4 Cash prizes | 185 | 0 | | 185 |
| | 5 Noncash prizes | 2,611 | 0 | | 2,611 |
| | 6 Rent/facility costs | 0 | 0 | | 0 |
| | 7 Food and beverages | 588 | 0 | | 588 |
| | 8 Entertainment | 0 | 0 | | 0 |
| | 9 Other direct expenses | 1,650 | 4,172 | | 5,822 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | ( 9,206 ) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | -7,511 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ☐ No % | ☐ Yes ☐ No % | ☐ Yes ☐ No % | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

| | | | |
|---|---|---|---|
| a | The organization's facility . . . . . | 13a | % |
| b | An outside facility . . . . . | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ---------- and the amount of gaming revenue retained by the third party ▶ $ ---------- .

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

**The Corvallis Clinic Foundation Inc**

**Employer identification number**

**93-6021898**

## Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II 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 recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☑

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| 1 See Schedule I, Part IV, Statement 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 - Scholarship grants are paid directly to financial aid offices at qualified colleges or universities after award recipients provide proof of enrollment and their social security numbers. Nurse education grants are paid as reimbursements to grant recpients after recipients provide receipts and other documentation of their expenditures for continuing education training and/or certifications. Emergency assistance grants are paid directly to utility companies, banks, and other vendors after the recipients provide proof of their pending bills, and the recipients sign a receipt acknowledging that they received the grants from the Foundation.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| The Corvallis Clinic Foundation Inc | 93-6021898 |

Form 990, Part VI, Section A, Line 2 - Three of the board members (Bruce Bynum, Lorri Hendon and Robin Lannan) have a business relationship since they are employed by the same employer.

Form 990, Part VI, Section B, Line 11b - The finance committee of the Board of Directors reviews Form 990 and makes a recommendation to the full Board prior to filing with the Internal Revenue Service. The Board of Directors then reviews and approves Form 990 for filing.

Form 990, Part VI, Section B, Line 12c - The Board of Directors provides all directors with the conflict of interest policy, and all directors are required to sign individual copies of the policy annually and disclose any conflicts that arise on issues that are brought before the Board and then abstain from participating in the discussion or voting on such issues.

Form 990, Part VI, Section C, Line 19 - The IRS determination letter, articles of incorporation, corporate bylaws, and Forms 990 are provided upon request.

Form 990, Part XI, Line 5 - Other Changes in Net Assets: The Foundation's investments experienced net unrealized losses of $5,814 during the year.

**Schedule O, Statement 1**
Form: 990
Page: 2
Line Number: Part III Line 4d

**The Corvallis Clinic Foundation Inc**
**93-6021898**

**Other Program Services Accomplishments**

| Activity Code | Description | Expense | Grants | Revenue |
|---|---|---|---|---|
| | Support of Medically Under-served Populations: The Foundation received individual donations for three local nonprofit organizations: United Way of Benton, Linn and Lincoln counties, Community Outreach Inc ; and Mario Pastega House Community Outreach is a homeless shelter whose mission is to stabilize individuals in crisis, feed the hungry, house the homeless, heal the sick, and counsel the mentally ill and substance-addicted The Mario Pastega House is an organization that provides a "home away from home" for out-of-area patients and their families traveling to Corvallis for specialized medical care. | 4,250 | 4,250 | 0 |
| **Total:** | | **4,250** | **4,250** | **0** |

Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
www.filinginoregon.com

# 2012 ANNUAL REPORT

**Registry Number:** 053308-16
**Date of Incorporation:** 02/08/1954
**Fee:** $50.00
**Due Date:** 02/08/2012
**Type:** DOMESTIC NONPROFIT CORPORATION

0155

JUDITH M CORWIN
444 NW ELKS DRIVE
CORVALLIS OR 97330

**Name of Domestic Nonprofit Corporation**
THE CORVALLIS CLINIC FOUNDATION, INC.

**Jurisdiction:** OREGON

**Nonprofit Type:** Public Benefit

The following information is required by statute. Please complete the entire form. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**
JUDITH M CORWIN
444 NW ELKS DRIVE
CORVALLIS OR 97330

If the Registered Agent has changed, the new Agent has consented to the appointment. Oregon street address required.

**1) Type of Business**

**2) Principal Place of Business** (Str. address,city,state,zip)
444 NW ELKS DRIVE
CORVALLIS OR 97330

**3) Mailing Address** (Address,city,state,zip)

**4) President Name and Address**
STEPHEN KUNKE
3680 NW SAMARITAN DR
CORVALLIS OR 97330

**5) Secretary Name and Address**
JUDITH M CORWIN
444 NW ELKS DRIVE
CORVALLIS OR 97330

**6) Signature**
Judith M Corwin

**7) Printed Name**
Judith M Corwin

**8) Date**
2-1-12

**9) Daytime Phone Number**
541-754-1374

**Make check payable to "Corporation Division" and mail completed form with payment to Secretary of State, Corporation Division, 255 Capitol ST NE Suite 151, Salem, OR 97310-1327.**
Note: You can also fax to (503) 378-4381. Filing fees may be paid with VISA or MasterCard. Submit the card number and expiration date on a separate page for your protection.

