					29	4910/00	7012 0
	!	· ·	Return of Private	e Found	ation	10	OMB No 1545-0052
Forn	∍ 990-PF	or Se	ection 4947(a)(1) Trust Trea	ted as Private	e Foundation		1 2013
Depa	rtment of the Treasury		Social Security numbers o rm 990-PF and its separate				2010
	nal Revenue Service	or tax year beginning	ini 990-FF and its separate	and e		s.gov/torm990pt.	Open to Public Inspection
		or tax year beginning		, 4100	- Inding	A Employer identification	number
	ne of foundation	ON FOUNDATION FOR	ι κοτπαυοκατ	ווחש מאי	ICATTON	1 · •	tiniihė:
		ARE, FKA FAMILYCA				93-0988354	
		ox number if mail is not delivered to stree			Room/suite	B Telephone number	
	·	TNOMAH, SUITE 14			Troomsaite	503-222-32	05
					<u> </u>		
	ORTLAND,	ovince, country, and ZIP or foreign of OR 97232	postar code			C If exemption application is p	ending, check here
			lastral satura of a f	ormar aublia	ab a rutu r	D 1 Foreign ergenizetiens	shook hore
G (Check all that apply:	Initial return	X Amended return	ormer public i	спатну	D 1 Foreign organizations	, check here
		Final return (Name change	ر		2 Foreign organizations me check here and attach co	eting the 85% test,
11 (Nhaal, hara of average.	Address change ation: X Section 501(c)(3) e				1	
L_ (Check type of organiz	nonexempt charitable trust	Other taxable private found	ation		E If private foundation state	
<u> </u>				X Acci	runl	under section 507(b)(1)	
		assets at end of year J Account		LAS ACCI	udi	F If the foundation is in a 6	
	rom Part II, col (c), •\$,	Other (specify) umn (d) must be on cash	hasis)		under section 507(b)(1)	(D), Check here
		evenue and Expenses		,	weatment	(a) Advisted and	(d) Disbursements
150	(The total of amo	ounts in columns (b), (c) and (d) may not all the amounts in column (a))	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
		gifts, grants, etc., received	<u> </u>	 		N/A	(cash basis only)
		of the foundation is not required to attach Sch. B		 		11/23	
	Interest on saving	s and temporary					
	4 Dividends and	interest from securities		 		 	
	5a Gross rents	interest from securities		 		 	
	b Net rental income	ordens) TEINI	†			 	
١	6a Net gain or (loss)	31713			 	 	
\ <u>9</u>	Gross sales price			 			
evenue	assets on line 6a Capital gain net in	ncome (from Part IV (Ing. 2) 2 7 2018		 -	0.		
B.	8 Net short-term	TEU -	/ .	 		 	
1	9 Income modific	KII	H	 		 	
1	Gross sales less i	eturns TPH OGDEN	 			 	
	10a and allowances b Less Cost of goo	OGUEL	 				 ,
	c Gross profit or		 	 			
	11 Other income	(1033)	 			 	
	12 Total Add line	s 1 through 11	0.	 	0.	 	
		officers, directors, trustees, etc	0.	 	0.		0.
	· ·	e salaries and wages	-	 		 	-
	15 Pension plans,	•		 			
es S	16a Legal fees	employee sellents		 			
Expenses	b Accounting fee	s				 	
Ď.	c Other profession			t			
	17 Interest		 			 	
ati	18 Taxes	RECEIVED					
Admınistrative	19 Depreciation at	nd denletion				1	
퉅	20 Occupancy	S FFB 2 2 2018	ISI	1		<u> </u>	
	21 Travel, confere	nces, and meetings	K.				
and	22 Printing and pu	obligations OGDEN, UT				1	
	23 Other expenses	L VOLLIA, YI	-				
Operating	24 Total operatin	g and administrative					
jer.	expenses. Add	l lines 13 through 23	0.	j	0.		0.
ō	25 Contributions,	-	0.				0.
		s and disbursements					
	Add lines 24 ar		0.	L	0.		0.
	27 Subtract line 2						

N/A

Form **990-PF** (2013)

Ō.

b Net investment income (if negative enter -0-)

