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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

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

OMB No 1545-0052

**2012**

Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

Name of foundation <b>PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT</b>		A Employer identification number <b>93-1100080</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 7068</b>		B Telephone number <b>(541) 686-1242</b>
City or town, state, and ZIP code <b>SPRINGFIELD, OR 97475-0068</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>5,734,552.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	600,000.		N/A	
	2 Check <input type="checkbox"/> If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	9,084.	9,084.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-119,072.			
	b Gross sales price for all assets on line 6a	226,841.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	15,000.	0.		STATEMENT 2	
12 Total. Add lines 1 through 11	505,012.	9,084.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees	1,365.	0.		0.
	b Accounting fees	3,946.	0.		0.
	c Other professional fees				
	17 Interest				
	18 Taxes	2,155.	0.		708.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	58.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	7,524.	0.		708.
	25 Contributions, gifts, grants paid	902,702.			902,702.
26 Total expenses and disbursements. Add lines 24 and 25	910,226.	0.		903,410.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-405,214.				
b Net investment income (if negative, enter -0-)		9,084.			
c Adjusted net income (if negative, enter -0-)			N/A		

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12-05-12

LHA For Paperwork Reduction Act Notice, see instructions.

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	3,527,460.	3,242,832.	3,242,832.
	3 Accounts receivable ▶ 392,782.			
	Less: allowance for doubtful accounts ▶	167,075.	392,782.	392,782.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	2,120,090.	2,098,938.	2,098,938.
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ STATEMENT 9)	351.	0.	0.	
16 Total assets (to be completed by all filers)	5,814,976.	5,734,552.	5,734,552.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ INCOME TAX PAYABLE)	0.	328.	
23 Total liabilities (add lines 17 through 22)	0.	328.		
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	5,814,976.	5,734,224.	
	30 Total net assets or fund balances	5,814,976.	5,734,224.	
31 Total liabilities and net assets/fund balances	5,814,976.	5,734,552.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,814,976.
2 Enter amount from Part I, line 27a	2	-405,214.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	3	324,462.
4 Add lines 1, 2, and 3	4	5,734,224.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,734,224.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a LOSS OF SALE ON EQUITIES</b>		<b>P</b>		
b				
c				
d				
e				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a <b>226,841.</b>		<b>345,913.</b>	<b>-119,072.</b>
b			
c			
d			
e			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			<b>-119,072.</b>
b			
c			
d			
e			

  

2 Capital gain net income or (net capital loss)	2	-119,072.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	900,956.	6,055,296.	.148788
2010	558,764.	5,770,186.	.096836
2009	799,501.	6,140,219.	.130207
2008	806,300.	8,485,468.	.095021
2007	516,655.	9,563,392.	.054024

2 Total of line 1, column (d)	2	.524876
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.104975
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	5,600,333.
5 Multiply line 4 by line 3	5	587,895.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	91.
7 Add lines 5 and 6	7	587,986.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	903,410.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	91.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	91.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	91.
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	471.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	471.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	380.	
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax <input checked="" type="checkbox"/> 380. Refunded <input checked="" type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> N/A		
OR		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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**Part VII-A Statements Regarding Activities** (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12 Did the foundation 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 ► <b>WWW.PACIFICSOURCE.COM</b>	13	X	
14 The books are in care of ► <b>PETER DAVIDSON</b>		Telephone no. ► <b>541-686-1242</b>	
Located at ► <b>PO BOX 7068, SPRINGFIELD, OR</b>		ZIP+4 ► <b>97475</b>	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		15	N/A
16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►		16	Yes No X

**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
<b>1a During the year did the foundation (either directly or indirectly):</b>			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A ► <input type="checkbox"/>	1b	
<b>c</b> 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
<b>2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):</b>			
<b>a</b> 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 ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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.)	N/A	2b	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►			
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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.)	N/A	3b	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check here		▶ <input type="checkbox"/>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		N/A		
If "Yes," attach the statement required by Regulations section 53.4945-5(d)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6b	X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
If "Yes" to 6b, file Form 8870.				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000