ANRPF1 12/23/11

Paid 2/3/12 JS

Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
Fax:(503)378-4381
www.filinginoregon.com

**Registry Number:** 053308-16
**Type:** DOMESTIC NONPROFIT CORPORATION

**Next Renewal Date:** 02/08/2008

JUDITH M CORWIN
444 NW ELKS DRIVE
CORVALLIS OR 97330

RECEIVED
NOV 2 9 2007

## Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of $5 00 Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

**Document**
RESTATED ARTICLES

**Filed On**
11/27/2007

**Jurisdiction**
OREGON

**Nonprofit Type**
PUBLIC BENEFIT

**Name**
THE CORVALLIS CLINIC FOUNDATION, INC.

**Principal Place of Business**
444 NW ELKS DRIVE
CORVALLIS OR 97330

**Registered Agent**
JUDITH M CORWIN
444 NW ELKS DRIVE
CORVALLIS OR 97330

**President**
JOHN ERKKILA
3680 NW SAMARITAN DR
CORVALLIS OR 97330

**Secretary**
JUDITH M CORWIN
444 NW ELKS DRIVE
CORVALLIS OR 97330

LYNSCH
ACK
11/27/2007

Phone: (503) 986-2200
Fax (503) 378-4381

# Restated Articles of Incorporation—Business/Professional/Nonprofit

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Check the appropriate box below:

☐ BUSINESS/PROFESSIONAL CORPORATION
(Complete only 1, 2, 3, 4, 6, 7)

☑ NONPROFIT CORPORATION
(Complete only 1, 2, 3, 5, 6, 7)

**REGISTRY NUMBER:** 053308-16

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record
We must release this information to all parties upon request and it will be posted on our website

For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary

1) **NAME OF CORPORATION** The Corvallis Clinic Foundation, Inc.

2) **NEW NAME OF THE CORPORATION** (If changed) _____

3) **A COPY OF THE RESTATED ARTICLES MUST BE ATTACHED**

## BUSINESS/PROFESSIONAL CORPORATION ONLY

4) **CHECK THE APPROPRIATE STATEMENT**

☐ The restated articles contain amendments which do not require shareholder approval. The date of the adoption of the amendments and restated articles was _____. These amendments were duly adopted by the board of directors.

☐ The restated articles contain amendments which require shareholder approval. The date of the adoption of the amendments and restated articles was _____. The vote of the shareholders was as follows:

| Class or series of shares | Number of shares outstanding | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|---|---|---|---|---|
| | | | | |

☐ The corporation has not issued any shares of stock. Shareholder action was not required to adopt the restated articles. The restated articles were adopted by the Incorporators or by the board of directors.

## NONPROFIT CORPORATION ONLY

5) **CHECK THE APPROPRIATE STATEMENT**

☐ The restated articles contain amendments which do not require membership approval. The date of the adoption of the amendments and restated articles was _____. These amendments were duly adopted by the board of directors.

☑ The restated articles contain amendments which require membership approval. The date of the adoption of the amendments and restated articles was 06/12/07. The vote of the members was as follows:

| Class(es) entitled to vote | Number of members entitled to vote | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|---|---|---|---|---|
| | | | all | none |

6) **EXECUTION**

| Signature | Printed Name | Title |
|---|---|---|
| Judith M. Corwin | Judith Corwin | Executive Director |

7) **CONTACT NAME** (To resolve questions with this filing) Jeanne Smith

**DAYTIME PHONE NUMBER** (Include area code) 541 752 6416

**FEES**

Required Processing Fee $50
Confirmation Copy (Optional) $5
Processing Fees are nonrefundable

Please make check payable to "Corporation Division."

NOTE.

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

# RESTATED ARTICLES OF INCORPORATION

# OF

# THE CORVALLIS CLINIC FOUNDATION, INC.

**(a nonprofit corporation)**

These Restated Articles of Incorporation supersede the heretofore existing Articles of Incorporation and all amendments thereto.

## ARTICLE I

## NAME

The name of the corporation shall be "The Corvallis Clinic Foundation, Inc. "

## ARTICLE II

## DURATION

The period of duration of this corporation shall be perpetual.

## ARTICLE III

## PUBLIC BENEFIT CORPORATION

This corporation is a public benefit corporation.

## ARTICLE IV

## PURPOSES

The purposes for which this corporation is organized are as follows:

A. The corporation is organized and shall be operated exclusively for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the United States Internal Revenue Code of 1986, as amended ("Code"), including without limitation the

distribution of funds and property to tax-exempt organizations described in Code Section 501(c)(3). Subject to the foregoing purposes and the restrictions set forth herein, the corporation shall have and may exercise all the rights and powers of a nonprofit corporation under the Act.

B. The specific and primary mission of the corporation is to provide resources for (1) health education, (2) preventive health care, and (3) the delivery of health care to indigent populations. Resources can be provided for one or all of these purposes primarily in the Mid-Willamette Valley and the Central Coast region in Oregon.

## ARTICLE V

## RESTRICTIONS

The assets of the corporation are irrevocably dedicated to the purposes described above, and no part of the net earnings of the corporation shall inure to the benefit of or be distributed to its directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. The corporation shall not participate or intervene in, or publish or distribute any statements in connection with, any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any provision of these articles of incorporation to the contrary, the corporation shall not engage in any activities which are not permitted to be engaged in by a corporation which is exempt from federal income tax under Code Section 501(c) (3) or to which contributions are deductible under code Section 170(c), 2055(a), or 2522(a).

## ARTICLE VI

## DISSOLUTION

Upon dissolution or final liquidation of the corporation, the assets of the corporation remaining after payment of or provision for the liabilities and obligations of the corporation shall be distributed exclusively to such tax-exempt organization or organizations described in Code Section 501(c)(3) as the board of directors shall determine. Any such assets not so distributed shall be disposed of by the Benton County Circuit Court to such tax exempt organization or organizations described in Code Section 501(c)(3) as the court shall determine.

