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

OMB No 1545-0052

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

For calendar year 2012 or tax year beginning 2012, and ending 20 Name of foundation A Employer identification number Cambia Health Foundation 32-0200578 Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite P O Box 1271 C2A 503 225 6988 City or town, state, and ZIP code C If exemption application is pending, check here ▶ Portland, OR 97207 G Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Address change Name change check here and attach computation E If private foundation status was terminated under Check type of organization Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ▶□ Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation Fair market value of all assets at Accounting method:

Cash

Accrual F If the foundation is in a 60-month termination end of year (from Part II, col. (c), ☐ Other (specify) under section 507(b)(1)(B), check here ▶□ line 16) ▶ \$ 67,503,727 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable (b) Net investment (c) Adjusted net income expenses per books amounts in columns (b), (c), and (d) may not necessarily equal income purposes the amounts in column (a) (see instructions)) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 8,000,161 2 Check ► ☐ If the foundation is **not** required to attach Sch. B 1,847 1.847 3 Interest on savings and temporary cash investments 1,675,351 1,675,351 4 Dividends and interest from securities 5a Gross rents . 9 **3**9;1 b Net rental income or (loss) 84.3 Net gain or (loss) from sale of assets not on line 10 990,058 6a b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 1,205,544 8 Net short-term capital gain . . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . 0 Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 10,667,417 2,882,742 12 Total. Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees fattach schedule) Interest RECEIVE 49.878 49.878 17 18 Taxes (attach schedule) (see instru 24.500 23,300 1,200 Depleciation (attach schedule) and depletion Occupancy 19 20 Travel, conferences, and meetings 46,607 21 42,572 22 Printing and publications 7,308 7,271 23 701,543 97,619 Other expenses (attach schedule) 603,924 24 Total operating and administrative expenses. Add lines 13 through 23 829.836 120,919 0 704.845 3,822,066 1.823,597 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 4.651.902 120,919 0 2,528,442 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 6.015.515 2,761,823 **Net investment income** (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

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Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of year		
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu		(c) Fair Market Value	
	1	Cash—non-interest-bearing	75,000		3,070	403,070	
	2	Savings and temporary cash investments	210,425	944	,868		
	3	Accounts receivable ▶	8 . 8	·			
		Less: allowance for doubtful accounts ▶	0		,847	1,847	
	4	Pledges receivable ▶		-4,72,000			
		Less: allowance for doubtful accounts ▶	demonstrate determination of the control of the con			<u> </u>	
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other	,				
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶	₩,,		3	`	
		Loop, allowance for devictful account. N		<u> </u>			
δ.	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ąŝ	10a	Investments—U.S. and state government obligations (attach schedule)					
	Ь	Investments—corporate stock (attach schedule)	18,334,177	19,709	927	19,709,837	
	c	Investments—corporate bonds (attach schedule)			_		
	11	Investments Land buildings and equipment bases	39,560,860	46,444	, 105	46,444,105	
	' '	Investments—land, buildings, and equipment: basis ►			ـد ـــــ		
	12	Less: accumulated depreciation (attach schedule) ▶					
	13	Investments—mortgage loans					
		Investments—other (attach schedule)					
	14	Land, buildings, and equipment: basis ▶	di	<u> </u>	<u></u>		
		Less: accumulated depreciation (attach schedule) ▶					
	15	Other assets (describe ▶)					
	16	Total assets (to be completed by all filers—see the					
	L	instructions. Also, see page 1, item I)	58,180,462	67,503			
	17	Accounts payable and accrued expenses	70,616		3,312	1	
Ś	18	Grants payable	1,090,339	1,998	3,469		
:≝	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
<u>.a</u>	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe ►)					
	23	Total liabilities (add lines 17 through 22)	1,160,955	2,011	,781		
w		Foundations that follow SFAS 117, check here . ▶ 🏋				A see an	
alances		and complete lines 24 through 26 and lines 30 and 31.					
ē	24	Unrestricted	57,019,507	65,491	,946		
ā	25	Temporarily restricted					
	26	Permanently restricted					
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □					
Ē		and complete lines 27 through 31.					
Net Assets or Fund B	27	Capital stock, trust principal, or current funds				3*,	
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund	,			1555	
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds					
ğ	30	Total net assets or fund balances (see instructions)	57,019,507	65,491	946		
et	31	Total liabilities and net assets/fund balances (see	07,010,001	00,101	,0 10		
Z		instructions)	58,180,462	67,503	727] · *	
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances	30,100,402	07,000	,,,,,,	·	
		I net assets or fund balances at beginning of year—Part II, colu	mn (a) line 20 (mus	t agree with		 	
•				agree with	4	67 010 507	
^				· · · · }	1	57,019,507	
2		•			2	6,015,515	
3		er increases not included in line 2 (itemize) ATTACHMENT G		 	3	2,456,924	
4		lines 1, 2, and 3			4	65,491,946	
5	Decr	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—I	<u></u>		5		
<u>6</u>	rota	i net assets or fund balances at end of year (line 4 minus line 5)—I	art II, column (b), lir	ne 30	6	65,491,946	