▶ 0

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**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*[illegible]

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List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	N/A	
		0.
2		
3		
4		

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,184,957.
b	Average of monthly cash balances	1b	3,500,660.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,685,617.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,685,617.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	85,284.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,600,333.
6	Minimum investment return. Enter 5% of line 5	6	280,017.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	280,017.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	91.
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	91.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	279,926.
4	Recoveries of amounts treated as qualifying distributions	4	15,000.
5	Add lines 3 and 4	5	294,926.
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	294,926.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	903,410.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	903,410.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	91.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	903,319.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2012)

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

Form 990-PF (2012)

93-1100080

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				294,926.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007	54,811.			
b From 2008	382,340.			
c From 2009	493,488.			
d From 2010	270,825.			
e From 2011	588,403.			
f Total of lines 3a through e	1,789,867.			
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$	903,410.			
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				294,926.
e Remaining amount distributed out of corpus	608,484.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	2,398,351.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	54,811.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	2,343,540.			
10 Analysis of line 9:				
a Excess from 2008	382,340.			
b Excess from 2009	493,488.			
c Excess from 2010	270,825.			
d Excess from 2011	588,403.			
e Excess from 2012	608,484.			

## Form 990-PF (2012)

93-1100080

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N/A

- b**
- Check box to indicate whether the foundation is a private operating foundation described in section

4942(1)(3) or 4942(1)(5)

- [illegible]

### 1 Information Regarding Foundation Managers:

- NONE**

- NONE**

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

- SEE STATEMENT 11

- c Any submission deadlines:**

- 223601 12-05-12

Form **990-PF** (2012)

10

11271114 145852 613049

2012.05000 PACIFICSOURCE FOUNDATION FO 6130492

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

Form 990-PF (2012)

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**Part XV Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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>a Paid during the year</b>				
BANDON COMMUNITY HEALTH CENTER P.O. BOX 423 BANDON, OR 97411	NONE	170(B)(1)(A)(I)	TO FUND WOMEN & CHILDREN'S PROGRAM	19,000.
BENTON COUNTY JUVENILE DEPARTMENT 4185 SW RESEARCH WAY SUITE #100 CORVALLIS, OR 97333	NONE	GOVERNMENT	TO FUND MENTAL HEALTH INTEGRATION PROGRAM	23,000.
BIENESTAR 220 SE 12TH AVE, SUITE A-100 HILLSBORO, OR 97123	NONE	170(B)(1)(A)(V)	TO FUND PROMOTORES PROGRAM	10,300.
CASCADE AIDS PROJECT 208 SW FIFTH AVE., SUITE #800 PORTLAND, OR 97204	NONE	170(B)(1)(A)(V)	TO FUND YOUTH HIV EDUCATION	25,000.
COMMUNITY HEALTH CENTER INC 19 MYRTLE ST MEDFORD, OR 97504	NONE	170(B)(1)(A)(V)	TO FUND IMPROVING HEALTH ACCESS FOR RURAL UNDERSERVED COMMUNITIES	20,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>902,702.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>



## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |          |  | Yes          | No       |
|----------|--|--------------|----------|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |              |          |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |              |          |
|          | (1) Cash   | <b>1a(1)</b> | <b>X</b> |
|          | (2) Other assets   | <b>1a(2)</b> | <b>X</b> |
| <b>b</b> | Other transactions:  |              |          |
|          | (1) Sales of assets to a noncharitable exempt organization   | <b>1b(1)</b> | <b>X</b> |
|          | (2) Purchases of assets from a noncharitable exempt organization   | <b>1b(2)</b> | <b>X</b> |
|          | (3) Rental of facilities, equipment, or other assets   | <b>1b(3)</b> | <b>X</b> |
|          | (4) Reimbursement arrangements   | <b>1b(4)</b> | <b>X</b> |
|          | (5) Loans or loan guarantees   | <b>1b(5)</b> | <b>X</b> |
|          | (6) Performance of services or membership or fundraising solicitations   | <b>1b(6)</b> | <b>X</b> |
|          | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | <b>1c</b>    | <b>X</b> |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |              |          |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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