## ARTICLE VII

## PRIVATE FOUNDATION PROVISIONS

Notwithstanding any provision of these articles of incorporation or Oregon law to the contrary, if the corporation is a private foundation within the meaning of Code Section 509, it is prohibited from engaging in any act of self-dealing (as defined in Code Section 4941(d)), from

retaining any excess business holdings (as defined in Section 4943(c)) which would subject the Corporation to tax under Code Section 4943, from making or retaining any investments which would subject the corporation to tax under Code Section 4944, and from making any taxable expenditures (as defined in Code Section 4945(d)), and the corporation shall make distributions of income and principal at such time and in such manner as not to subject the corporation to tax under Code Section 4942.

## ARTICLE VIII

## DIRECTORS

The affairs of the corporation shall be managed and regulated by its board of directors. The number of directors constituting the board of directors of the corporation shall be as provided in the Bylaws.

## ARTICLE IX

## MEMBERS

The corporation is to have no membership or members, and the business affairs of the corporation are to be managed by the Board of Directors.

## ARTICLE X

## LIABILITY OF DIRECTORS AND UNCOMPENSATED OFFICERS

To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, a director or uncompensated officer of the corporation shall not be liable to the corporation for monetary damages for conduct as a director or officer. No repeal or amendment of this provision shall adversely affect any right or protection of a director or officer of the corporation existing at the time of such repeal or amendment .

## ARTICLE XI
## INDEMNIFICATION

A. Third-Party Actions. The corporation shall indemnify, to the fullest extent permitted by the Act, as the same presently exists or may hereafter be amended, any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the corporation) by reason of the fact that the person is or was a director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee or agent of another corporation, against expenses,

including attorney fees, judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with the action, suit or proceeding if the person acted in good faith and in a manner the person reasonably believed to be in or not opposed to the best interests of the corporation, and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct of the person was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in or not opposed to the best interests of the corporation, and, with respect to any criminal action or proceeding, had reasonable cause to believe that the conduct of the person was unlawful.

B. Derivative Actions. The corporation shall further indemnify, to the fullest extent permitted by the Act, as the same presently exists or may hereafter be amended, any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the corporation to procure a judgment in its favor by reason of the fact that the person is or was a director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee or agent of another corporation, against expenses, including attorney fees, actually and reasonably incurred by the person in connection with the defense or settlement of the action or suit if the person acted in good faith and in a manner the person reasonably believed to be in or not opposed to the best interests of the corporation and except that no indemnification shall be made in respect of any claim, issue or matter as to which the person shall have been adjudged to be liable unless and only to the extent that the court in which the action or suit was brought shall determine upon application that, despite the adjudication of liability but in view of all the circumstances of the case, the person is fairly and reasonably entitled to indemnity for expenses which the court shall deem proper.

C. Covered Expenses. To the extent that a director, officer, employee or agent of the corporation has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in paragraphs A and B of this Article, or in defense of any claim, issue or matter therein, the director, officer, employee or agent shall be indemnified against expenses, including attorney fees, actually and reasonably incurred by the director, officer, employee or agent in connection therewith.

## ARTICLE XII

## INDEMNIFICATION AGREEMENTS

The corporation shall have the authority to enter into appropriate agreements with its directors and officers (and with such other employees and agents as the Board of Directors deems appropriate in its sole discretion) to both indemnify them and advance to them the funds for litigation expenses to the fullest extent permitted by the laws of the State of Oregon as the same presently exist or may hereafter be amended.

## ARTICLE XIII

## CONDITION PRECEDENT TO INDEMNIFICATION

Any person who desires to receive the benefits conferred by Articles XI and XII hereof reasonably and promptly shall notify the corporation that he or she has been named a defendant to an action, suit, or proceeding of a type referred to in Article XI and that he or she intends to rely upon the right of indemnification described in Articles XI and XII hereof. The notice shall be in writing and mailed, via registered or certified mail, return receipt requested, to the President or Chief Executive Officer of the corporation at the executive offices of the corporation. Failure to give the notice required hereby shall entitle the Board of Directors of the corporation by a majority vote of a quorum (consisting of directors who, insofar as indemnity of officers or directors is concerned, were not parties to such action, suit, proceeding, but who, insofar as indemnity of employees or agents is concerned, may or may not have been parties) to make a determination, in their sole discretion, that such failure was prejudicial to the corporation in the circumstances and that, therefore, the right to indemnification referred to in Article XI or XII hereof shall be denied in its entirety or reduced in amount.

DATED the 12th day of June, 2007.

John C. Erkkila, MD
Chair, Board of Directors

Person to Contact
About This Filing:

Jeanne Smith
541 752 6416

# AMENDED BYLAWS
# OF
# THE CORVALLIS CLINIC FOUNDATION, INC.

## ARTICLE I

## GENERAL

This nonprofit corporation shall be known as The Corvallis Clinic Foundation, Inc. It shall be organized under the nonprofit corporation laws of the State of Oregon for the purposes set forth in the Articles of Incorporation on file in the office of the State of Oregon.

## ARTICLE II

## MEMBERS

The corporation is to have no membership or members, and the business affairs of the corporation are to be managed by the Board of Directors.

## ARTICLE III

## DIRECTORS

1. **General Powers.** The business and affairs of the corporation shall be managed by its Board of Directors.