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

HEATHERINGTON FOUNDATION FOR INNOVATION

93-0988354 AND EDUCATION IN HEALTH CARE, FKA FAMILY Form 990-PF (2013) Beginning of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 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 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 ▶ 16 Total assets (to be completed by all filers - see the 0 instructions. Also, see page 1, item 1) 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 0 0. 23 Total liabilities (add lines 17 through 22) ightharpoonup XFoundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 **Fund Balances** 0 0 Unrestricted 25 Temporarily restricted Ō. 0 O. 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds <u>o.</u> 30 Total net assets or fund balances 0. 31 Total liabilities and net assets/fund balances 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

323511 10-10-13

93-0988354 Page 3

		osses for Tax on In		t Income	1 (b)	How acquired	Τ,	A Data assured	(d) Data cold
(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.)) 'P	b) How acquired P - Purchase D - Donation		c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a									
b NC	NE						┷		
<u>c</u>		- <u> </u>			├				
d e		<u> </u>			╁		╁		
(e) Gross sales price	oss 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)		
<u>a</u>						La			
<u>b</u>						<u> </u>			
<u>c</u>	-								
d e	 								
Complete only for assets shown	ng gain in	column (h) and owned by t	the foundation	n on 12/31/69			(I) G	ains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col. (I) r col. (J), if any			col. (k), but not less that osses (from col. (n -0-) or
a									
<u>b</u>			ļ.———		_				
<u>c</u>	-				_				 ·
e	 	 	ļ		-				
		(If nam, also enter	ın Part I line	7	$\overline{}$				
2 Capital gain net income or (net ca	apıtal loss	If gain, also enter) { If (loss), enter -0-	in Part I, line	, e 7	•	2			
3 Net short-term capital gain or (lo	ss) as def	•							
If gain, also enter in Part I, line 8,		c).	, ,)				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Indor S	Section 4940(e) for	Doducos	Toy on Not	رر	3	200	mo	
(For optional use by domestic privat					_				
(Por optional use by domestic privat	e iouiiuati	ons subject to the section 4	1940(a) lax UI	i net myestment m	COIII	5.)			
If section 4940(d)(2) applies, leave t	this part bl	lank.							
Was the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any y	ear in the base per	od?				Yes X No
If "Yes," the foundation does not qua									
1 Enter the appropriate amount in	each colu		structions be	fore making any e	ntries	<u>. </u>	_		141
Base period years Calendar year (or tax year beginni	ıng ın)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) ncha		ets	Distrib (col. (b) div	(d) oution ratio ided by col. (c))
2012 2011				 -					
2010									
2009									
2008		ŧ							
				-					
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the			on line 2 by 5,	or by the number	of ye	ars			
the foundation has been in existe	ince it less	s than 5 years						3	
4 Enter the net value of noncharital	ble-use as	sets for 2013 from Part X, I	line 5					4	
5 Multiply line 4 by line 3					5				
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6	
7 Add lines 5 and 6								7	
8 Enter qualifying distributions from If line 8 is equal to or greater that See the Part VI instructions.			1b, and com	plete that part usin	ga 1º	% tax rate.		8	
	-								orm 990-PF (2013

HEATHERINGTON FOUNDATION FOR INNOVATION AND EDUCATION IN HEALTH CARE, FKA FAMILY

Form 990-PF (2013) AND EDUCATION IN HEALTH CARE, [Part VI] Excise Tax Based on Investment Income (Section 494)		93-098 1948 - se e			age 4
1a Exempt operating foundations described in section 4940(d)(2), check here and en	nter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if nec					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here] 1]			0.
of Part I, line 27b					
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. Of		2			Ő.
3 Add lines 1 and 2	,	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments:					
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	, ,			1
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	1			
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax	Refunded	11			
Part VII-A Statements Regarding Activities		<u></u>			
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate or intervene	ın		Yes	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d copies of any materials publish	ed or			
distributed by the foundation in connection with the activities.			Ì		
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year.				
(1) On the foundation. > \$ 0. (2) On foundation managers	_				
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi		-	[
managers. ▶ \$ 0.				!	
2 Has the foundation engaged in any activities that have not previously been reported to the If	RS?		2	}	X
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing i	instrument, articles of incorporation,	or	1	,	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ILS		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	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.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	ither:				İ
 By language in the governing instrument, or 			1		
 By state legislation that effectively amends the governing instrument so that no mandator 	y directions that conflict with the stat	e law	Į.		
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nplete Part II, col (c), and Part X	/	7		X
8a Enter the states to which the foundation reports or with which it is registered (see instructio OR	ons) >		-		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or designate)		-		
of each state as required by General Instruction G? If "No," attach explanation	morney denotal for designate)	N/A	8b		
9 Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(1)(3) or 4942(1)(5) for cal-		100	$\vdash \vdash$	
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9		х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a scheduler	·		10		$\frac{x}{x}$
The same persons become substantial contributors during the tax year. If tes, attach a schedule	are noting their names and addresses		orm 99 0	DE	