Signature of officer or trustee

Date 11/14/13

**▶ VICE PRESIDENT**  
Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL D. KELLER	<i>Paul D Keller</i>	11/14/13		P00179519
	Firm's name ▶ MOSS ADAMS LLP				Firm's EIN ▶ 91-0189318
	Firm's address ▶ 975 OAK STREET, SUITE 500 EUGENE, OR 97401				Phone no (541) 686-1040

Form **990-PF** (2012)

**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

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

Employer identification number

**93-1100080**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

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

**Special Rules**

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

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)**

Name of organization

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

Employer identification number

**93-1100080****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>1</b>	<b>PACIFICSOURCE HEALTH PLANS</b> <b>110 INTERNATIONAL WAY</b> <b>SPRINGFIELD, OR 97477</b>	\$ <b>600,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT****93-1100080****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization <b>PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT</b>	Employer identification number <b>93-1100080</b>
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**Part III**

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

Use duplicate copies of Part III if additional space is needed.

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

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

93-1100080

**Part XV Supplementary Information**

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
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
CHRISTIANS AS FAMILY ADVOCATES 921 COUNTRY CLUB RD, SUITE #222 EUGENE, OR 97401	NONE	170(B)(1)(A)(VITO FUND CAFA 4KIDS		10,000.
DIRECTION SERVICE INC P.O. BOX 51360 EUGENE, OR 97405	NONE	170(B)(1)(A)(VITO FUND MEDICAL ACCESS FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES		51,602.
JACKSON COUNTY SEXUAL ASSAULT RESPONSE TEAM 43 MORNINGLIGHT DR ASHLAND, OR 97520	NONE	GOVERNMENT	TO FUND PEDIATRIC/ADOLESCENT ACUTE RESPONSE PROGRAM	10,000.
KIDS CENTER 1375 NW KINGSTON AVE BEND, OR 97701	NONE	170(B)(1)(A)(VITO FUND PROJECT GIVE HOPE FOR YOUNG VICTIMS OF ABUSE		10,000.
LANE COUNTY SCHOOL DISTRICT #52 4640 BARGER DRIVE EUGENE, OR 97402	NONE	GOVERNMENT	TO FUND BETHEL STUDENT HEALTH CENTER	48,000.
NORTHEAST OREGON NETWORK 1802 4TH ST, SUITE A LAGRANDE, OR 97850	NONE	170(B)(1)(A)(VITO FUND RURAL CAPACITY BUILDING PROJECT		25,000.
PHYSICIAN'S CHOICE FOUNDATION 2995 RYAN DRIVE SE, SUITE #100 SALEM, OR 97301	NONE	170(B)(1)(A)(VITO FUND MOMS PLUS PROGRAM DEMONSTRATION PROJECT		20,000.
PROJECT ACCESS NOW P.O. BOX 10953 PORTLAND, OR 97296	NONE	170(B)(1)(A)(VITO FUND CONNECTION TO CARE PROJECT YEAR 2		20,000.
SOUTH LANE MENTAL HEALTH P.O. BOX 5 COTTAGE GROVE, OR 97424	NONE	170(B)(1)(A)(VITO FUND INDIGENT SERVICES PROGRAM		40,000.
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	NONE	170(B)(1)(A)(VITO FUND MEDICAL SERVICES FOR LOW-INCOME, UNINSURED ADULTS OF LANE COUNTY		39,800.
<b>Total from continuation sheets</b>				<b>805,402.</b>