2. **Number, Election and Qualifications.** The number of directors of the corporation shall be at least five (5) and no more than twelve (12), the exact number of which shall be as fixed from time to time by the Board of Directors. A simple majority of the Directors shall be laypersons (i.e., persons not currently licensed to practice medicine or osteopathy or clinical psychology in any jurisdiction) including community and consumer representatives. The remaining Directors (at least 33% to 49% depending upon the number of Directors) shall be practicing physicians or clinical psychologists currently licensed by the State of Oregon and affiliated with the Corvallis Clinic, PC. (For instance if there are five Directors then three shall be laypersons and two shall be licensed physicians or psychologists; if there are twelve directors then seven shall be laypersons and five shall be licensed physicians or psychologists.) The Directors may change the number of directors at the annual meetings. Each new director will be elected by the Board of Directors. Directors need not be residents of the state of Oregon. Each Director shall be entitled to one vote on each matter submitted to the board. The Chief Executive Officer and Executive Secretary of the Corvallis Clinic, PC shall be ex officio nonvoting members of the Board of Directors.

3. **Terms.** The terms of office of the Directors shall be fixed for three years, and shall be elected by secret ballot by the board members at the annual meeting. The terms shall be staggered so that approximately one-third of the terms expire every year.

4. **Vacancies.** Any vacancy occurring in the Board of Directors and any directorship to be filled by reason of an increase in the number of directors, may be filled by the affirmative vote of a majority of the remaining directors, though less than a quorum of the Board of Directors A director elected to fill a vacancy shall be elected for the unexpired term of his or her predecessor in office.

5. **Annual Meetings.** Annual meetings may be held anytime after January 1st, but before June 30th of each calendar year. At the annual meeting or any other meeting at which Directors are to be elected, the officers shall cause to be prepared and presented a balance sheet containing a summary of the assets, liabilities, and transactions during the period since the last balance sheet of the corporation brought up to a date not later than one month prior to the date of the said meeting.

6. **Regular Meetings.** Regular meetings of the Board of Directors shall be held at such regular times and places as the Board may fix by resolution without further notice thereof.

7. **Special Meetings.** Special meetings of the Board of Directors may be held whenever called by the President or a majority of the Board of Directors.

8. **Place of Meeting.** The Board of Directors may designate any place, either within or without the state of Oregon, as the place of meeting for any annual meeting or for any special meeting called by the Board of Directors. If no designation is made, the place of meeting shall be the registered office of the corporation in the state of Oregon.

9. **Notice.** Notice of every meeting, whether regular or special, shall be given not less than five days nor more than thirty days of such meeting in advance. Such notice may be given by sending a written notice to each Director at the home or business address, by mail, e-mail, or personal delivery, and in the case of special meeting, the purpose of the meeting. If all the Directors should meet at any time and place and consent to the holding of a meeting, such meeting shall be valid without call or notice, and at such meeting any corporate action may be taken. Attendance of a Director at any meeting shall constitute a waiver of notice of such meeting, except where the Director attended for the purpose of objecting to the transaction of business because the meeting was not lawfully called or convened.

10. **Quorum.** Unless otherwise required by these Bylaws, a majority of the sitting Directors may constitute a quorum for the transaction of business at any meeting of the Board of Directors and the act of a majority of directors present at a meeting at which a quorum is present, shall be the act of the Board of Directors. If less than a majority of all directors is present at a meeting, a majority of the Directors present may adjourn the meeting without further notice. A director may not vote by proxy.

11. **Removal.** Any member of the Board of Directors may be removed for cause by at least two-thirds of the membership of the Board of Directors then in office, voting in person by secret written ballot, provided the board members have been notified in writing of the proposal at least two weeks before the meeting at which the removal is to be voted on. The decision of the Board of Directors shall be conclusive as to the matter submitted.

12. **Meeting by Telecommunication.** Any regular or special meeting of the Board of Directors may be held by telephone or telecommunications so long as all Directors participating may simultaneously hear each other during the meeting.

13. **Committees.** The Board of Directors may, by resolution passed by a majority of the Directors then in office, designate one or more committees, each committee to consist of two or more of the Directors of the Corporation, which, to the extent provided in the resolution, shall have and may exercise the powers of the Board of Directors, and may authorize the seal of the Corporation to be affixed to such papers which may require it. Such committees or committees shall have such names as may be determined from time to time by resolution adopted by the Board of Directors.

14. **Grants**. The Board of Directors shall investigate or cause to be investigated, and shall pass on the merits of granting of research projects and of granting of assistance, financial or otherwise, according to our mission statement.

15. **Books and Records**. The Board shall cause to be kept adequate and correct accounts of the business transactions of the corporation, including accounts of its assets, liabilities, receipts, disbursements, gains and losses, if any, and of any special trust funds handled by or in the name of the corporation.

16. **Appointments**. The President, with the advice and consent of the Board, may appoint at any time, any number of nonvoting, ex-officio Directors to serve as liaisons to other organizations, advisors to the Board, and in other capacities as the President shall deem necessary.

17. **Annual Report**. The Chairman, or other appointed officer, shall present an informational report to the shareholders of the Corvallis Clinic, PC at least annually regarding the grants and research funded by the Foundation.

