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#### DLN: 93491321028304

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.
► Information about Form 990-PF and its instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

| For calendar year 2013, or tax year beginning 01-01-2013 , and end  Name of foundation |                      |  |                               |  |       | ding 12-31-2013  A Employer identification number |   |  |  |  |
|--|----------------------|--|-------------------------------|--|-------|---|---|--|--|--|
|  |                      | DURCE FOUNDATION FOR HEALTH IMPR   | OVEMENT                       |  |       | 93-1100080  |   |  |  |  |
|  |                      |  |                               | B Telephone number (see instructions)    |       |   |   |  |  |  |
|  | ber and<br>BOX 70    | street (or P O box number if mail is no<br>168   |                               | (541) 686-1242                           |       |   |   |  |  |  |
|  |                      |  |                               | , ,                                      |       |   |   |  |  |  |
|  |                      | , state or province, country, and ZIP or<br>D, OR 974750068  | foreign postal code           |  |       | <b>C</b> If exemption                             | application is pendin                         | g, check here 🕨  |  |  |
|  | heck a               | all that apply     Initial return  | Initial return o              | f a former public cha                    | rıtv  | <b>D.1</b> Foreign of                             | ganizations, check h                          | ere 🕨 🗀  |  |  |
| <b>G</b> 0   | neek e               | Final return   | A mended retu                 | •  | ,,,,  | _   | rganizations meeting                          | ·  |  |  |
|  |                      | ☐ Address chan   |                               |  |       | check her   | e and attach comput                           | ation  |  |  |
| _  | -                    |  | 501(c)(3) exempt priva        |  |       |   | undation status was i<br>n 507(b)(1)(A), chec | . –  |  |  |
|  |                      | 4947(a)(1) nonexempt charitat  |                               | ible private foundation  Cash Acci       |       |   |   |  |  |  |
|  |                      | et value of all assets at end from Part II, col. (c),  | Other (specify)               | I Cash I Acci                            | ruai  |   | ation is in a 60-mont<br>n 507(b)(1)(B), ched | . —  |  |  |
|  |                      | <b>\$</b> 5,055,366  | (Part I, column (d) must      | be on cash basis.)                       |       |   |   |  |  |  |
| Part I   |                      | Analysis of Revenue a total of amounts in columns (b), (c, necessarily equal the amounts in columnstructions)) | ), and (d) may not            | (a) Revenue and<br>expenses per<br>books | (b) I | Net investment<br>income                          | (c) Adjusted net income                       | (d) Disbursements<br>for charitable<br>purposes<br>(cash basis only) |  |  |
|  | 1                    | Contributions, gifts, grants, etc  | , received (attach            |  |       |   |   |  |  |  |
|  | 2                    | schedule)<br>Check ► ┌ if the foundation is  | <b>not</b> required to attach |  |       |   |   |  |  |  |
|  | _                    | Sch B Interest on savings and tempor   | cary cach invactments         | 6,006                                    |       | 6,006   |   |  |  |  |
|  | 3                    | Dividends and interest from sec  | <i>'</i>                      | 0,000                                    |       | 0,000   |   |  |  |  |
|  | <del>1</del><br>  5a | Gross rents  | cullices                      |  |       |   |   |  |  |  |
|  | b                    | Net rental income or (loss)  |                               |  |       |   |   |  |  |  |
| ф  | 6a                   | Net gain or (loss) from sale of a  |                               | -424,326                                 |       |   |   |  |  |  |
| Revenue  | ь                    | Gross sales price for all assets   |                               |  |       |   |   |  |  |  |
|  | 7                    | 1,347,790<br>Capital gain net income (from P   | art IV line 2)                |  |       | 0   |   |  |  |  |
|  | 8                    | Net short-term capital gain .  |                               |  |       | -   |   |  |  |  |
|  | 9                    | Income modifications   |                               |  |       |   |   |  |  |  |
|  | 10a                  | Gross sales less returns and   |                               |  |       |   |   |  |  |  |
|  | ь                    | allowances Less Cost of goods sold   |                               |  |       |   |   |  |  |  |
|  | _ c                  | Gross profit or (loss) (attach so  |                               |  |       |   |   |  |  |  |
|  | 11                   | Other income (attach schedule  | Ť                             |  |       |   |   |  |  |  |
|  | 12                   | <b>Total.</b> Add lines 1 through 11   |                               | -418,320                                 |       | 6,006   |   |  |  |  |
|  | 13                   | Compensation of officers, direc  | tors, trustees, etc           | 0  |       | 0   |   | 0  |  |  |
|  | 14                   | Other employee salaries and wa   | ages                          |  |       |   |   |  |  |  |
| φ  | 15                   | Pension plans, employee benefi   | ıts                           |  |       |   |   |  |  |  |
| ens  | 16a                  | Legal fees (attach schedule).  |                               |  |       |   |   |  |  |  |
| Expenses   | b                    | Accounting fees (attach schedu   |                               |  |       | 260   |   | 1,381  |  |  |
|  | C                    | Other professional fees (attach  | ·                             |  |       |   |   |  |  |  |
| Admını strative  | 17                   | Interest   |                               | <b>%</b> 575                             |       | 0   |   | 0  |  |  |
| ī.   | 18                   | Taxes (attach schedule) (see in  | •                             | 575                                      |       | 0   |   | 0  |  |  |