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

93-1100080

**Part XV Supplementary Information**

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
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
VOLUNTEERS IN MEDICINE 2300 NE NEFF ROAD BEND, OR 97701	NONE	170(B)(1)(A)(VITO	FUND GENERAL OPERATING SUPPORT	50,000.
WELLMAMA INC 28517 RESTWELL ROAD EUGENE, OR 97402	NONE	170(B)(1)(A)(VITO	FUND PERINATAL EDUCATION AND SOCIAL SUPPORT PROGRAM 2012	20,000.
WILLAMETTE FAMILY INC 687 CHESHIRE AVE EUGENE, OR 97402	NONE	170(B)(1)(A)(VITO	FUND EARLY CHILDHOOD NUTRITION PROGRAM	50,000.
CENTER FOR COMMUNITY COUNSELING 1465 COBURG ROAD EUGENE, OR 97401	NONE	170(B)(1)(A)(VITO	FUND HEALTHCARE FOR UNINSURED, LOWER-INCOME FAMILIES AND AT-RISK YOUTHS	30,000.
CANYON COUNTY COMMUNITY CLINIC P.O. BOX 3265 NAMPA, ID 83653	NONE	170(B)(1)(A)(VITO	FUND GENERAL OPERATING SUPPORT	10,000.
CENTRAL POINT SCHOOL DISTRICT 300 ASH STREET CENTRAL POINT, OR 97520	NONE	GOVERNMENT	TO FUND BUILDING HEALTHY FAMILIES PROJECT	20,000.
CHILDREN'S HOME SOCIETY OF IDAHO 740 WARM SPRINGS AVE. BOISE, ID 83712	NONE	170(B)(1)(A)(VITO	FUND COMMUNITY SPONSORSHIP PROGRAM	15,000.
CHILDREN'S VISION FOUNDATION 61451 ROCK BLUFF LANE BEND, OR 97702	NONE	170(B)(1)(A)(VITO	FUND CHILDREN'S VISION SCREENINGS IN SCHOOLS	10,000.
CLACKAMAS VOLUNTEERS IN MEDICINE 700 MOLALLA AVE. OREGON CITY, OR 97045	NONE	170(B)(1)(A)(VITO	FUND PRIMARY HEALTH SERVICES FOR UNINSURED, LOW-INCOME RESIDENTS OF CLACKAMAS COUNTY	15,000.
COALITION OF COMMUNITY HEALTH 619 SW 11TH AVE. PORTLAND, OR 97210	NONE	170(B)(1)(A)(VITO	FUND TRANSFORMING AND STRENGTHENING THE SAFETY NET - PHASE TWO	20,000.
<b>Total from continuation sheets</b>				

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

93-1100080

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
DE LA SALLE NORTH CATHOLIC HIGH 7528 N FENWICK PORTLAND, OR 97217	NONE	170(B)(1)(A)(I)	TO FUND MENTAL HEALTH SUPPORT PROGRAM	15,000.
DENTAL LIFELINE NETWORK P.O. BOX 690 WILSONVILLE, OR 97070	NONE	509(A)(2)	TO FUND THE DENTAL LIFELINE NETWORK	10,000.
EUGENE HEARING AND SPEECH 1500 WEST 12TH AVE. EUGENE, OR 97402	NONE	170(B)(1)(A)(V)	TO FUND THE 2012 HARDSHIP FUND SUPPORT PROGRAM	10,000.
FAMILIAS EN ACCION 2710 NE 14TH AVE PORTLAND, OR 97212	NONE	170(B)(1)(A)(V)	TO FUND TU PORVENIR: HEALTH FOR OREGONIANS	20,000.
GENESIS WORLD MISSION 215 W 35TH STREET GARDEN CITY, ID 83714	NONE	170(B)(1)(A)(V)	TO FUND GARDEN CITY COMMUNITY CLINIC	20,000.
HIV ALLIANCE 1966 GARDEN AVE. EUGENE, OR 97403	NONE	170(B)(1)(A)(V)	TO FUND HIV AND HEPATITIS PREVENTION IN LANE COUNTY	20,000.
HOUSECALL PROVIDERS 4531 SE BELMONT #250 PORTLAND, OR 97215	NONE	170(B)(1)(A)(V)	TO FUND LEADING THE WAY PROGRAM	20,000.
LANE COUNTY MEDICAL SOCIETY 900 W. 7TH AVE EUGENE, OR 97402	NONE	170(B)(1)(A)(V)	TO FUND GENERAL OPERATING SUPPORT	25,000.
MASLOW PROJECT 500 MONROE ST MEDFORD, OR 97501	NONE	170(B)(1)(A)(V)	TO FUND ON-SITE COUNSELING PROGRAM	16,000.
NORTHWEST CATHOLIC COUNSELING 8383 NE SANDY BLVD., SUITE #205 PORTLAND, OR 97220	NONE	509(A)(2)	TO FUND MENTAL HEALTHCARE FOR LOW-INCOME CHILDREN AND THEIR FAMILIES	10,000.
<b>Total from continuation sheets</b>				

