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SCAMMEN SOL

Department of the Treasury Internal Revenue Service

**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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning ar	nd ending		
В	Check if applicable	C Name of organization		D Employer identif	fication number
	Addres change Name	PORTLAND VA RESEARCH FOUNDATION			2000170
$\vdash$	change			3090170	
F	return Termin	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te E Telephone numb	
$\vdash$	ated Amend	F.U. DUA 03333			
$\vdash$	lreturn ]Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$  H(a) Is this a group	3,162,000.
Ь	ltion pendin			for affiliates?	Yes X No
				1	
	<b>-</b>	SAME AS C ABOVE	4) 0- [] 50	H(b) Are all affiliates in  If "No." attach:	
		empt status. X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1)  e: ▶ PORTLAND. VA. GOV/REASEARCH/PVARF	1) 01 3.	<del>_</del>	a list (see instructions)
		organization: X Corporation Trust Association Other	l. va	H(c) Group exempte	•
	art I	Summary	IL Ye	ar of formation: 1969	M State of legal domicile: OR
1 6			DODE N	ADDICAL DECE	ADCH AND
Activities & Governance		Briefly describe the organization's mission or most significant activities. SUP EDUCATION.	PORT	TEDICAL RESEA	ARCH AND
ž.	2	Check this box 🕨 📖 if the organization discontinued its operations or disp	osed of mo	ore than 25% of its net a	1
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	
<u>ග</u> නේ	4	Number of independent voting members of the governing body (Part VI, line 1b	)	4	12
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	83
Vit.	6	Total number of volunteers (estimate if necessary)		6	0
ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <b>a</b>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	0.		
			Prior Year	Current Year	
a	8	Contributions and grants (Part VIII, line 1h)		2,213,338.	1,500,626.
Ĭ	9	Program service revenue (Part VIII, line 2g)	1,324,792.	1,448,803.	
Revenue	10	Investment income (Part <u>VIII, column (A), lines 3, 4, and 7d)</u>		295,145.	203,581.
Œ	11	Other revenue (Part VIII, column (A) Ineg 5,69-8c 9c, 10c, and 11e)		0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	, Γ	3,833,275	3,162,000.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	-
		Benefits paid to or for members (Part IX) column (A), ling(4)	0.	0.	
ģ	15	Salaries, other compensation <u>, employ</u> ee benefits (Part 🙀 column (A), lines 5-10	o) [	2,612,587	2,479,461.
Expenses	16a	Professional fundraising fees (Path) column (A), line 11 e)		0.	0.
ĝ	b.	Total fundraising expenses (Part IX, column (D); line 25)	0.		
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,462,099	1,322,398.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	L	4,074,686.	3,801,859.
		Revenue less expenses Subtract line 18 from line 12		-241,411.	-639,859.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
agets	20	Total assets (Part X, line 16)		10,407,095	9,708,753.
翻	21	Total liabilities (Part X, line 26)	L	425,577	443,745.
환	22	Net assets or fund balances Subtract line 21 from line 20		9,981,518.	9,265,008.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedi	ules and state	ements, and to the best of r	ny knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepai	rer has any knowledge.	
		heller (odd)			<del> </del>
Sig	n	Signature of officer		Date 5/7/	/,_
Her	e	SHELLEY COBB, EXECUTIVE DIRECTOR			1/
		Type or print name and title	,	I Date	
		Print/Type preparer's name Preparer's signature	_	Date Check	PTIN
Paid	'	YEE LEE LO		4/25/12 self-emplo	pyed P01294356
Prep	arer	Firm's name GARY MCGEE & CO. ALP		Firm's EIN	
Use	Only		00		
		PORTLAND, OR 97204		Phone no.	(503) 222-2515
Mas	tha IE	RS discuss this ratium with the preparer shown above? (see instructions)			Voc No

Form **990** (2011)

	n 990 (2011) PORTLAND VA RESEARCH FOUNDATION	<u>94-3090170</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O.	163	140 HO
_		□v <sub>aa</sub>	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	NO LAL
	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	- · · · · · · · · · · · · · · · · · · ·	
	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 t	0
	others, the total expenses, and revenue, if any, for each program service reported		
4a			
	RESEARCH - ADMINISTERED AND CONDUCTED RESEARCH PROJECTS	THAT ENHANC	<u>E</u>
	THE HEALTH OF OUR VETERANS.		
		<del> </del>	
	· · · · · · · · · · · · · · · · · · ·		
 4b	(Code) (Expenses \$134,569 . including grants of \$) (Revenue	13	517.)
75	EDUCATION - ADMINISTERED AND CONDUCTED EDUCATION ACTIVITY		<u>J                                    </u>
	IMPROVE THE EDUCATION OF VA STAFF AND PATIENTS.	TED TIME	
	IMPROVE THE EDUCATION OF VA STAFF AND PATTENTS.		
	· · · · · · · · · · · · · · · · · · ·		
			<del></del>
			·
4c	(Code) (Expenses \$) (Revenue	e \$	)
		<del></del>	
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	Y	
4e	2 450 210		<del></del>