## ARTICLE IV

## OFFICERS

1. **Composition**. The officers of this corporation shall consist of a Chairman, Vice Chairman, and a Secretary/Treasurer, each of whom shall be a Director and each of whom shall be elected by the Board of Directors. Such other officers and assistant officers and agents as may be deemed necessary may be elected or appointed by the Board of Directors, and any vacancies occurring in any office of this corporation may be filled by election or appointment by the Board of Directors at any special meeting. All officers shall hold their office until the next annual meeting of the Board of Directors or until their successors are elected and qualified, subject to prior death, resignation, or removal.

2. **Chairman** The Chairman shall preside at all meetings of the Board of Directors. He/she shall be inspector of all the elections of Directors and shall certify those who are elected as such. Thirty days prior to a Directors' meeting at which an election of one or more Directors will be held, the chairman, with the approval of the Board, shall appoint a nominating committee of at least three Directors, whose duty it shall be to present the names of nominees for vacancies in the Board of Directors for consideration at such meeting.

3. **Vice Chairman**. The Vice Chairman shall act in the place and stead of the Chairman when the Chairman is unable to act. In addition, the Vice Chairman shall perform other duties as may from time to time be required of him/her by virtue of the office or the Directors.

4. **Secretary/Treasurer**. The Secretary/Treasurer shall keep the minutes of proceedings of the Board of Directors and shall issue notices for all meetings required by the Bylaws. The Secretary/Treasurer shall have charge of all moneys, bonds, notes and similar property belonging to the corporation and to disburse or approve the disbursal of same as directed by the Board of Directors. In addition, the Secretary/Treasurer shall make expenditures of corporation funds as directed by the Board of Directors, collect and record all moneys due the corporation, and may be bonded in an amount determined by the Board of Directors, the cost of such bond to be paid by the corporation.

5. **Executive Secretary**. The Executive Secretary of the corporation shall be an administrator responsible for external affairs who is appointed by the Chief Executive Officer of The Corvallis Clinic, P.C.

## ARTICLE V

## DEEDS, ETC.

All deeds, leases, contracts, mortgages, and other instruments binding upon the corporation shall be executed by the Chairman, and, if required, attested by the Secretary or Treasurer, and must be authorized by the Board of Directors either specifically or by delegation of authority.

## ARTICLE VI

## NOTES, ETC.

No money shall be borrowed without a resolution authorizing the same having been regularly adopted by the Board of Directors, and when expedient to give security, the Board of Directors may authorize the execution and delivery of a mortgage or mortgages upon any of the real property belonging to the corporation, or the pledging of any of the personal property of the corporation. Such authorization having been had, the Chairman, in conjunction with the Secretary or Treasurer, shall execute in the name of the corporation, notes and bills payable therefor and any mortgage or pledge likewise authorized.

## ARTICLE VII

### CHECKS

Checks on the corporation's bank account or accounts shall be signed in such manner as the Directors, by resolution, shall from time to time designate.

## ARTICLE VIII

### INSURANCE

The corporation will purchase and maintain insurance on behalf of any person who is or was a director, officer, committee member, or medical adviser of the corporation or one of its subsidiaries or is or was serving at the request of the corporation as a director of officer of another corporation, partnership, joint venture, trust, or other enterprise against any liability asserted against him/her and incurred by him/her in any such capacity, or arising out of his/her status as such, whether or not the corporation would have the power to indemnify him/her against such liability under the provisions of this Article or under the Oregon Nonprofit Corporation Act.

## ARTICLE IX

### AMENDMENTS – SUPERMAJORITY VOTE

The Articles of Incorporation and these Bylaws may be amended, in whole or in part, at any annual meeting of the Board of Directors, or at any special meeting of the Board of Directors called for that purpose, by the affirmative vote of at least eighty percent of all the Directors then elected and qualified. Proposed amendments to the Articles of Incorporation or these Bylaws must be submitted in writing to all Directors at least three weeks prior to the meeting at which the vote to amend will be taken. Any merger, dissolution, change of control, or disposition of substantially all of the assets of the corporation must be approved by the affirmative vote of at least eighty percent of all the Directors then elected and qualified.

## ARTICLE X

### FISCAL YEAR

The fiscal year of the corporation shall be from January 1 to December 31 of each year.

Adopted this ___ day of June 2007.

John C. Erkkila, M.D.
Chair, Board of Directors

The Corvallis Clinic™ Foundation

# Finance and Internal Control Policy

**Purpose:** Effective internal controls are the foundation of a financially safe and sound organization. A well-designed and consistently applied system of internal controls helps the Board of Directors and management:

- Safeguard the organization's assets,
- Ensure the financial viability of the organization,
- Fulfill the organization's mission in an effective and efficient manner,
- Produce reliable financial reports,
- Be accountable to partners, funders, the community, employees, and other stakeholders,
- Comply with laws, regulations and filing requirements.

Effective internal controls also reduce the possibility of significant errors and irregularities and assist in their timely detection, if they should occur.

**The Control Environment:** The control environment reflects the Board of Directors and management's commitment to internal controls. The Board's attitude, actions and values set the tone of the organization and the communication of those values to staff and volunteers is an important component to the safety and soundness of the TCCF.

**Provisions:**

**1. Budgeting**

An annual operating budget will be prepared by the Executive Director and presented to the Board by the beginning of the 4th quarter (at least 60 days prior to the beginning of the next fiscal year). The budget will be created using the Financial Stewardship Resource (FSR) budgeting tool and will reflect the cost of carrying out the programs and services of TCCF for the next two fiscal years. This budget will reflect the anticipated revenues and expenses of TCCF.

The Executive Director will provide the Board with monthly actual to budget reports showing the variance of each revenue and expense general ledger account. No expenditures greater than $1,000.00 outside of the budget will be made without prior Board approval.