**PACIFICSOURCE FOUNDATION FOR  
HEALTH IMPROVEMENT**

93-1100080

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
RETURNING VETERANS PROJECT 833 SE MAIN MB 122 PORTLAND, OR 97214	NONE	170(B)(1)(A)(VITO FUND 2012 SERVICE	ENHANCEMENT PROJECT	5,000.
SW COMMUNITY HEALTH CENTER 7754 SW CAPITOL HWY PORTLAND, OR 97219	NONE	170(B)(1)(A)(VITO FUND CORE CLINICAL	SERVICES PROJECT	20,000.
TAMARACK WELLNESS CENTER 3575 DONALD STREET EUGENE, OR 97405	NONE	509(A)(2)	TO FUND CORE AQUATICS PROGRAM: MIRACLE HOUR	10,000.
TERRY REILLY HEALTH SERVICES 211 16 AVE N. PO BOX 9 NAMPA, ID 83653	NONE	170(B)(1)(A)(VITO FUND INTEGRATING	DENTAL CARE INTO THE MEDICAL HOME	10,000.
TREY MCINTYRE PROJECT P.O. BOX 2698 BOISE, ID 83701	NONE	170(B)(1)(A)(VITO FUND ART HEALS	PROJECT	10,000.
UNITED WAY OF LANE COUNTY 3171 GATEWAY LOOP SPRINGFIELD, OR 97477	NONE	170(B)(1)(A)(VITO FUND HELP ME GROW		40,000.
WASHINGTON COUNTY COMMISSION ON CHILDREN AND FAMILIES 155 N FIRST AVE. SUITE #250 MS 6 HILLSBORO, OR 97124-3072	NONE	GOVERNMENT	TO FUND CENTURY HIGH SCHOOL, SCHOOL-BASED HEALTH CENTER	30,000.
<b>Total from continuation sheets</b>				

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
INTEREST INCOME - MONEY MARKET	9,084.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	9,084.

## FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REFUND OF GRANT	15,000.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	15,000.	0.	

## FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,365.	0.		0.
TO FM 990-PF, PG 1, LN 16A	1,365.	0.		0.

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	3,946.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	3,946.	0.		0.

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FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES, LICENSES, FEES	2,155.	0.		708.
TO FORM 990-PF, PG 1, LN 18	2,155.	0.		708.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PUBLISHING	58.	0.		0.
TO FORM 990-PF, PG 1, LN 23	58.	0.		0.

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FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
ADJUSTMENT TO PRIOR PERIOD	835.
CHANGE IN UNREALIZED GAIN/LOSS ON SECURITIES	323,627.
TOTAL TO FORM 990-PF, PART III, LINE 3	324,462.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
LINE 10B - INVESTMENT CORPORATE STOCK	2,098,938.	2,098,938.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,098,938.	2,098,938.

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FORM 990-PF	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INCOME TAX RECEIVABLE	351.	0.	0.
TO FORM 990-PF, PART II, LINE 15	351.	0.	0.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH PROVENCHER PO BOX 7068 SPRINGFIELD, OR 97475	PRESIDENT 1.00	0.	0.	0.
PAUL CHAVIN, MD PO BOX 7068 SPRINGFIELD, OR 97475	COMMITTEE CHAIR 1.00	0.	0.	0.
PATRICIA BUCHANAN, MD PO BOX 7068 SPRINGFIELD, OR 97475	DIRECTOR 1.00	0.	0.	0.
GRETCHEN PIERCE PO BOX 7068 SPRINGFIELD, OR 97475	DIRECTOR 1.00	0.	0.	0.
ED DAHLBERG PO BOX 7068 SPRINGFIELD, OR 97475	DIRECTOR 1.00	0.	0.	0.
VERN KATZ, MD PO BOX 7068 SPRINGFIELD, OR 97475	DIRECTOR 1.00	0.	0.	0.
JEFF HOUCK, MD PO BOX 7068 SPRINGFIELD, OR 97475	DIRECTOR 1.00	0.	0.	0.
MARIAN BLANKENSHIP PO BOX 7068 SPRINGFIELD, OR 97475	EXECUTIVE DIRECTOR 1.00	0.	0.	0.