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  1				Yes	No
If Yes, *complete Schedule A   2   X   2   X   3   Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, *complete Schedule C, Part I   3   X   X   Section 50 (1/6) organization. But the organization angage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If Yes, *complete Schedule C, Part I   X   X   X   Section 501(ii) election in effect during the tax year? If Yes, *complete Schedule C, Part II   Yes, *complete Schedule C, Part II   X   X   X   Section 501(iii) election as section 501(iii) election in effect during the tax year? If Yes, *complete Schedule G, Part II   Yes, *complete Schedule G, Part I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule S, Schedule of Controlutors  3 Obt the organization engage in invention of micro of micro to produce obtained companies on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II  5 Is the organization. Did the organization organization organization organization organization organization organization. Did the organization or			1	х	Į
3 Dd 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 If  4 Section 501(c)(S) 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 III  5 Is the organization a section 501(h)(4), 501(c)(5), 671(c)(5), 671(c)(5)	2				
section 60 1c((3) organizations. Dot 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  1 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 98-197 If "Yes," complete Schedule C, Part III  5 in the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  5 in the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment in definition of a complete Schedule D, Part II  6 in the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  7 in 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 negotation services? If "Yes," complete Schedule D, Part IV  8 if If the organization and amount or fund to flore organization services? If "Yes," complete Schedule D, Part IV  9 if If the organization and amount for bind, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VII  10 if the organization report an amount for elived, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII  10 in the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X VIII  11 i					
4 Section \$01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(c)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II she organization a section \$01(c)(4), \$01(c)(5), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II Did the organization in any donor advised funds or any symilar 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 II Did the organization increase or hold a conservation assement, including assements to be preserve open space.  The environment, historic land areas, or historic attreasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization and interest organization, and the organization and interest organiza	•		3		х
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6 Det the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II B 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, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets 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 XII 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 XII Did the organization seport an amount for other sessits in Part X, line 15? If "Yes," complete Schedule D, Part XII Did the organization seport an amount for other sessits in Part X, line 15? If "Yes," complete Schedule D, Part XII Did the organization seport and p	-		5	N/	A
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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 V   10 Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V   11 If the organization service to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, 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   11	8				l
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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 VII  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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 VII  Did the organization report an amount for other habitities 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 X II  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  110 Lit X  1110 Lit X  1110 Lit X  1111 Lit X  1110 Lit X  1111 Lit X  1112 Lit X  1112 Lit X  1122 Lit Yes," complete Schedule D, Part X III III Lit X  113 Lit X  114 Lit X  115 Lit X  116 Lit X  117 Lit X  117 Lit X  118 Lit X  119 Lit Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X  118 Lit X  119 Lit X  110 Lit Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X  119 Lit X  110 Lit Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X  118 Lit X  119 Lit Was the organization included in consolidated, independent audited financial statements for the tax yea		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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Form 990 (2011) PORTLAND VA RESEARCH FOUNDATION
Part IV Checklist of Required Schedules (continued)

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  22 Did the organization operations and stopped programs 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  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  24 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  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Description of the organization and that the transaction with a disqualified person during the year?  27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II  28 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 IV  29 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  29 In a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Land the organization receive or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive contributions of	r ai	Checkist of Neduled Ochedules (Continued)			
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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  bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25 Section 501(eX) and 501(eX) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I  Sistence of 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 II  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 IV  Did the organization proved a grant or other assistance to an officer, director, trustee, because L, Part IV  Was though you agricult in a part of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A stanily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A termily of which a current or former officer, of insctor, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A termily of which a current or former officer, of insctor, trustee, or key employee? If "Yes," complete Schedule R, Part IV  Did the orga					•
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disqualified person during the year? If "Yes," complete Schedule L, Part I  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-E2? If "Yes," complete Schedule L, Part II  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  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  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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A trustly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I,			240		
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-E27 If "Yes," complete Schedule L, Part II 25b X 25b X 26b X 25b X 2	25a		05-		v
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	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			-110
h	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			
Ŭ	(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 83			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	'	х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
ь	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	·	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ва	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		X
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).			
а	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		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		ļ	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	TA \	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting $N/A$ 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		
h	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		· · · · ·
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	. 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	, ,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	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			
	Enter the amount of reserves on hand	46:		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

94-3090170 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u></u>	Check if Schedule O contains a response to any question in this Part VI					X
<u> </u>	tion A. Governing Body and Management				Van	No
		1.	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>.</u>	4		
	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 0.	4.	1			
	Enter the number of voting members included in line 1a, above, who are independent	1 <u>b</u>		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	iip witi	any other			х
_	officer, director, trustee, or key employee?		**********	2		
3	Did the organization delegate control over management duties customarily performed by or under the	ne aire	ct supervision			v
_	of officers, directors, or trustees, or key employees to a management company or other person?	000	aa filado	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		
6	Did the organization have members or stockholders?			6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or	_		37
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockr	iolders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:	ļ	:	
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the	1.		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	ie Code )			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		•	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	3,5	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bet	ore filing the form?	11a	X	
b	· · · · · ·					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe		'	
	ın Schedule O how this was done			12c	X_	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	_X_	
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		-		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		***			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		<u> </u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatı	on's			
	exempt status with respect to such arrangements?			16b	<u> </u>	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OR					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·ı (Sec	tion 501(c)(3)s only)	availab	10	
	for public inspection, Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request	_				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, a	nd finar	ncial	
	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 a	and re	cords of the organiz	ation:		
	SHELLEY COBB - 503-273-5228					
	P.O. BOX 69539, PORTLAND, OR 97239					