**2. Financial Reports and Reviews**

Financial reports reflecting the financial condition of TCCF will be presented to the Board at all regularly scheduled meetings. The financial reports will, at a minimum include a Statement of Financial Position, Statement of Activities, a comparison to the budget and investment statements.

An independent CPA contracted by the Board will conduct an annual review of the TCCF financials. The Board will annually determine the scope of the review. The contract for the review will be formally placed out for bid at least every three to five years.

The Executive Director will solicit bids for the financial review from two or more qualified CPA's. The board will interview and select the CPA. This selection should be based on consideration of cost, professional qualifications, reputation and relevant experience.

**3. Accounting and Segregation of Duties**

The accounting system used by TCCF will utilize generally accepted accounting practices that are required and/or recommended by regulatory agencies and the TCCF CPA and/or accountant.

Copies of TCCF bank statements shall be sent monthly to a member of the finance committee for review. There will be adequate segregation of duties between initiating, approving, recording and/or reconciling TCCF transactions. In addition, the finance committee will review the monthly financial statements.

**4. Disbursements**

Authorized signatories for all checking and investment fund (money market), accounts will be selected from the Board of Directors and will include the Chairman of the Board. An authorized check signer will not be the writer of the check, nor maintain the blank check stock. Blank check stock will be kept in a locked cabinet with dual keys and signatures required to remove the checks by anyone other than the TCCF accountant. An inventory of the checks will be kept by the Executive Director. Original invoices will be approved by the Executive Director before payment. The TCCF accountant will stamp the original invoice with a "PAID" stamp after paying an invoice, and write the date and check number. The signer must ensure that there is adequate documentation for the checks they are signing (original invoices will be attached to the checks that are being signed). Two signatures are required when a check exceeds $5,000.

It is the responsibility of the Executive Director to ensure that signatures can be gained from appropriate signatories so that payment can be made in a timely manner on obligations of TCCF. It is also the responsibility of the Executive Director to establish and maintain adequate controls and safeguards to ensure proper disbursement of TCCF funds.

**5. Deposits and Investment of Funds**

Funds not required for current operations will be invested according to the TCCF Statement of Investment Obligations and Investment Policy. The Executive Director, the TCCF accountant, and the finance committee chair are granted electronic access to the checking and investment accounts for management and investment purposes. Movement of funds in or out of the investment accounts must be approved by the Board of Directors prior to the transfer.

Deposits will be endorsed with the TCCF checking account endorsement stamp immediately, and deposited as soon as possible. Also after any event that raises money, two people (not including the TCCF accountant) will count the money, write down the amount of checks and the amount of cash, and provide those amounts to the Executive Director and TCCF accountant. When the TCCF accountant prepares the deposit slips, she/he will compare the total amount deposited to the totals counted by the two people and attempt to reconcile any difference.

**6. Borrowing/Contractual Arrangements**

The Board of Directors and/or the Executive Director are authorized to enter into contracts or execute and deliver any instrument in the name of and on behalf of TCCF, and such authority may be in general or confined to specific instances. The Chairman of the Board (or other board officer if the chairman is not available) will review any contract over $2,500 prior to the signing of the contract. TCCF may *not* make any loans.

**7. Insurance**

The Executive Director and the finance committee will ensure adequate and appropriate insurance coverage. Insurance coverage and the amount of insurance shall be reported to Board of Directors annually.

**8. Restricted Funds**

The TCCF Board of Directors will approve acceptance of restricted gifts whose restrictions are outside of normal activities. Once approved, the Executive Director will ensure there is clear written acceptance of the gifts indicating all restrictions, ensure that there is segregation of these funds from the TCCF unrestricted funds, and that the funds are monitored to be sure the intended purpose is met over time.

**9. Data Security**

Access to TCCF financial information is on a need-to-know basis. The TCCF QuickBooks file and Vanguard accounts will be password protected. The TCCF Executive Director will ensure there is

adequate computer back up of TCCF data. The TCCF Executive Director will ensure the domain name registration is timely renewed.

**10. Grants**
The Executive Director is responsible for ensuring that restricted grant funds will be spent in a manner consistent with the grant requirements.

**11. Filing Requirements**
The Executive Director is responsible for ensuring that the TCCF year-end reviewed financial statements and IRS Form 990 are available to the Board of Directors for review by April 1st. The Executive Director is responsible for the timely filing of IRS Form 990, the Oregon Secretary of State Renewal, and Form CT-12 for the Oregon Department of Justice.

*Approved by the TCCF Board of Directors June 2011*

This policy has been reviewed and accepted this ___14th_____day of June 2011_____.

Steve Kunke
President, Board of Directors
The Corvallis Clinic Foundation

Corvallis Clinic Foundation

A Member of The Corvallis Clinic Family

**The Corvallis Clinic Foundation**
**Statement of Investment Objectives and Policy**

## Introduction

I. This statement governs the investment of assets held by the Corvallis Clinic Foundation. (the Fund).

This statement is set forth in order that the Directors of the Corvallis Clinic Foundation, investment manager(s) and beneficiaries may be aware of the policy of the Directors with regard to the investment of the Fund's assets, the investment objectives and policy established and the expectations and requirements with respect to the ongoing management of the Fund's assets.

In general, the purpose of this statement is to outline a philosophy and attitude which will guide the investment management of the assets toward the desired results. It is intended to be sufficiently specific to be meaningful, yet flexible enough to be practical.