Part	V Capital Gains and	Losses for Tax on Investm	ent Income				
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				(b) How acquired P-Purchase D-Donation	(c) Date ac		(d) Date sold (mo, day, yr)
1a	MFB NTGI - QM COM DLY R	3K EQUITY INDEX L		P	Vario	us	12/14/2012
	NTGI - Daily Common Agg Bo		-	Р	Vario	us	Variou
	c NTGI - QM Com Dly X-US Eq Ind Fd				Vario	us	Various
d	NTGI - QM Com Dly R3K Equ	uity Index		Р	Vario	us	Various
e	·						
	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)				
а	11,373,519			11,284,665			88,854
b	Various			Various			330,870
<u> </u>	Various			Various			(458,296
<u>d</u>	Various			Various			1,244,116
е_				10/21/60			
	Complete only for assets sno	owing gain in column (h) and owned b					(h) gain minus less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)	COI (rom col (h))
a_							
b_							
С			 -				
<u>d</u>							
<u>e</u>		(If gain a	also enter in Pa	art Lline 7)	- -		
2	Capital gain net income of		enter -0- in Pa		2		1,205,544
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) (see instruc	tions). If (loss)), enter -0- in }	3	<u> </u>	
Part		ler Section 4940(e) for Redu					
Was t	s," the foundation does not	section 4942 tax on the distribut t qualify under section 4940(e). De	o not complete	this part			☐ Yes ☒ No
1		ount in each column for each yea	r; see the instr	uctions before m	aking any	entries.	
Cale	(a) Base penod years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use a	ssets		(d) inbution ratio divided by col (c))
	2011	1,807		50,44	2,379		0.0358
	2010	1,629	,174	26,42			0 0617
	2009		,243		1,255		0 0338
	2008		,449		7,384		0.0092
	2007		,010	76	9,900		0 0104
2		for the 5-year base period—divident	de the total on				0 1509
	number of years the foun	dation has been in existence if le	ss than 5 years	3	. 3	-	0302
4	Enter the net value of nor	ncharitable-use assets for 2012 fr	om Part X, line	5	. 4	<u> </u>	59,030,244
5	Multiply line 4 by line 3				. 5	<u> </u>	1,782,713
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6	<u> </u>	27,618
7	Add lines 5 and 6				. 7	<u> </u>	1,810,331
8		ons from Part XII, line 4			. 8	<u> </u>	2,528,442
	If line 8 is equal to or gre	eater than line 7, check the box in	Part VI, line 1	b, and complete	that part u	ising a 1	% tax rate. See the

orm 99	0-PF (2012)		F	Page 4			
Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	nstru	ctio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	.3.28	v *	1.			
b							
	here ► 🗵 and enter 1% of Part I, line 27b						
С	The same series of the Eye of the						
•	Part I, line 12, col. (b)						
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
	3 Add lines 1 and 2						
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
6							
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 26,285	4 .		l			
b	Exempt foreign organizations—tax withheld at source 6b	»		1			
C	Tax paid with application for extension of time to file (Form 8868) . 6c	,		1			
d	Backup withholding erroneously withheld 6d			.]			
7	Total credits and payments. Add lines 6a through 6d		2	26,285			
8	Enter any penalty for underpayment of estimated tax. Check here						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			1,333			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	0					
11_	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶ 11			0			
	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	\$	Yes				
L	participate or intervene in any political campaign?	1a		Χ			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		x			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			į			
	published or distributed by the foundation in connection with the activities.			<u> </u>			
C	Did the foundation file Form 1120-POL for this year?	1c		X			
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$	9	<u>}</u> %				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
3	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b		-^-			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X			
	If "Yes," attach the statement required by General Instruction T.			3 1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or			1			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		(%).				
	conflict with the state law remain in the governing instrument?	6	X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		*	٠. ا			
	If the case of Weel the Bas 7 has the first of the first		4				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation			لاعدلا			
	·	8b	Χ	 			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"						
	complete Part XIV	9		Х			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-		 ^-			
	names and addresses	10		x			
		m 990)-PF				
	•••			,,			