HEATHERINGTON FOUNDATION FOR INNOVATION

AND EDUCATION IN HEALTH CARE, FKA FAMILY 93-0988354 Form 990-PF (2013) Page 5 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 X section 512(b)(13)? If "Yes." attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disgualified person had advisory privileges? 12 Х If "Yes." attach statement (see instructions) 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ► ANTHONY JACKSON Telephone no. ► 503-222-3205 Located at ▶825 NE MULTNOMAH, SUITE 1400, PORTLAND, ZIP+4 ▶97232 OR 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 2013, did the foundation have an interest in or a signature or other authority over a bank, Yes No X securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, If "Yes," enter the name of the foreign Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (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? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2013? 1c 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(1)(3) or 4942(1)(5)): a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No pefore 2013? If "Yes," list the years 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 N/A statement - see instructions.) 2b c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2013 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2013) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2013?

HEATHERINGTON FOUNDATION FOR INNOVATION
AND EDUCATION IN HEALTH CARE, FKA FAMILY 93-0988354

Form 990-PF (2013) AND EDUCATION IN HEALTH			93-09883	5 4 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May B	e Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)) ?	Yo	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or ii		{	
any vóter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	- '
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes,			1 1
the prevention of cruelty to children or animals?			es X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		ed in Regulations	37/3	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it ma			
expenditure responsibility for the grant?	= = (-1)	N/A Y	es L No	1 1
If "Yes," attach the statement required by Regulations section 53.4945	, ,		İ	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	v	es X No	1 1
a personal benefit contract?	araanal hanafit aaatraat0		1	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	"
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax s	holter transaction?		es X No	1 1
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L, ''		76
Part VIII Information About Officers, Directors, Trust		Managers Highly		
Paid Employees, and Contractors	cco, i odiladiloli	ivialiagolo, iligili,	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devote to position	ed (If not paid, enter -0-)	and deferred compensation	account, other allowances
				
]	
SEE STATEMENT 1		0.	0.	0.
			ļ	
			}	
			1	
	<u> </u>		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc			(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans	account, other
1017	devoted to position		compensation	allowances
NONE			(
				
			[
			 	
			[
	 		 	
			j	
	 		 	
		1]	
Total number of other employees paid over \$50,000	·			0

Form 990-PF (2013) AND EDUCATION IN HEALTH		93-0988354 Page 7
Part VIII Information About Officers, Directors, Trusto		
Paid Employees, and Contractors (continued)	WINDAID II	
3 Five highest-paid independent contractors for professional services		L t > Componenties
(a) Name and address of each person paid more than \$50,000	(b) Type	e of service (c) Compensation
NONE		
		ì
		
		-
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inclu	de relevant statistical information such as	the
number of organizations and other beneficiaries served, conferences convened, resi	earch papers produced, etc.	Expenses
1 N/A		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during	o the tax year on lines 1 and 2	Amount
1 N/A	3	
		·
2		
All other program-related investments. See instructions.		
3		ì

Form **990-PF** (2013)

Total. Add lines 1 through 3

AND EDUCATION IN HEALTH CARE, FKA FAMILY 93-0988354 Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, 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	l 1a	0.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
d		1d	0.
-	Reduction claimed for blockage or other factors reported on lines 1a and		
Ĭ	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	<u> </u>	
<u> </u>	foreign organizations check here and do not complete this part.)		
1	Mınımum ınvestment return from Part X, line 6	1	0.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		•
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
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:	* *	
а		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	0.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for the section	

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	Ourpus	Tears prior to 2012	2012	2010
line 7				0.
2 Undistributed income, if any, as of the end of 2013 .				
a Enter amount for 2012 only		··· <u>, </u>	0.	
b Total for prior years:		•		
,, ,, ,, ,, , , , ,		0.		
3 Excess distributions carryover, if any, to 2013:		•		
a From 2008		1		
b From 2009 c From 2010				
dFrom 2011				
e From 2012				
f Total of lines 3a through e	0.	,		*
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2012, 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 2013 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (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:				
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 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014		· · · · · · · · · · · · · · · · · · ·		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009	l			
b Excess from 2010		İ		
c Excess from 2011	ļ		•	
d Excess from 2012				
e Excess from 2013				