132006 01-23-12

# 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.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Uigi		((	C)		ioui	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Pos heck iss pe	ntior more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHARON ANDERSON, M.D. DIRECTOR	1.00	х						0.	0.	0.
(2) TOM ANDERSON, M.D. DIRECTOR	1.00	x						0.	0.	0.
(3) DAN CHRISTOPHER DIRECTOR	1.00	x						0.	0.	0.
(4) CHRISTOPHER CUNNINGHAM, PHD. DIRECTOR	1.00	x		_				0.	0.	0.
(5) MICHAEL P. DAVEY, M.D., PHD. DIRECTOR	1.00	x						0.	0.	0.
(6) STEVEN DOBSCHA, M.D. DIRECTOR	1.00	x				_		0.	0.	0.
(7) SARAH RUTH O'DELL DIRECTOR	1.00	x						0.	0.	0.
(8) MOLLY OSBORNE, M.D., PHD.  DIRECTOR	1.00	x			_	-		0.	0.	0.
(9) JOHN PATRICK DIRECTOR	1.00	х						0.	0.	0.
(10) KENT THORNBURG, PHD.  DIRECTOR	1.00	x						0.	0.	0.
(11) JAMES EDWARDS, M.D. CHAIR	1.00	x		x				0.	0.	0.
(12) CHERYL L. MORGAN, CPA TREASURER	1.00	x	_	x				0.	0.	0.
(13) DAVID H. HICKAM, M.D. PRESIDENT	5.00			x				21,957.	0.	1,326.
(14) SHELLEY COBB EXECUTIVE DIRECTOR	40.00			x				96,389.	0.	18,067.
(15) HALINA OFFNER-VANDENBARK SCIENTIST	20.00					x		100,943.	0.	3,250.
			-	_						
	1		<u> </u>			<u> </u>	<u> </u>	l		Form <b>990</b> (2011)

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Par	t VII   Section A. Officers, Directors, Tru	I	mple	oyee			High	est	Compensated Employ	rees (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			stimate	
		hours per week			ss pe nd a d				compensation	compensation from related	,		nount other	of
		(describe	į						the	organizations			pensa	tion
		hours for	trustee or director	_			ted		organization	(W-2/1099-MIS	D)	fr	rom th	е
		related	stee	Tuste	1	۱.,	pensa		(W-2/1099-MISC)			_	anizat	
		organizations in Schedule	ual tr	) Janot	ł	ptoye	t co						d relat anizati	
		O)	individual 1	Institutional trustee	Officer	Key emptoyee	Highest compensate employee	E E			Í	Orgo	ai ii2ati	J113
			<u> </u>	Ť		Î					ヿ			
					:									
											_			
			-	-			-				$\dashv$			
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			-	<del> </del>							$\dashv$			
			<u> </u>			_		-						
			<u> </u>											
1b	Sub-total						<b></b>		219,289.	1	0.	2	2,6	
C	Total from continuation sheets to Part V	II, Section A							0.		0.		~ ~	0.
	Total (add lines 1b and 1c)						<u>.                                    </u>		219,289.		0.		2,6	43.
2	Total number of individuals (including but r compensation from the organization	ot limited to tr	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportable	<b>;</b>			1
	compensation from the organization			•									Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	ſ			
	line 1a? If "Yes," complete Schedule J for s				•	•	•		,			3		X
4	For any individual listed on line 1a, is the su									the organization	ſ			
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or							rela	ted organization or indiv	idual for services				7.
	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J i	or s	uch	per	son					5		X
1	Complete this table for your five highest co	mponeated in	don	onde	ant c	ont	racte	ore :	that received more than	\$100,000 of com		ation	from	
•	the organization Report compensation for	•									70113	ation		
	(A)								(B)			((	<b>C)</b>	
<del></del>	Name and business		v	3	1 0 1	1		_	Description of s			ompe	nsatio	n
	GON HEALTH SCIENCE UN N. SAM JACKSON PARK RD								MEDICAL RESE SERVICES	ARCH		22	0,0	86.
	PARTMENT OF VETERANS A						W .		MEDICAL RESE	ARCH		-		
	VETERANS HOSPITAL RD.								SERVICES			15	5,3	96.
									· · · · · · · · · · · · · · · · · · ·					
	Total number of independent contractors (i	ncludina but r	not li	mite	d to	tho	se li	ster	d above) who received n	nore than				
	\$100,000 of compensation from the organi	_	٠, ،،		0		2							