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address http://www.cambiahealthfoundation.org/	13	Χ	
14	The beating are in a second by Combin Health Colutions	000		
	400 ONLY 1 1 1 ONLY 1 (000) B. (1 1 1 ONLY 1	900		
15	Located at ► 100 SW Market Street (C2A) Portland, OR ZIP+4 ► 97201 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15			▶ 🗌
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	-	Yes	No
	over a bank, securities, or other financial account in a foreign country?.	16	.03	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			~
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes No Yes No			,
	disqualified person?			À.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			§ ``
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		· ·	
	the benefit or use of a disqualified person)?		K	***
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	- 13	ľ	*
	foundation agreed to make a grant to or to employ the official for a period after	A.S.		\$3
b	termination of government service, if terminating within 90 days.)	` `		" "
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			
	Organizations relying on a current notice regarding disaster assistance check here	1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			,
	were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		 ^
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			6 %
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and		,	
	6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			* /
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			_
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)			
	·	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		-	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)			
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X_
	, , , , , , , , , , , , , , , , , , ,	70		ı ^

Fair.	Statements Regarding Activities	IOL M	mich Form	4/20 1	viay be n	equire	a (conur	iuea)		
5a	During the year did the foundation pay or incur at (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public	influe election	nce legislation on (see secti	on 495	5); or to ca	irry on,	Yes	⊠ No		
	 directly or indirectly, any voter registration dri (3) Provide a grant to an individual for travel, stud (4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(d) 	dy, or o	other similar pritable, etc., o	ourpose organiza		ibed in		⊠ No ⊠ No		
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the compared to the co	charita	able, scientıfi	c, litera		ational	☐ Yes	X No X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice in							bed in	5b	
c	Organizations relying on a current notice regarding of the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility.	he four for the	ndation claim grant?	exemp	otion from			► □ □ No		
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,		directly.	to pay pre	emiums	∏Yes	⊠ No		
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indire	ctly, on	a personal	benefi	contract		6b	X
7a b	At any time during the tax year, was the foundation a If "Yes," did the foundation receive any proceeds						☐ Yes ransactio	⊠ No า? .	7b	* · ·
	t VIII Information About Officers, Direct and Contractors		,						mploye	es,
1	List all officers, directors, trustees, foundation	า mana	agers and th	eir con	npensatior	ı (see i	nstructio	ns).		
	(a) Name and address	hou	e, and average rs per week ed to position	i (if r	mpensation ot paid, ter -0-)	emplo	Contribution byee benefit erred compe	plans		nse account, allowances
See a	ttached statement I									
							<u> </u>	_		
			<u></u>			_				
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uctions	s). If no	ne, enter
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek -	(c) Compe	nsation	(d) Contribution (d) Co	benefit deferred	(e) Exper	nse account, allowances
NONE										
-										
rotal	number of other employees paid over \$50,000 .	. 					l	. •		
										١.

Part VI	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3 F	ive highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		ļ.———
Total nu	Imber of others receiving over \$50,000 for professional services	
		1
Part IX	GA Summary of Direct Charitable Activities	
List the	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of rations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NO		
1 110	INL	-
з —		
4		
		[
		l
Part IX		T
	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. NE	Amount
1 100	//YC	
		
-		
All other	er program-related investments. See instructions	
3 NC	ONE TO THE REPORT OF THE PROPERTY OF THE PROPE	
Total. A	dd lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foun	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	*	
а	Average monthly fair market value of securities	1a	59,557,144
b	Average of monthly cash balances	1b	372,037
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	59,929,181
е	Reduction claimed for blockage or other factors reported on lines 1a and	*	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	59,929,181
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	898,937
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	59,030,244
6	Minimum investment return. Enter 5% of line 5	6	2,951,512
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,951,512
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	27,618
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,923,894
4	Recoveries of amounts treated as qualifying distributions	4	615,000
5	Add lines 3 and 4	5	3,538,894
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,538,894
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,528,442
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,528,442
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	27,618
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,500,824
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whethe	er the foundation