| H H  | 19                   | Depreciation (attach schedule) Occupancy   |                               |  |       |   |   |  |  |  |
| ΑĠ   | 20<br>21             | Travel, conferences, and meetil  |                               |  |       |   |   |  |  |  |
| and  | 22                   | Printing and publications  | -                             |  |       |   |   |  |  |  |
| ਲ<br>ਹ   | 23                   | Other expenses (attach schedu  |                               | <b>%</b> 3,577                           |       | 0   |   | 3,577  |  |  |
| ţ  | 24                   | Total operating and administra   |                               | <u> </u>                                 |       |   |   |  |  |  |
| Operating  |                      | Add lines 13 through 23  | -                             | 5,793                                    |       | 260   |   | 4,958  |  |  |
| ô  | 25                   | Contributions, gifts, grants paid  |                               | 719,060                                  |       |   |   | 719,060  |  |  |
|  | 26                   | Total expenses and disburseme  | <b>nts.</b> Add lines 24 and  | 724,853                                  |       | 260   |   | 724,018  |  |  |
|  | 27                   | Subtract line 26 from line 12  |                               |  |       |   |   |  |  |  |
|  | a                    | Excess of revenue over expense   | es and disbursements          | -1,143,173                               |       |   |   |  |  |  |
|  | Ь.                   | Net investment income (if nega   | tive, enter -0-)              |  |       | 5,746   |   |  |  |  |
|  | c                    | Adjusted net income (if negative   | e, enter -0 -)                |  |       |   |   |  |  |  |

| Da                         | rt II | Ralance Sheets Attached schedules and amounts in the description column  | Beginning of year       |                  |         | of year               |
|----------------------------|-------|--|-------------------------|------------------|---------|-----------------------|
| J- (*)                     |       | Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value          | (b) Book Val     | ue      | (c) Fair Market Value |
|                            | 1     | Cash—non-interest-bearing  |                         |                  |         |                       |
|                            | 2     | Savings and temporary cash investments   | 3,242,832               | 4,2              | 27,929  | 4,227,929             |
|                            | 3     | Accounts receivable 29,837   |                         |                  |         |                       |
|                            |       | Less allowance for doubtful accounts -   | 392,782                 |                  | 29,837  | 29,837                |
|                            | 4     | Pledges receivable -   |                         |                  |         |                       |
|                            |       | Less allowance for doubtful accounts -   |                         |                  |         |                       |
|                            | 5     | Grants receivable  |                         |                  |         |                       |
|                            | 6     | Receivables due from officers, directors, trustees, and other  |                         |                  |         |                       |
|                            |       | disqualified persons (attach schedule) (see instructions)  |                         |                  |         |                       |
|                            | 7     | Other notes and loans receivable (attach schedule) 🟲   |                         |                  |         |                       |
|                            |       | Less allowance for doubtful accounts 🟲   |                         |                  |         |                       |
| ا چ                        | 8     | Inventories for sale or use  |                         |                  |         |                       |
| ssets                      | 9     | Prepaid expenses and deferred charges  |                         |                  |         |                       |
| ₹∣                         | 10a   | $Investments-U\ S\ \ and\ state\ government\ obligations\ (attach\ schedule)$  |                         |                  |         |                       |
|                            | b     | Investments—corporate stock (attach schedule)  | 2,098,938               | <b>%</b> 7'      | 97,600  | 797,600               |
|                            | c     | Investments—corporate bonds (attach schedule)  |                         |                  |         |                       |
|                            | 11    | Investments—land, buildings, and equipment basis 🕨   |                         |                  |         |                       |
|                            |       | Less accumulated depreciation (attach schedule)  |                         |                  |         |                       |
|                            | 12    | Investments—mortgage loans   |                         |                  |         |                       |
|                            | 13    | Investments—other (attach schedule)  |                         |                  |         |                       |
|                            | 14    | Land, buildings, and equipment basis 🟲   |                         |                  |         |                       |
|                            |       | Less accumulated depreciation (attach schedule)  |                         |                  |         |                       |
|                            | 15    | Other assets (describe 🟲)  |                         |                  |         |                       |
|                            | 16    | Total assets (to be completed by all filers—see the  |                         |                  |         |                       |