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		DATION FOR EALTH CARE,			5-098835 4 Page 1
Part XIV Private Operating Fo	undations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling or of foundation, and the ruling is effective for 2					
b Check box to indicate whether the foundation			n section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u>* </u>	Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for			-		
each year listed					
b 85% of line 2a		-			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	· -		<u> </u>		
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter.					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	<u> </u>				
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor at any time during the				ation had \$5,000	or more in assets
1 Information Regarding Foundation					
a List any managers of the foundation who year (but only if they have contributed mo			ributions received	by the foundation before	the close of any tax
					· · · · · · · · · · · · · · · · · · ·
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large	e portion of the ownershi	p of a partnership or
2 Information Regarding Contribution Check here Information on the foundation makes gifts, grants, etc. (s	ly makes contributions	to preselected charitable	organizations and	does not accept unsolici ons, complete items 2a, l	ted requests for funds. If b, c, and d.
a The name, address, and telephone numb	er or e-mail address of	the person to whom appl	ications should be	addressed:	
					<u> </u>
b The form in which applications should be	submitted and informa	tion and materials they s	hould include:		

Form **990-PF** (2013)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

AND EDUCATION IN HEALTH CARE, FKA FAMILY

93-0988354

Form 990-PF (2013) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year NONE Total ▶ 3a 0. **b** Approved for future payment NONE

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Total

Form 990-PF (2013) Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		ed business income	(C) Exclu-	ded by section 512, 513, or 514	(e)
4.0	(a) Business	(b) Amount	sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	Tanoasii iiloonio
å	<u> </u>				
ь			<u> </u>		
C	ļ	ļ			
d			└ ─		
e			├		
f			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments	L			<u> </u>	
3 Interest on savings and temporary cash	1	ļ]		
investments	L				
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income					
8 Gain or (loss) from sales of assets other	-		 		
than inventory		j	1		
9 Net income or (loss) from special events	<u> </u>	<u> </u>			 -
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:	 	 	├─		
_	1				
å			├		
b		 		 	
· . — — — — — — — — — — — — — — — — — —		 	├		
a			├ ─		
e			 		
12 Subtotal. Add columns (b), (d), and (e)	L	0.	<u> </u>	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13_	· <u></u>
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	to the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inco	ma ie ranortad	in column (a) of Part YVI-A	contri	outed importantly to the accor	nnlichment of
the foundation's exempt purposes (other than			COILLI	dica importantly to the accor	inpliatitions of
					
					
					
					
					
					
					
					
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Form 990-PF (2013) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1 Did the org	ganization directly or indir	rectly engage in any	of the followin	g with any other	organization	n described in secti	on 501(c) of		Yes	No
the Code (other than section 501(c))(3) organizations) oi	n section 52	7, relating to po	litical organiz	zations?		1 1	['
a Transfers	from the reporting founda	ation to a noncharital	ole exempt or	ganization of:					l	
(1) Cash								1a(1)		<u> </u>
(2) Other	assets							1a(2)		X
b Other trans	sactions:									
(1) Sales	of assets to a noncharital	ble exempt organizat	ion					1b(1)		<u>X</u>
(2) Purch	ases of assets from a noi	ncharitable exempt o	rganization					1b(2)		X
(3) Renta	l of facilities, equipment,	or other assets						1b(3)		X
(4) Reiml	oursement arrangements							1b(4)		X
(5) Loans	s or loan guarantees							1b(5)		X
	rmance of services or me	•	-					1b(6)		X
-	facilities, equipment, mai	•	•	, -				1c		X
	ver to any of the above is								ts,	
	s given by the reporting fo			ed less than fair	market value	in any transaction	or sharing arrangemen	t, show in		
	the value of the goods,			averant averance	nation .	1 (4)-				
(a)Line no	(b) Amount involved	(c) Name or		e exempt organiz	allon	(0) Description	of transfers, transactions, a	nd sharing arra	ngemei	nts
			N/A							
						 				
						 				
						 				
		ļ				 				
		 				 	- -			
										
		<u> </u>								
						 				
		 				 				
		 				 				