Part	XIII Undistributed Income (see instruction	ons)			Page 9
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
-	line 7	-	-		3,538,894
2	Undistributed income, if any, as of the end of 2012:				0,000,004
а	Enter amount for 2011 only			940,867	
b	Total for prior years: 20,20,20				······································
3	Excess distributions carryover, if any, to 2012:				
а	From 2007				j
b	From 2008				
С	From 2009				i
d	From 2010				ļ
e	From 2011				
f 4	Total of lines 3a through e	0	F-W		
-	Qualifying distributions for 2012 from Part XII, line 4: ► \$ 2,528,442				
a	Applied to 2011, but not more than line 2a.			940,867	
D	Applied to undistributed income of prior years (Election required—see instructions)				,
c	Treated as distributions out of corpus (Election required—see instructions)				1115101.
	•				
d e	Applied to 2012 distributable amount Remaining amount distributed out of corpus				1,587,575
5	Excess distributions carryover applied to 2012				
	(If an amount appears in column (d), the same	* * * *			
	amount must be shown in column (a).)	× × ×		*	
6	Enter the net total of each column as indicated below:	,		×	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		o		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions	*	0		-
е	Undistributed income for 2011. Subtract line				· · · · · · · · · · · · · · · · · · ·
	4a from line 2a. Taxable amount—see				:
	instructions			0	
f	Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be	***************************************			
	distributed in 2013				
7	Amounts treated as distributions out of corpus				1,951,319
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions) .				
8	Excess distributions carryover from 2007 not				
-	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a	ol			
10	Analysis of line 9:				
а	Excess from 2008				
b	Excess from 2009				
С	Excess from 2010				
d	Excess from 2011				
_ е	Excess from 2012				

Part 2	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating	ĺ	
	foundation, and the ruling is effective for	r 2012, enter the da	ite of the ruling .	🚩	N/A	
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ection 4942(j)((3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum investment return from Part X for	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	each year listed					0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					•
	(1) Value of all assets				l	0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed .					0
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Part		on (Complete th	is part only if the	he foundation h	nad \$5.000 or m	ore in assets at
	any time during the year-		•		,	
1	Information Regarding Foundation		· ·			
а	List any managers of the foundation	who have contribu	ited more than 2%	6 of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000). (See s	section 507(d)(2).)	
NONE						
b	List any managers of the foundation ownership of a partnership or other el					arge portion of the
NONE				<u>.</u>		
2	Information Regarding Contribution	n, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ If the foundation					
	unsolicited requests for funds. If the f		gifts, grants, etc.	(see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,					
а	The name, address, and telephone nu	ımber or e-mail of	the person to who	om applications sl	hould be addresse	d:
The Ca	ambia Health Foundation Attn. Angela Hul	t PO Box 1271 M.S	E15B Portland, OR	8 97207-1271		
b	The form in which applications should	be submitted and	d information and	materials they sho	ould include:	
	plication guidelines at www.cambiahealthf	oundation org. Con	nplete an online que	estionnaire for eligib	ılıty determination.	
	Any submission deadlines:					
	nine on an annual basis	unda siisti t			-lal- lod- ()	Ala, Alama - 141
d	Any restrictions or limitations on av factors:	varos, such as b	y geographical a	reas, charitable fi	eids, kinds of ins	stitutions, or other
Grants	are limited to non-profit organization servi	ng communities thro	oughout Idaho, Oreg	jon, Utah and Wash	nington.	