## The Fund

II. The Endowment Fund is expected to operate in to perpetuity, so these funds will be invested long term. It is important to follow coordinated endowment policies regarding fund-raising, spending, and investment, which will protect the principal of the funds and produce above-average long-term returns.

## Roles and Responsibilities

III. The Board of Directors shall establish investment policy for the funds administered by the Corvallis Clinic Foundation.

The Board shall oversee the investment activities in the following areas:

- Review periodic reports of fund and portfolio performance. Monitor the portfolio for adherence to asset allocation, and direct the transfer of funds to comply with the Asset Allocation policy.
- Monitor adherence to restrictions.
- Perform evaluations of fund performance as required by the Policy.
- Monitor performance and take action to change investments as required.

## Investment Policy Guidelines

IV. The Directors do not expect to be reactive to short-term investment developments, recognizing that the needs for payout are long term and that investment performance must be measured over a meaningful period of time.

A. General Investment Principals

- Investments shall be made solely in the interest of the long-term goals of the Corvallis Clinic Foundation.
- The Fund shall be invested with the care, skill, prudence, and diligence under the circumstances prevailing that a prudent man acting in like capacity and familiar with such matters would use in the investment of a fund of like character and with like aims.
- Investment of the Fund shall be so diversified as to minimize the risk of large losses, unless under the circumstances it is clearly prudent not to do so.
- The Board may employ one or more investment managers of varying styles and philosophies to attain the Fund's objectives.
- Cash is to be employed productively at all times, by investment in short-term cash equivalents to provide safety, liquidity, and return.
- Equity, bond and money market funds may be used to help achieve investment objectives.

B. Investment Management Policy

The assets of the Fund are invested in accordance with policy as approved by the Directors.

- Preservation of Capital – Consistent with their respective investment styles and philosophies, investment managers should make reasonable efforts to preserve capital, understanding that losses may occur in individual investments.
- Risk Aversion-Understanding that risk is present in all types of investments, styles; the Board recognizes that some risk is necessary to produce long-term investment results that are sufficient to meet the Fund's objectives. However, reasonable efforts will be made to ensure that the risk assumed is commensurate with the given investment style and objectives.

C. Asset Allocation

The Directors are responsible, within the guidelines established herein, for the allocation of the Fund between equities, bonds and cash equivalents, subject to the following limitations:

| Endowment Fund | Long-term Target Average |
|---|---|
| Equities | 50% |
| Bonds/Fixed | 50% |

| Non-Endowment Funds | Long-term Target Average |
|---|---|
| Equities | 60% |
| Bonds/Cash/Equivalents | 40% |

D. Risk

Since the Foundation is expected to operate in to perpetuity, the Directors will accept above-median levels of risk in the Fund's investments. Above-median risk shall be defined in terms of a target equi

exposure of 40-50%, with predominately medium to larger capitalization stocks. In the fixed income portfolio, the above-median risk shall be defined in terms of a target bond exposure not to exceed 50%

**Real Returns**

V. Investment Performance Criteria

A. Marketable Securities

In additional to the Fund's total return objective and asset allocation guidelines, and any other criteria, the results of return of marketable securities/funds shall be evaluated by the Board of Directo considering that the investment strategy is to provide growth of principal through investments in diversified quality equity funds.

B. Fixed Income and Cash Equivalents

Specific objectives include, but may not be limited to, the following:

- Bond funds may be used to achieve investment objectives.
- Money Market funds may be used for short term investing.
- In general, the goal will be to seek a balance of 10% cash/equivalents and 30% in bond fund investments.

**Restrictions**

VI. The Board of Directors will receive recommendations and will approve investments of Foundation Funds consistent with the mission of the Corvallis Clinic Foundation.

**Responsibilities**

VII. Legal Compliance

The Board is responsible for strict compliance with the provisions of the prudent person rule as it pertains to their duties and responsibilities.

VII. Review

The Board is responsible for reviewing these guidelines from time to time to insure the guidelines are appropriate to economic conditions and the goals of the Board.

Adopted this 26th day of September, 2008

John [illegible] MD

President, Corvallis Clinic Foundation

Date 26 Sept. 08

Revised 8/22/08

The Corvallis Clinic™ Foundation

# Document Retention Policy
# Adopted: February 16, 2010

The purpose of this policy is to ensure that necessary records and documents are adequately protected and maintained and to ensure that records no longer needed or of no value are discarded at the appropriate time. Requests for changes or deviations should be made to the Executive Secretary of The Corvallis Clinic Foundation.

This policy applies to all physical and electronic records generated in the course of The Corvallis Clinic Foundation's operations.

In the event of a governmental audit, investigation, or pending litigation, record disposal may be suspended at the direction of the Foundation Board President.