		 		 -						
										
						+				
		 				 				
2a le the four	ndation directly or indirect	tly affiliated with or r	elated to one	or more tay-ave	mot organiza	ations described				
	501(c) of the Code (other	-			inpi organiza	ations described		X Yes		No
	omplete the following schi		(3)) 01 111 3601	1011 327				<u> </u>	Ь) NO
b 11 103, 00	(a) Name of org			(b) Type of org	nanization	 	(c) Description of relation	nship		
FAMILYC		,		501(C)(SEE STAT				
	ARE HEALTH	PLANS, IN	C.	501(C)(
					-'					
	penalties of perjury, I declare						best of my knowledge	May the IRS di	erijee t	hie
Sign and be	elief, it is true, correct, and con	nplete Declaration of pro	eparer (other tha	n taxpayer) is base	d on all informa	ation of which preparer	has any knowledge	May the IRS di return with the shown below (s	prepare	er \2
Here	$\sim 11/$			12-1	5-11	PRESID	ENT	X Yes	[No l
Sign	nature of officer or trustee			Date		Title				
	Print/Type preparer's na	ame	Preparer's s			Date	Check if PTI	N		
	CYNTHIA P.		(D/h	artholo	mew 1	1	self- employed			
Paid	BARTHOLOME		CYNTHI	A P. BA		02/14/18		013139		
Preparer	Firm's name ► PER	KINS & CO	MPANY,	PC			Firm's EIN ► 93-	092892	24	
Use Only							L			_
	Firm's address ▶ 12				E 1000	0)			
	PO	RTLAND, O	R 9720	4-3710			Phone no. 503-	<u> 221-03</u>	336	
								Form 990	-PF	2013)

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STATEMENT

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

TRUSTEES	AND FOUNDATION MANAGED			
NAME AND ADDRESS	TITLE AND (COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JEFFREY HEATHERINGTON 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	PRESIDENT & DIRECTOR 0.00		0.	0.
JEFFREY PAWLOWSKI 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	TREASURER & DIRECT 0.00	CTOR 0.	0.	0.
KAREN CARNAHAN 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	CHAIR & DIRECTOR 0.00		0.	0.
ROBIN RICHARDSON 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	SECRETARY & DIRECTOR 0.00	CTOR 0.	0.	0.
JANET TESCH 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	VICE CHAIR & DIRI 0.00	ECTOR 0.	0.	0.
ROBERT CARUS 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
ROSS RONISH 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
RICHARD BARSOTTI 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
JOE HROMCO 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
RICHARD OLSON 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
PATRICIA PARKER 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.

HEATHERINGTON FOUNDATION FOR IN	NOVATION		93-0	988354
MIKE RILEY 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
CARL ERICKSON 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
MATT DASKALOS 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	- 5, PART VIII	0.	0.	0.

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 990-PF PART XVII, LINE 2, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

FAMILYCARE, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION THE DIRECTORS OF THE ORGANIZATION ARE ALSO ON THE BOARD OF FAMILYCARE, INC.

NAME OF AFFILIATED OR RELATED ORGANIZATION FAMILYCARE HEALTH PLANS, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION THE DIRECTORS OF THE ORGANIZATION ARE ALSO ON THE BOARD OF FAMILYCARE HEALTH PLANS, INC.

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GENERAL EXPLANATION

STATEMENT

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EXPLANATION FOR AMENDED RETURN:

HEATHERINGTON FOUNDATION FOR INNOVATION AND EDUCATION IN HEALTH CARE ("THE ORGANIZATION") WAS FORMED IN 2003, AS FAMILYCARE MEDICAL CLINICS, INC., TO OPERATE MEDICAL CLINICS. THE ORGANIZATION QUALIFIED AS A PUBLIC CHARITY UNDER IRC SECTION 170(B)(1)(A)(III). IN 2007, THE ORGANIZATION BEGAN TO DISPOSE OF ITS MEDICAL CLINICS, AND CONTINUED DISPOSING OF CLINICS AND WINDING UP OPERATIONS THROUGH 2010. DURING 2013, THE ORGANIZATION HAD NO ACTIVITY, AND FORM 990-N WAS ORIGINALLY FILED. IT HAS SINCE COME TO LIGHT THAT THE ORGANIZATION'S STATUS CHANGED FROM PUBLIC CHARITY TO PRIVATE FOUNDATION IN 2011 WHEN NO CLINIC OPERATIONS AND NO WINDING UP ACTIVITIES WERE BEING CONDUCTED. THIS AMENDED RETURN IS BEING SUBMITTED TO COMPLY WITH THE REQUIREMENTS OF A PRIVATE FOUNDATION BY FILING FORM 990-PF.