Total

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year See attached Statement 2 1,823,597 1,823,597 3a **b** Approved for future payment See attached Statement 2 1,998,469

1,998,469

	rt XVI	-A Analysis of Income-Producing Ac	ctivities				
Ente	r gros	s amounts unless otherwise indicated.		usiness income	Excluded by sect	on 512, 513, or 514	(e)
1	Progr	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
'	a	ram service revenue:	-				
	b -						
	c _					 	
	d ¯			_			
	е _						
	f						
	g F	ees and contracts from government agencies					
2		bership dues and assessments					
3	Intere	est on savings and temporary cash investments	_		14	1,847	
4	Divid	ends and interest from securities			14	1,675,351	
5	Net re	ental income or (loss) from real estate:	,	/ v x xx x	. %	· *) (**** - ; \% / ** *	\$4. *
		ebt-financed property					
	b N	lot debt-financed property					
6		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory			18	990,058	
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue: a					
	b _						
	d _						
	е –				· · · · · · · · · · · · · · · · · · ·		
12	· _	otal. Add columns (b), (d), and (e)		1	STATE OF THE STATE	2,667,256	-0
						13	2,667,256
10			 ne)				2,007,200
Oee	works	sheet in line 13 instructions to verify calculation					
	rt XVI	sheet in line 13 instructions to verify calculation Relationship of Activities to the A		ent of Exemp	t Purposes		
Pa			ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa	rt XVI e No. ▼	-B Relationship of Activities to the A	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed ir oses) (See instruc	mportantly to the ctions.)
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed ir oses) (See instruc	mportantly to the tions.)
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed ir oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed ir oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed ir oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed in oses) (See instruc	mportantly to the
Pa Lin	rt XVI e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	ccomplishm			-A contributed ir oses) (See instruc	mportantly to the

Part	XVII		n Regarding Tranganizations	nsfers To and Tra	nsactions and f	Relationships V	Vith Nonchar		<u> </u>
1	ın se	the organization of	firectly or indirectly	engage in any of the section 501(c)(3) org				Yes	No
а	Tran	sfers from the rea	porting foundation to	o a noncharitable ex	empt organization	of.			
			-		=		[1a(1)	X
	(2)	Other assets .						1a(2)	Х
b		er transactions:					Γ		
	(1) 5	Sales of assets to	a noncharitable exe	empt organization			[1b(1)	Х
				able exempt organiz		<i>.</i>	[1b(2)	Х
	(3) F	Rental of facilities	, equipment, or othe	er assets			[1b(3)	X
							[1b(4)	X
			-				[1b(5)	X
				nip or fundraising so				1b(6)	X
С	Shai	rıng of facilities, e	quipment, mailing li	sts, other assets, or	paid employees		[1c	X
d	If the	e answer to any	of the above is "Ye	s," complete the fol	lowing schedule	Column (b) shoul	d always show	the fair r	narke
				ices given by the rep					
		•		gement, show in colu					
(a) Lin	e no	(b) Amount involved	(c) Name of nonc	haritable exempt organiza	tion (d) Descri	nption of transfers, tra	nsactions, and shari	ng arrangen	nents
N/A							<u> </u>		
	l								
							<u> </u>		
					<u> </u>				
								-	
2a b	des	cribed in section		ffiliated with, or related the section 50 at the			ganizations	Yes 🏻	No
		(a) Name of organ		(b) Type of o	rganization	(c) De	scription of relations	ship	
N/A				,,,,,	<u> </u>				
			-			<u> </u>		<u></u>	
							<u>.</u>		
	Un	der penalties of perjury,	I declare that I have examin	ned this return, including acc	ompanying schedules an	d statements, and to the	best of my knowledg	e and belief.	it is true
Sigr		rrect, and complete Dec	laration of preparer (other the	han taxpayer) is based on all	information of which pre	parer has any knowledge	• —		
Here		Marsares	r Mash	une misti	3 Chair & Presi	dent		S discuss thi eparer showi	
1161		gnature of officer or tru	1000	Date	Title	-		tions)? TYe	
		Print/Type prepare		Preparer's signature		Date		TIN	
Paid				-1			Check if self-employed		
Prep						1_			
Use	Only						's EIN ▶		
		Firm's address ▶				I Pho	ne no.		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of	the organization	Employer identification number					
Cambia H	ealth Foundation			32-0200578			
	ation type (check or	ue).					
Filers of	:	Section:					
Form 990	O or 990-EZ	501(c)() (enter number) organization					
		4947(a)(1)	nonexempt charitable trust not treated as a private t	oundation			
		☐ 527 politica	al organization				
Form 990	D-PF	∑ 501(c)(3) e	xempt private foundation				
		4947(a)(1)	nonexempt charitable trust treated as a private foun	dation			
		☐ 501(c)(3) ta	axable private foundation				
General	For an organization		990-EZ, or 990-PF that received, during the year, \$ Complete Parts I and II	5,000 or more (in money or			
Special	Rules						
	under sections 509	9(a)(1) and 170(b)(5,000 or (2) 2% o	filing Form 990 or 990-EZ that met the 331/3 % supp (1)(A)(vi) and received from any one contributor, duri of the amount on (i) Form 990, Part VIII, line 1h, or (ii)	ng the year, a contribution of			
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
	during the year, connot total to more the year for an exclusive	intributions for us nan \$1,000 If this vely religious, cha anization because	organization filing Form 990 or 990-EZ that received to se exclusively for religious, charitable, etc., purposes shown is checked, enter here the total contributions that aritable, etc., purpose Do not complete any of the period in the period of the peri	, but these contributions did hat were received during the arts unless the General Rule , contributions of \$5,000 or			
Caution 990-EZ.	i. An organization th or 990-PF), but it m	nat is not covered	d by the General Rule and/or the Special Rules does " on Part IV, line 2 of its Form 990; or check the box	not file Schedule B (Form 990,			