Statement of Revenue (D)
Revenue
excluded from
tax under (B) (C) (A) Total revenue Related or Unrelated exempt function business sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d 665,393. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 835,233 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 1500626 h Total. Add lines 1a-1f **Business Code** 541700 1435286. 1435286. 2 a CLINICAL RESEARCH REV. Program Service 13,517. ь CONF. REGISTRATION FEE 541900 13,517. f All other program service revenue 1448803. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 203,581 203,581. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 8,990 8,990. d. All other revenue 8,990. e Total. Add lines 11a-11d 3162000. 1448803. 212,571. Total revenue. See instructions. 132009 01-23-12

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 responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	137,739.	İ	137,739.	
6	Compensation not included above, to disqualified	13111331		23777331	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,857,770.	1,785,495.	72,275.	
8	Pension plan accruals and contributions (include	<u> </u>		, 2 , 2 , 3 ,	
-	section 401(k) and section 403(b) employer contributions)	61,985.	57,092.	4,893.	
9	Other employee benefits	236,957.	211,343.	25,614.	
10	Payroll taxes	185,010.	167,989.	17,021.	
11	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting	27,202.		27,202.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		401,397.	385,554.	15,843.	
12	Advertising and promotion	, , , , , , , , ,			
13	Office expenses	14,523.	6,685.	7,838.	·
14	Information technology		·		
15	Royalties				
16	Occupancy				
17	Travel	91,596.	87,458.	4,138.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	53,700.	53,700.		
19	Conferences, conventions, and meetings	84,211.	81,583.	2,628.	
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,095.	72,054.	41.	
23	Insurance	7,241.		7,241.	
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.)				
а	LABORATORY SUPPLIES	273,444.	273,444.		
b	NITROGEN, GASES	146,709.	146,709.		
С	SMALL RESEARCH EQUIP.	82,467.	74,578.	7,889.	
d		67,813.	46,628.	21,185.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,801,859.	3,450,312.	351,547.	0
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)				

Form 990 (2011)
Part X Balance Sheet

Pai	rt X	Balance Sheet				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		301,293.	1	
	2	Savings and temporary cash investments		7,947,475.	2	6,549,321.
	3	Pledges and grants receivable, net	[	540,605.	3	401,943.
	4	Accounts receivable, net		519,184.	4	580,166.
	5	Receivables from current and former officers, dire	ctors, trustees, key			
		employees, and highest compensated employees				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as d	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3				
		employers and sponsoring organizations of section	* 1			
		employees' beneficiary organizations (see instruct			6	
ets	7	Notes and loans receivable, net	,		7	
Assets	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges	' '	3,524.	9	34,362.
	1	Land, buildings, and equipment: cost or other	ı			
			10a 794,714.		<u> </u>	
	ь	·	10b 519,918.	346,891.	10c	274,796.
	11	Investments - publicly traded securities	327,323		11	
	12	Investments - other securities. See Part IV, line 11		748,123.	12	1,868,165.
	13	Investments - program-related. See Part IV, line 11	•	, _ , _ , ,	13	
	14	Intangible assets	·		14	
	15	Other assets See Part IV, line 11	<del></del>	15		
	16	Total assets. Add lines 1 through 15 (must equal		10,407,095.	16	9,708,753.
	17	Accounts payable and accrued expenses		425,577.	17	443,745.
	18	Grants payable			18	
	19	Deferred revenue	<u> </u>	19		
	20	Tax-exempt bond liabilities	Ì		20	
S	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Payables to current and former officers, directors,	r			
abil	_	highest compensated employees, and disqualified				
ڌ		of Schedule L	,		22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	· ·		24	
	25	Other liabilities (including federal income tax, paya	·			
		parties, and other liabilities not included on lines 1				
		Schedule D	, , , , , , , , , , , , , , , , , , , ,		25	
	26	Total liabilities. Add lines 17 through 25		425,577.	26	443,745.
		Organizations that follow SFAS 117, check here	e X and complete			
တ္က		lines 27 through 29, and lines 33 and 34.				
g.	27	Unrestricted net assets		9,022,917.	27	8,358,541.
ala	28	Temporarily restricted net assets		958,601.	28	906,467.
g p	29	Permanently restricted net assets			29	
٦		Organizations that do not follow SFAS 117, che	eck here 🕨 🔲 and			
jo .		complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or equi	ipment fund		31	
it A	32	Retained earnings, endowment, accumulated inco	· .		32	· · · · · · · · · · · · · · · · · · ·
ž	33	Total net assets or fund balances	·	9,981,518.	33	9,265,008.
	34	Total liabilities and net assets/fund balances		10,407,095.	34	9,708,753.
						Form <b>990</b> (20

orm	990 (2011) PORTLAND VA RESEARCH FOUNDATION	94-309	0170	Pag	<sub>1e</sub> 12
Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response to any question in this Part XI				X
		,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,162	2,0	<u>00.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>3,801</u>	. , 8	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-639</u>	8, 8	<u>59.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>9,981</u>	<u>. , 5</u>	<u> 18.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<u>-76</u>	, 6	<u>51.</u>
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	9,265	0,0	<u>08.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$\underline{oldsymbol{ol}}}}}}}}}}}}}}$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	1 1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t	1 1		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			l	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit			
	Act and OMB Circular A·133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form \$	9 <b>90</b> (2	2011)