## PACIFICSOURCE FOUNDATION FOR HEALTH IMPR

93-1100080

SUJATA SANGHVI PO BOX 7068 SPRINGFIELD, OR 97475	VICE PRESIDENT 1.00	0.	0.	0.
KRISTIN KERNUTT PO BOX 7068 SPRINGFIELD, OR 97475	SECRETARY 1.00	0.	0.	0.
PRISCILLA GOULD PO BOX 7068 SPRINGFIELD, OR 97475	COMMITTEE CHAIR 1.00	0.	0.	0.
PETER DAVIDSON PO BOX 7068 SPRINGFIELD, OR 97475	VICE PRESIDENT 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

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FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT 11
	PART XV, LINES 2A THROUGH 2D	

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**NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED**

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MARIAN BLANKENSHIP, EXECUTIVE DIRECTOR  
PO BOX 7068  
SPRINGFIELD, OR 97475

<b>TELEPHONE NUMBER</b>	<b>NAME OF GRANT PROGRAM</b>
541-686-1242	ALL GRANT PROGRAMS

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**EMAIL ADDRESS**

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CHARITABLEFOUNDATION@PACIFICSOURCE.COM

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**FORM AND CONTENT OF APPLICATIONS**

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MICROSOFT WORD DOCUMENT. ATTACH PROGRAM BUDGET AND MOST RECENT ANNUAL FINANCIAL STATEMENT.

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**ANY SUBMISSION DEADLINES**

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SUBMISSION DEADLINES ARE ROLLING. THE COMMITTEE MEETS SEMI-ANNUALLY TO REVIEW APPLICATIONS.

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**RESTRICTIONS AND LIMITATIONS ON AWARDS**

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PROGRAMS MUST ADDRESS ONE OR MORE OF THE FOLLOWING AREAS: HEALTH CARE ACCESS INITIATIVES THAT ADDRESS THE HEALTHCARE NEEDS OF CHILDREN AND YOUTH, AS WELL AS ADULTS WHO HAVE BARRIERS TO CARE AND/OR ADVANCE AND PROMOTE STRATEGIES THAT: IMPROVE ACCESS TO HIGH QUALITY HEALTHCARE, TEST AND IMPLEMENT INNOVATIVE CARE MODELS, IMPROVE COMMUNITY HEALTH, AND/OR LOWER COSTS ACROSS THE SYSTEM AND/OR WORK IN PARTNERSHIP WITH PACIFICSOURCE HEALTH PLANS AND ITS MANY BUSINESS PARTNERS AND CUSTOMERS, INCLUDING PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, TO IMPROVE COMMUNITY HEALTH.

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

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions. <b>PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT</b>	Employer identification number (EIN) or <b>93-1100080</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 7068</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SPRINGFIELD, OR 97475-0068</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PETER DAVIDSON**

- The books are in the care of ► **PO BOX 7068 - EUGENE, OR 97401**  
Telephone No ► **541-686-1242** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2012** or  
► ☐ tax year beginning , and ending

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<b>100.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<b>471.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<b>0.</b>

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions <b>PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT</b>	Employer identification number (EIN) or <b>93-1100080</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 7068</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SPRINGFIELD, OR 97475-0068</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.****PETER DAVIDSON**

- The books are in the care of **PO BOX 7068 - EUGENE, OR 97401**  
Telephone No. **541-686-1242** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.
- For calendar year **2012**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	100.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	471.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **P. D. Kell** Title **CPA** Date **8-12-13**  
Form 8868 (Rev. 1-2013)