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Cambia Health Foundation

Employer identification number 32-0200578

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Parti	Contributors (see instructions). Ose duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
01	Regence BlueShield 1800 Ninth Avenue	A 2 CO1 025	Person ☒ Payroll ☐ Noncash ☐
	Seattle, WA 98101		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Regence BlueCross BlueShield of Oregon		Person 🗵
	100 SW Market Street Portland, OR 97201		Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
03	Regence BlueCross BlueShield of Utah 2890 East Cottonwood Parkway Salt Lake City, UT 84121-07035		Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
04	Regence BlueShield of Idaho 1602 21st Avenue Lewiston, ID 83501-1930	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

THE CAMBIA HEALTH FOUNDATION FEIN # 32-0200578

FORM 990-PF FOR THE YEAR ENDED DECEMBER 31, 2012

INDEX OF STATEMENTS AND ATTACHMENTS

STATEMENT	1	PART VIII - LIST OF OFFICERS, DIRECTORS AND TRUSTEES
STATEMENT	2	PART XV - SUPPLEMENTARY INFORMATION (Grants and Contributions Paid During
		the Year or Approved for Future Payment)
ATTACHMENT	Α	Part I, Line 1 - Contributions, Gifts, Grants, etc., received
ATTACHMENT	В	Part I, Line 16c - Other Professional fees
ATTACHMENT	С	Part I, Line 18 - Taxes
ATTACHMENT	D	Part I, Line 23 - Other Expenses
ATTACHMENT	E	Part II, Line 10b - Investments - corporate stock
ATTACHMENT	F	Part II, Line 10c Investments - corporate bonds
ATTACHMENT	G	Part III. Line 3 - Increases not included in line 2

STATEMENT 1 FORM 990 - PF (2012) Part VIII, Line 1 Cambia Health Foundation FEIN # 32-0200578 Board of Directors and Key Employees

(A)	(8) Title, and average hours per week devoted to	(C)	(D)	(E)
Name and address	position	Compensation	Contributions	Expense Account
Margaret M Maquire P O Box 1271 Portland, OR 97207	Chair & President 5 per week	0	0	0
Kerry E Barnett P O Box 1271 Portland, OR 97207	Secretary 2 per month	0	0	0
Andreas B Ellis 1800 9th Ave Seattle, WA 98101	Treasurer 1 per week	0	0	0
Angela E Hult P O Box 1271 Portland, OR 97207	Executive Director 20 per week	0	0	0
Vivian Chi P O Box 1271 Portland, OR 97207	Board Member	0	0	0
Robert M Coppedge P O Box 1271 Portland, OR 97207	Board Member	0	0	0
Jennifer Danielson 2890 East Cottonwood Parkway Salt Lake City, UT 84121	Board Member 0	0	0	0
Mark Ganz P O Box 1271 Portland, OR 97207	Board Member 0	0	0	0
Elizabeth B. Johnson P.O. Box 1271 Portland, OR 97207	Board Member	0	0	0
Scott Kreiling 1602 21st Avenue Lewiston, ID 83501	Board Member	0	0	0