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of	me organizati		m wa deceado	וז חם עי	דיים א רווא	ON		-		4-3090170
Part I	Reason		<u>ID VA RESEARO</u> ity Status (All organia				t.) See ins	tructions.		#-2030T10
			because it is: (For lines							
1 🔲			s, or association of chur					١		
2 🗀	·-		'0(b)(1)(A)(ii). (Attach Sc			,011011 170	(=)( ')(-)(')	,•		
3 🗔			tal service organization			170/6\/1\	/Δ\/iii\			
4 X			operated in conjunction					/b\/1\/ <b>∆</b> \/ii	ii) Enter t	the hospital's name
4 (22)		=	VA MEDICAL C							no nospitaro namo,
5 🔲	An organizati	on operated for the	benefit of a college or u						t describe	ed in
		<b>(b)(1)(A)(iv).</b> (Comple	•							
6		=	ent or governmental uni							
7 📖	_	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general <sub>I</sub>	public described in
	-	<b>b)(1)(A)(vi).</b> (Comple								
8 📙	-		section 170(b)(1)(A)(vi).							
9 📖	•	-	eives. (1) more than 33							
			nctions - subject to certa							
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon a	after June 30, 1975.
_		<b>509(a)(2).</b> (Complete	•							
10	_	= .	perated exclusively to te					•		
11 📖	=	_	perated exclusively for the							
		- · · · -	ations described in secti				2) See <b>se</b> o	ction 509(	<b>a)(3).</b> Che	eck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		•					1
	a Type I		_ ,,		e III - Fund	•	•		<b>d</b> ∟	Type III - Other
e []	•	•	it the organization is not		•	•	•		•	•
		_	han one or more publicly	_	-				9(a)(1) or :	section 509(a)(2)
f	•		ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		_
		rganization, check th				_			_	<u></u>
g	•	•	organization accepted ar			•		• •		[]
			lirectly controls, either al	ione or tog	etner with	persons o	iescribed	ın (II) and (	iii) below,	
	-	• •	upported organization?	,			••	••		11g(i)
	• •	•	n described in (i) above?	•	-0					11g(ii)
	, ,	•	person described in (i)							11g(iii)
h	Provide the to	ollowing information	about the supported or	ganization	(S).					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did voi	u notify the	(vi) ls	the	(vii) Amount of
	anization	(11) 2111	organization	in col. (i) lis	sted in your	organizat	ion in col.	organizátic (i) organiz	on in col.	support
			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	`` <b>,</b>		
			(see instructions))	Yes	No	Yes	No	Yes	No	
•										
				ļ		ļ				
					<u> </u>					
							:			
		_								
_										
Total			L	1	L	L	<u> </u>	<u> </u>	<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2011

fails to qualify under the tests lection A. Public Support						
llendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	(4) 2001	10/200	(0) 2000	(0) 23.5	(9/25	(1) 1014
membership fees received. (Do not					İ	
include any "unusual grants ")					1	
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions						
by each person (other than a		•				
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						*****
Public support, Subtract line 5 from line 4				<u> </u>	L	
oction B. Total Support				1	1	
endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 4				<u> </u>	<u> </u>	
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					<del> </del>	
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)  Total support. Add lines 7 through 10				-		
Gross receipts from related activities, e	to (see instruct	ione)	L	<u> </u>	12	
First five years. If the Form 990 is for t	•	•	d fourth or fifth to	av vear as a sectio	<del></del>	
organization, check this box and stop	•	s mst, second, triii	a, loaren, or men e	ax year as a section	on 50 ((c)(5)	▶[
ection C. Computation of Public		ercentage				
Public support percentage for 2011 (lir	•		column (f))	· ·	14	
Public support percentage from 2010			.,,		15	
a 33 1/3% support test - 2011. If the or			n line 13, and line	14 is 33 1/3% or i		x and
stop here. The organization qualifies a	-					▶[
b 33 1/3% support test - 2010. If the or				l line 15 is 33 1/3%	6 or more, check th	nis box
and stop here. The organization qualifi					•	▶[
a 10% -facts-and-circumstances test	- <b>2011.</b> If the or	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "facts	s-and-circumstai	nces" test, check t	his box and stop h	nere. Explain in Pa	art IV how the organ	nization
meets the "facts-and-circumstances" to			· ·			▶[
o 10% -facts-and-circumstances test	- 2010. If the or	ganization did not	check a box on line	ə 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the	"facte-and-circi	imetances" test o	hook this how and	Attack Contact	Dawi IV/ bass Abs	