**Books and records that apply to this Policy will be retained as follows:**

**Permanent:**

- All significant operational policies-e.g., personnel policies
- Annual reports delivered to Secretary of State
- Articles of Incorporation and amendments
- Audited financial statements
- Bylaws and amendments
- Department of Justice registration
- Financial Records
- Financial statements
- General Ledger
- IRS exemption application, attachments, and all correspondence with the IRS about the application
- IRS exemption letter
- Minutes of Board, committee, and membership meetings
- Other records of Board, committee, and membership actions
- Resolutions of Board
- Restricted donations and endowment use (sufficient information to determine historic dollar value)

**10 years**

- All documentation on any matter that my become a subject of a lawsuit or claim
- All documentation showing proper handling of conflicts of interest
- All documentation showing proper handling of suspicious circumstances
- Client files

- Contracts, leases, property, insurance documentation
- List of the names and business or home addresses on current Directors and officers
- Board-approved annual budget

**7 Years**

- Account payable invoices and cash payment vouchers
- Accounts receivable detailed records
- Bank statements for all accounts
- Cash Receipts and Disbursement Journal
- Chart of Accounts
- Employee related matters-payroll records and employee tax records
- Forms 990 and CT-12
- Inventory schedules
- Payroll timecards, record and reports
- Written communications required to be made by Oregon Law and those regarding general membership matters made to members
- Personnel Records

**Other Periods**

For books and records not mentioned above, The Corvallis Clinic Foundation will consider carefully the purpose of the book or record and how it might be useful in the future. Such future uses might include financial documentation, evidence in a lawsuit, archives, etc. When balancing possible future need against the expense and inefficiency of maintaining records not needed, it is generally wise to err on the side of keeping rather than throwing away.

This policy has been reviewed and accepted this 15 day of Dec 2009.

John Erkkila MD

John Erkkila, M.D.
President, Board of Directors
The Corvallis Clinic Foundation

The Corvallis Clinic™ Foundation

# Whistleblower Policy
## Adopted: February 16, 2010

If any employee or volunteer affiliated with The Corvallis Clinic Foundation reasonably believes that some policy, practice, or activity of The Corvallis Clinic Foundation is in violation of law, a written complaint must be filed by that employee with the Executive Secretary, Board President, or legal counsel.

It is the intent of The Corvallis Clinic Foundation to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all employees and volunteers is necessary to achieving compliance with various laws and regulations. An employee or volunteer is protected from retaliation only if he/she brings the alleged unlawful activity, policy, or practice to the attention of The Corvallis Clinic Foundation and provides The Corvallis Clinic Foundation with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees or volunteers that comply with this requirement.

The Corvallis Clinic Foundation will not retaliate against an employee or volunteer who in good faith, has made a protest or raised a complaint against some practice of The Corvallis Clinic Foundation, or of another individual or entity with whom The Corvallis Clinic Foundation has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

The Corvallis Clinic will not retaliate against employees or volunteers who disclose or threaten to disclose to a supervisor or a public body, and activity, policy or practice of The Corvallis Clinic Foundation that the employee reasonably believed is in violation of law, or a clear mandate of public policy.

The Corvallis Clinic Foundation will not retaliate against employees or volunteers who disclose or threaten to disclose to a supervisor or a public body, and activity, policy, or practice of The Corvallis Clinic Foundation that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this policy. I also verify that I have provided with an opportunity to ask questions about the policy.

This policy has been reviewed and accepted this ___16th_____day of __February, 2010_____.

John Erkkila, M.D.,
President, Board of Directors
The Corvallis Clinic Foundation

The Corvallis Clinic™ Foundation

## The Corvallis Clinic Foundation
## Conflict of Interest Policy

Any director, officer, or key employee who has an interest in a contract or other transaction presented to the board or a committee thereof for authorization, approval, or ratification shall make a prompt and full disclosure of his interest to the board or committee prior to its acting on such contract or transaction. Such disclosure shall include any relevant and material facts known to such person about the contract or transaction which might reasonably be construed to be adverse to the foundation's interest

If a conflict, or perceived conflict, is deemed to exist, such person shall not vote on, nor use his personal influence on, nor participate in (other than to present factual information or to respond to questions), the discussions or deliberations with respect to such contract or transaction. Such person may be counted to determine whether a quorum is present, but may not be counted when the board of directors or a committee of the board takes action on the transaction. The minutes of the meeting shall reflect the disclosure made, the vote thereon, the abstention from voting and participation, and whether a quorum was present.

This policy has been reviewed and accepted this 15th day of June, 2011.

Trustee, Board of Directors
The Corvallis Clinic Foundation

**Description of Grants and Other Assistance to Individuals in the United States**

| | | Number of recipients | Amount of cash grant | Amount of non-cash assistance |
|---|---|---|---|---|
| **Type of grant** | Emergency Assistance Grants | 10 | 8,408 | 0 |
| **Method of valuation** | Book | | | |
| **Description of non-cash assistance** | N/A | | | |
| **Type of grant** | Health Education Scholarships to high school seniors and college students | 8 | 4,000 | 0 |
| **Method of valuation** | Book | | | |
| **Description of non-cash assistance** | N/A | | | |
| **Type of grant** | Nurse Education Grants | 1 | 986 | 0 |
| **Method of valuation** | Book | | | |
| **Description of non-cash assistance** | N/A | | | |
| **Type of grant** | Cook for Cancer Grants | 20 | 464 | 0 |
| **Method of valuation** | Book | | | |
| **Description of non-cash assistance** | N/A | | | |

Form **8868**

(Rev January 2012)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (*e-file*).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

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

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

**Enter filer's identifying number, see instructions**

| **Type or print** | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
|---|---|---|
| | **THE CORVALLIS CLINIC FOUNDATION, INC.** | ☑ **93-6021898** |
| File by the due date for filing your return See instructions | Number, street, and room or suite no. If a P O. box, see instructions. | Social security number (SSN) |
| | **444 NW ELKS DRIVE** | ☐ |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions | |
| | **CORVALLIS, OR 97330** | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ **Trustees of The Corvallis Clinic Foundation, Inc.**

Telephone No. ▶ **541-754-1374** FAX No. ▶ **541-757-1847**

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☑ calendar year 20 **11** or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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