STATEMENT 2 FORM 990 - PF (2012) Part XV Supplementary Information (continued) Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment Cambia Health Foundation FEIN # 32-0200578 freelytoinship to am foundation relationship to am foundation Foundation status of Purpo

Recipient Name and address (home or business)	if recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	manager or substantial contributor	тесірісті	contribution	Amount
Asante Health System		501(c)(3)	Sojourns Pathway	\$ 123,1
2650 Sisklyou Blvd Medford, OR 97504		301(0)(3)	Implementation Grant	
IHC Health Services, Inc , Dba Dixie Regional Medical Center 1380 East Medical Center Drive St George, UT 84790		501(c)(3)	Sojourns Pathway Implementation Grant	\$ 125,7
Providence Community Health Foundation 940 Royal Avenue, Suite 410 Medford, OR 97504		501(c)(3)	Sojourns Pathway Implementation Grant	\$ 127,8
Providence Health Care Foundation 914 S Scheuber Road Centralia, Jocelyn Wood 98531-9027		501(c)(3)	Sojourns Pathway Implementation Grant	\$ 96,5
Salem Hospital Foundation PO Box 14001 Salem, OR 97309		501(c)(3)	Sojourns Pathway Implementation Grant	\$ 125,0
St John Medical Center Foundation 1615 Delaware Street Longview, Melissa Harbour, Pro 98632		501(c)(3)	Sojourns Pathway Implementation Grant	\$ 142,5
St Charles Foundation for St Charles Health System 2500 NE Neff Rd Bend, Cora Gangware 97701		501(c)(3)	Sojourns Pathway Implementation Grant	\$ 113,7
St Joseph Regional Medical Center 415 6th Street Lewiston, ID 83501		501(c)(3)	Sojourns Pathway Implementation Grant	\$ 57,3
Doernbecher Children's Hospital Foundation 1121 SW Salmon Street, Suite 100 Portland, OR 97205		501(c)(3)	Sojourns Pathway Innovation Grant	\$ 97,7
Idaho End-of-Life Coalition, Inc P O Box 496 Boise, ID 83701		501(c)(3)	Sojourns Pathway	\$ 139,6
Jefferson Regional Health Alliance-COHO 670 Superior Courts, Sulte 108 Medford, OR 97504		501(c)(3)	Sojourns Pathway Innovation Grant	\$ 55,4
Jefferson Regional Health Alliance-COHO 670 Superior Courts, Suite 108 Medford, OR 97504		501(c)(3)	Sojourns Pathway Innovation Grant	\$ 36,9
Virginia Mason Medical Center 1218 Terry Avenue Seattle, WA 98101		501(c)(3)	Sojourns Pathway Innovation Grant	\$ 41,
Choice Regional Health Network 1217 Fourth Ave E, STE 200 Olympia, WA 98506		501(c)(3)	Building Healthier Communities	\$ 50,6
University Of Utah-Department of Psychiatry 501 Chipeta Way Sait Lake City, UT 84108		501(c)(3)	Building Healthier Communities	\$ 75,1
Mercy Medical Center Foundation 2700 Nw Stewart Pkwy Roseburg, Oregon		501(c)(3)	Sojourns Pathway	\$ 125,
University of Washington Palliative Care fund PO Box 358045 Seattle, WA 98195		501(c)(3)	Sojourns Pathway Palliative Care Fund	\$ 50,
Doernbecker Children's Hospital Foundation 1121 S W Salmon Street, Suite 100 Portland, OR 97205		501(c)(3)	OHSU Doernbecker Bridger Paillative Care	\$ 50,0
Hospice and Palliative Care of Wood River Valley PO Box 4320 Ketchum, Idaho 83340		501(c)(3)	Sojourns Pathway	\$ 50,
Jefferson Regional Health Alliance Choosing Options Honoring Options 670 Superior Courts Sulte 108 Medford, OR 97504		501(c)(3)	Sojourns Pathway	\$ 50,
2012 EGC match (Various)		501(c)(3)	Cambia Employee Giving Campa	\$ 90,