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

# Schedule A (Form 990 or 990-EZ) 2011 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

361	ction A. Public Support						
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				•		
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and	,					
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	· -					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)					İ ****	
	First five years. If the Form 990 is for	the organization'r	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation.
• •	check this box and stop here			.,	. ,	(-)(-) 0.84111	<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (I			column (f))		15	%
	Public support percentage from 2010		=			16	<u>%</u>
	ction D. Computation of Inves					1	
	Investment income percentage for 20			ne 13, column (fl)		17	%
	Investment income percentage from 2	=	•	,		18	<del></del>
	33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than	L	
	more than 33 1/3%, check this box a	_					▶□
h	33 1/3% support tests - 2010. If the	<del>-</del>	-		-		and
	line 18 is not more than 33 1/3%, che	~			· ·		
20	Private foundation. If the organization		•			=	
	Titate tourisation, it the organizatio	cia not onoon a	200 On mile 17, 10	_, J. 100, 01100K t	55% 4114 506 11		·

### **SCHEDULE D**

(Form 990)

**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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**Employer identification number** 

	PORTLAND VA RESEAR	CH FOUNDATION	94-3090170
Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 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		
		writing that the appets hold in depot advise	od funds
5	Did the organization inform all donors and donor advisors in	-	
_	are the organization's property, subject to the organization's	<del>-</del>	<del></del>
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	
Par	impermissible private benefit?	recognition analysis of the Form 200. Bo	Yes No
	<u> </u>		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certification	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	ıt holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements du	iring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year > \$
8	Does each conservation easement reported on line 2(d) above		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her 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 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	ice of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	•	•
	relating to these items:	, , , , , , , , , , , , , , , , , , ,	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	► \$ ► \$
2	If the organization received or held works of art, historical tre	 assures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1	•	gain, provido
_	Revenues included in Form 990, Part VIII, line 1	TO VICO 550) Totaling to tribab items.	<b>&gt;</b> \$
<b>4</b>	Assets included in Form 990, Part X		<b>5</b>
U	7 WOOLD INCIDENCE IT FORTH 330, FAIL A		Ψ Ψ

	· · · · · · · · · · · · · · · · · · ·	<u>D VA RESEA</u>					•		<u> </u>		
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	er Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a s	ignıfıcant	use of its	collection	item:	s
	(check all that apply):										
а	Public exhibition		, 🗀	Loan or exc	hange progra	ams					
ь	Scholarly research	6	<b>,</b> $\square$	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	he organizati	on's exe	mpt purpo	se in Pa	rt XIV		
5	During the year, did the organization solicit of			-							
•	to be sold to raise funds rather than to be m							🗀	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Compl				"Yes" to	Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	ıncluded				
10	on Form 990, Part X?		a.a., .o.						Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	allowing	table:						_	,
U	ii 165, explain the analigement iiii art XIV	and complete the re	5.10 <b>11</b> 1119	tabio.					Amount		
_	Pograping halance						1c		7 11100110		
	Additions during the year										
	Additions during the year		•				1d				
e	Distributions during the year						1e 1f				
f	Ending balance	000 Dark V line							7 v		No
	Did the organization include an amount on F		3217					<u> </u>	_ Yes	_	) NO
Par	t V Endowment Funds. Complete in			l "Voo" to Fo	rm 000 Dort	IV kan 1					
Fai	Litaowine it i arias. Complete	T	Ĭ .		1			oora baala	(-) Four		haale
_	Danish of war balance	(a) Current year	(0)	Prior year	(c) Two year	S Dack	(d) Three y	rears Dack	(e) Four	years	Dack
	Beginning of year balance			_					<del> </del>		
b	Contributions										
С	Net investment earnings, gains, and losses								-		
	Grants or scholarships .				ļ			<del>,</del>	+		
е	Other expenditures for facilities										
	and programs								<del></del>		
f	Administrative expenses				ļ				ļ		
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	red for t	he organiz	ation	-	<del> ,</del>	
	by:									Yes	No
	(i) unrelated organizations							•	3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the							_			
Pai	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part )	(, line 10.							
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value	•
	· · · · · · · ·	basis (investi	ment)		(other)	de	preciation				
1a	Land										
	Buildings	-						İ			
	Leasehold improvements										
	Equipment			79	4,714.		519,9	18.	274	1,7	96.
	Other					•					
	Add lines 1a through 1a (Column (d) must e	aual Form 000 Part	Y ook	mn (P) //no 1	10(0)				27/	1 7	مح

Schedule D (Form 990) 2011

(a) Description of exacutry or category (n) Book value (c) Method of valuation: Cost or and of year market value (c) Cost or and of year market value (c) Cost or and of year market value (c) Cost or and of year market value (c) Cost or and of year market value (c) Cost or and of year market value (c) Cost or and of year market value (c) Cost or and of year market value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Tare Til IIITOOCIIIOITO OCIOI COCCIIICOOI CO	10 1 01111 000, 1 att 71, iiii 12.		
(1) Financial derivatives (2) Closely held equity interests (3) Cheir (A) CRMA MORTGAGE BACKED  1,868,165. END-OF-YEAR MARKET VALUE  (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(b) Book value		
(3) Other (A) GMMA MORTGAGE BACKED 1, 868, 165. END-OF-YEAR MARKET VALUE (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(A) CSMMA MORTGAGE BACKED 1,868,165.   END-OF-YEAR MARKET VALUE   (B)				<del></del>
(B) (C) (C) (D) (D) (E) (D) (D) (E) (D) (D) (E) (D) (D) (E) (D) (D) (E) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
(C)	(A) GNMA MORTGAGE BACKED	1,868,165.	END-OF-YEAR MAI	RKET VALUE
(D) (E) (F) (B) (P) (B) (P) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(B)			
(E) (F) (G) (B) (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(C)			
(E) (F) (G) (B) (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(D)			
(G) (G) (H) (G) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
(G) (H) (H) (D) must equal Form 990, Part X, col (B) line 12.)  (a) Description of investment type (b) Book value (c) Method of valuation: (c) Method of valuation: (c) Method of valuation: (c) Method of valuation: (d) Method of valuation: (e) Method of valuation: (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(1)   (1)				
Total. (Col (b) must equal Form 990, Part X, col (B) Inte 12.)				<del></del>
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation: Cost or end-of-year market value		1 000 105		
(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 (Cot (b) must equal form \$99, Part X, cot (B) line 13.)   (9) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (9) (10) (10) (10) (10) (10) (11) (11) (11				
(a) Description of investment type (b) Sook value  Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Col/b) must equal form 990, Part X, col (B) line 13.)  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total (Col/b) must equal form 990, Part X, col (B) line 15.)  (9) (10) Total (Col/b) must equal form 990, Part X, col (B) line 15.)  (9) (10) Total (Col/min (b) must equal form 990, Part X, col (B) line 15.)  Part X   Other Liabilities. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (9) (9) (10) (10) (11)	Part VIII Investments - Program Related. S	ee Form 990, Part X, line 13		
(1)	(a) Description of investment type	(h) Book value		
(2) (3) (4) (5) (6) (7) (9) (9) (10) Total (Col/b) must equal Form 990, Part X, col (8) line 13.)   (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) (10) (11)	(a) Description of investment type	(b) Book value	Cost or end-of-y	ear market value
(2) (3) (4) (5) (6) (7) (9) (9) (10) Total (Col/b) must equal Form 990, Part X, col (8) line 13.)   (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) (10) (11)	(1)			
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(6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				
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(8) (9) (10) Total (Col (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) (4) (5) (6) (7) (8) (9) (10) (10) (11)	(6)			
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Part IX   Other Assets. See Form 990, Part X, line 15.   (a) Description   (b) Book value	Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
(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)	Part IX Other Assets. See Form 990, Part X, line	15.		
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(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)	(7)			
(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)	(8)			
(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)	(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)    Part X   Other Liabilities. See Form 990, Part X, line 25.   (a) Description of liability   (b) Book value				
Part X   Other Liabilities. See Form 990, Part X, line 25.   1.		e 15.)		<b>•</b>
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	(-) Description of liability		) Book value	
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(3) (4) (5) (6) (7) (8) (9) (10)				
(4) (5) (6) (7) (8) (9) (10)				
(5) (6) (7) (8) (9) (10)				
(6) (7) (8) (9) (10)	(4)			
(7) (8) (9) (10) (11)	(5)			
(8) (9) (10) (11)	(6)			
(8) (9) (10) (11)				
(9) (10) (11)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)  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		<del>-</del>		
Total. (Column (b) must equal Form 990, Part X, Col (b) line 25.)  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	(11)	- 05)		
	FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to	e ∠J.)  o the organization's financial statemen	ts that reports the organization's liability t	for uncertain tax positions under

	dule D (Form 990) 2011 PORTLAND VA RESEARCH FOUN.				30901/0 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	to Audited	d Financial Stat	ement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,162,000.
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2		<u>3,801,859.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<u>-639,859.</u>
4	Net unrealized gains (losses) on investments	•	4		-76,651.
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		-76,651.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		-716,510.
	t XII Reconciliation of Revenue per Audited Financial Statem		h Revenue per l	Returr	
1	Total revenue, gains, and other support per audited financial statements		•	1	3,085,349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-76,651	_	
b	Donated services and use of facilities	2b	707031	1	
-	Recoveries of prior year grants	2c		1	
C	Other (Describe in Part XIV.)	2d	**	1 1	
ď	,	Zu		ا ۵۰ ا	-76,651.
e	Add lines 2a through 2d			2e	3,162,000.
3	Subtract line 2e from line 1			3	3,102,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b		┨. ╽	0
	Add lines 4a and 4b			4c	0.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		th Evnances no	5	3,162,000.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stater	ments wi	ın Expenses pe	1	· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements			1	3,801,859.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2b		-	
C	Other losses	2c		-	
d	Other (Describe in Part XIV)	_2d		-	_
е	Add lines 2a through 2d .			2e	0.
3	Subtract line 2e from line 1			3	<u>3,801,859.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	4 1	
b	Other (Describe in Part XIV)	4b		4 1	
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u>3,801,859.</u>
Par	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor				
					·
			·		

### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

Schedule F (Form 990) 2011

POF	RTLAND VA RES	EARCH FO	UNDATION	1		94-309017	0
Pai				tside the United States. Comp	lete if the orgar		
	to Form 990, Par					······································	
1	<del>-</del>	-		ds to substantiate the amount of its gr			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes No
2	United States.			procedures for monitonng the use of it		ther assistance out	side the
3		1		an be duplicated if additional space is		<del></del>	1 =
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro-	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
					RESEARCH CO PROCEEDS RE COMPANIES I	CEIVED FROM	
SWIT	ZERLAND	0	0	PROGRAM SERVICE	SWITZERLAND	),	0.
•							
							•
3 a	Sub-total	0	0				0.
	Total from continuation sheets to Part I	O	0				0.
С	Totals (add lines 3a and 3b)	0	0				0.

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

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance : : : (g) Amount of non-cash assistance 94-3090170 Enter total number of recipient organizations listed above that are recognized as charties by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of : of cash grant : (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 PORTLAND VA RESEARCH FOUNDATION the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region Part II can be duplicated if additional space is needed. (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2011 (a) Name of organization Part II Q

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Schedule F (Form 990) 2011

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Enter total number of other organizations or entities

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94-3090170

PORTLAND VA RESEARCH FOUNDATION

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

					•	
(h) Mathod of	(in) when to war valuation (book, FMV, appraisal, other)					
(a) Description of	non-cash assistance					
(A) Amount of	non-cash assistance					
(e) Manner of	cash disbursement					
(a) Amount of	cash grant					
(c) Number of	recipients					
dinolial space is recog	(b) Region					
במר זו כמו סס מקטומונים וו מסטומונים וו מסמים זי ווכפסים	(a) Type of grant or assistance					

Schedule F (Form 990) 2011

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PORTLAND VA RESEARCH FOUNDATION

Employer identification number 94-3090170

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION'S MISSION IS TO FACILITATE AND ENHANCE THE RESEARCH AND

EDUCATION PROGRAMS CONDUCTED AT THE PORTLAND VA MEDICAL CENTER. THE

FOUNDATION STRIVES TO PROVIDE OUTSTANDING SUPPORT TO SCIENTISTS AND

STAFF IN THEIR RESEARCH, EDUCATION, AND TRAINING ENDEAVORS FOSTERING

PROGRESS IN BIOMEDICAL AND CLINICAL RESEARCH.

FORM 990, PART VI, SECTION A, LINE 7B: NEW DIRECTORS ARE ELECTED BY THE

MAJORITY VOTE OF THE CURRENT BOARD OF DIRECTORS BUT MUST BE APPROVED FOR

MEMBERSHIP BY THE PORTLAND VA MEDICAL CENTER CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN

OUTSIDE ACCOUNTANT AND REVIEWED BY THE EXECUTIVE DIRECTOR. THE FINANCE

COMMITTEE THEN MEETS TO REVIEW THE FORM 990. IT IS THEN EMAILED TO THE

FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO ITS FILING

WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: UPON APPOINTMENT AND ANNUALLY

THEREAFTER, BOARD MEMBERS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF REVIEW

OF THE CONFLICT OF INTEREST POLICY. UPON DISCLOSURE, ANY CONFLICT IS

REVIEWED BY THE CHAIRMAN OF THE BOARD AND SUBMITTED TO THE BOARD FOR REVIEW

AT THE NEXT SCHEDULED MEETING.

FORM 990, PART VI, SECTION B, LINE 15: TOP MANAGEMENT - THE EXECUTIVE

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

COMPARISON BETWEEN THE FEDERAL EMPLOYEES GENERAL SCHEDULE AND LOCALITY PAY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211
101-23-12

Name of the organization PORTLAND VA RESEARCH FOUNDATION	Employer identification number $94-3090170$
RATES, AND DATA SUPPLIED BY THE NATIONAL ASSOCIATION OF T	HE VETERANS'
RESEARCH AND EDUCATION FOUNDATION. THE PRESIDENT'S SALAR	Y IS DETERMINED AS
A PERCENTAGE OF HIS COMPENSATION AS AN EMPLOYEE OF THE VA	MEDICAL CENTER AS
DETERMINED BY THE BOARD OF DIRECTORS. HIS COMPENSATION A	S AN EMPLOYEE OF
THE VA MEDICAL CENTER IS BASED ON THE FEDERAL EMPLOYEES G	ENERAL AND
LOCALITY BASED PAY RATES.	
KEY EMPLOYEES - KEY EMPLOYEES COMPENSATION ARE BASED ON T	HE FEDERAL
EMPLOYEES GENERAL AND LOCALITY BASED PAY RATES SCHEDULE,	AS WELL AS
AFFILIATED UNIVERSITY AND LOCALITY COMPARISONS FOR LIKE P	OSITIONS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-76,651.