1,823,597

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
b Approved for future payment				
Center to Advance Palliative Care (CAPC) New York, New York				\$500,000
Doernbecker Children's Hospital Foundation 1121 S W Salmon Street, Suite 100 Portland, OR 97205		501(c)(3)	OHSU Doernbecker Bridger Palliative Care	\$347,716
Familias en Accion 2710 NE 14th Avenue Portlan, Oregon		501(c)(3)		\$251,802
Idaho End-of-Life Coalition Inc PO Box 496 Boise, Idaho		501(c)(3)		\$65,870
Lovejoy Hospice 939 SE 8th Street Grants Pass, Oregon 97526		501(c)(3)		\$170,850
Providence Community Health Foundation Medford, Oregon		501(c)(3)	Palliative Care Implementation (\$76,705
Beckman Research Institute of City of Hope		501(c)(3)		\$66,000
Various Cambia EGC		501(c)(3)	Cambia Employee Giving Campa	\$519,526
			\$	1,998,469

ATTACHMENT A

The Cambia Health Foundation (EIN # 32-0200578)

Part I, Line 1 - Contributions, Gifts, Grants, etc., received

	Employer identifica	alion			
Name of Organization	Number		Amount		
Regence BlueShield	91-0282080	\$	3,601,025		
Regence BlueCross BlueShield of Oregon	93-0238155		2,224,020		
Regence BlueCross BlueShield of Utah	87-0200138		1,434,058		
Regence BlueShield of Idaho	82-0206874		741,058		
Total Contributions Part I, Line 1		\$	8,000,161		

ATTACHMENT B
The Cambia Health Foundation (EIN # 32-0200578)
Part I, Line 16c - Other Professional fees

	Type of Service Provided			Net Investment Income	Chantable Purposes	
Name of Individual or Organization	Amount					·
Cascade Web Development	Consulting	\$	20,793		\$	20,793
MicroEdge	Consulting		23,205			23,205
FTI Consulting (SC) Inc	Consulting		3,200			3,200
Dr Steven Pantilat	Consulting		2,681			2,681
Total Other Professional Fees Part I, Line 16c		\$	49,878	-	\$	49,878

Form 990-PF (2012) ATTACHMENT C

The Cambia Health Foundation (EIN # 32-0200578) Part I, Line 18 - Taxes

Description	Revenue	and Expenses	Net Inve	estment Income	Chantable P	Purposes
2012 Estimated Federal Tax accruals and payments	\$	23,682	\$	23,682		-
2012 Estimated Federal Tax accrual adjustments		(382)		(382)		-
Fees - Oregon Department of Justice		1,200				1,200
Total Taxes Part I, Line 18	\$	24,500	\$	23,300	<u> </u>	1,200

ATTACHMENT D
The Cambia Health Foundation (EIN # 32-0200578)
Part I, Line 23 - Other Expenses

	Revenue and Expenses		Net Investment Income		Chantable Purposes	
Description					•	
Investment Fees	\$	97,619	\$	97,619	\$	-
Bank Charges		2,090				2,090
Advertising		34,775				34,775
Event.	194,595					194,595
Sponsorships		324,710				324,710
Honoranums.		30,500				30,500
Postage		55				55
Miscellaneous		17,199				17,199
Total Other Expenses Part I, Line 23	\$	701,543	\$	97,619	\$	603,924

Form 990-PF (2012) ATTACHMENT E The Cambia Health Foundation (EIN # 32-0200578) Part II, Line 10b - Investments - corporate stock

Description
Chevron Corp 166764100
Marathon Oil Corp 565849106
MFB NTGI QM COM DLY X-US EQ IND FD LDG 999F11809
MFB NTGI - QM COM DLY R3K Equity Index L 999F11817
Deferred tax

Market Value Listed at
67 Market value
27 Market value
10,102,368 Market value
9,647,014 Market value
(39,639)
19,709,837

ATTACHMENT F

The Cambia Health Foundation (EIN # 32-0200578) Part II, Line 10c Investments - corporate bonds

Description

MFB NTGI - Common Daily Agg BD Index Indg 999F11791

Vanguard Tip Fund

Market Value

Listed at

39,027,310 Market value 7,416,795 Market value

46,444,105

ATTACHMENT G

The Cambia Health Foundation (EIN # 32-0200578)

Part III, Line 3 - increases not included in line 2

Description	Amo	unt
Unrealized loss on securities		1,967,825
2012 tax accrual adjustment		13,760
Approved future grants		475,339
	\$	2,456,924