|                            |       | instructions Also, see page 1, item I)   | 5,734,552               | 5,0              | 55,366  | 5,055,366             |
|                            | 17    | Accounts payable and accrued expenses  |                         |                  |         |                       |
|                            | 18    | Grants payable   |                         |                  |         | 1                     |
| اي                         | 19    | Deferred revenue   |                         |                  |         | 1                     |
| ≝∣                         | 20    | Loans from officers, directors, trustees, and other disqualified persons   |                         |                  |         | 1                     |
| abilities                  | 21    | Mortgages and other notes payable (attach schedule)  |                         |                  |         | 1                     |
| ֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֞֞֡֞֡֡֡֡֡֡ | 22    | Other liabilities (describe  | <b>%</b> 328            | <del></del>      | 195     | 5                     |
|                            |       | ·  |                         |                  |         | 1                     |
|                            | 23    | Total liabilities (add lines 17 through 22)  | 328                     |                  | 195     | 5                     |
|                            |       | Foundations that follow SFAS 117, check here 🕨 🦵   |                         |                  |         |                       |
|                            |       | and complete lines 24 through 26 and lines 30 and 31.  |                         |                  |         |                       |
| or Fund Balances           | 24    | Unrestricted   |                         |                  |         |                       |
| 悥                          | 25    | Temporarily restricted   |                         |                  |         |                       |
| 8                          | 26    | Permanently restricted   |                         |                  |         |                       |
| 힏                          |       | Foundations that do not follow SFAS 117, check here 🕨 🔽  |                         |                  |         |                       |
| 킖                          |       | and complete lines 27 through 31.  |                         |                  |         |                       |
| 히                          | 27    | Capital stock, trust principal, or current funds   | 0                       |                  | C       | )                     |
|                            | 28    | Paid-in or capital surplus, or land, bldg , and equipment fund   | 0                       |                  | C       | )                     |
| Assets                     | 29    | Retained earnings, accumulated income, endowment, or other funds   | 5,734,224               | 5,0              | 55,171  | I.                    |
|                            | 30    | Total net assets or fund balances (see page 17 of the  |                         |                  |         |                       |
| ĕ                          |       | ınstructions)  | 5,734,224               | 5,0              | 55,171  | L                     |
|                            | 31    | Total liabilities and net assets/fund balances (see page 17 of   |                         |                  |         | ]                     |
|                            |       | the instructions)  | 5,734,552               | 5,0              | 55,366  | 5                     |
| Pa                         | rt II | 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 ac   | gree             |         |                       |
|                            |       | with end-of-year figure reported on prior year's return)   |                         | 1                |         | 5,734,224             |
| 2                          |       | Enter amount from Part I, line 27a   |                         | 2                |         | -1,143,173            |
| 3                          |       | Other increases not included in line 2 (itemize)   |                         | <del>%</del> 3   |         | 464,120               |
| 4                          |       | Add lines 1, 2, and 3  |                         | 4                | $\prod$ | 5,055,171             |
| 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)—l   | Part II, column (b), lı | ne 30 <b>. 6</b> |         | 5,055,171             |

| D  | 90-PF (2013)   | d  |  |   |  | Page 3  |
|--|--|--|--|---|--|---|
| Part.  |  | and Losses for Tax on Inve   |  | (b) How acquired  | 4  |   |
|  |  | the kınd(s) of property sold (e g , re<br>ouse, or common stock, 200 shs  M  |  | P—Purchase<br>D—Donation  | (c) Date acquired (mo , day, yr )  | (d) Date sold<br>(mo , day, yr )  |
| 1 a  | LOSS ON SALE OF E  | QUITIES  |  | Р   |  |   |
| b  |  |  |  |   |  |   |
| с  |  |  |  |   |  |   |
| d  |  |  |  |   |  |   |
|  |  |  |  |   |  |   |
| e  |  | (6) Danie archan all ann   | 4 (-) (-)  |   | (1) (  | / \   |
| (e   | ) Gross sales price  | (f) Depreciation allower<br>(or allowable)   | 1  | st or other basis<br>xpense of sale   |  | or (loss)<br>) mınus (g)  |
| а  | 1,34   | 7,790  |  | 1,772,11  | 6  | -424,326  |
| b  |  |  |  |   |  |   |
| С  |  |  |  |   |  |   |
| d  |  |  |  |   |  |   |
| e  |  |  |  |   |  |   |
|  | mnlete only for assets s   | howing gain in column (h) and owne   | d by the foundation  | n on 12/31/69   | (I) Gains (Col   | (h) gain minus  |
|  |  | (j) Adjusted basis   |  | cess of col (i)   |  | less than -0-) <b>or</b>  |
| (i)  | FM V as of 12/31/69  | as of 12/31/69   | ',   | col (j), if any   |  | om col (h))   |
| а  |  |  |  |   |  | -424,320  |
| ь  |  |  |  |   |  |   |
| С С  |  |  |  |   |  |   |
| d  |  |  |  |   |  |   |
|  |  |  |  |   |  |   |
| e  |  |  | 76l  | D 7 . 1 7 . 1   |  |   |
| 2  | Capital gain net incom   |  | If gain, also enter<br>If (loss), enter -0   |   | 2  | -424,326  |
| 3  | Net short-term capita  | l gaın or (loss) as defined in sectio  | ns 1222(5) and (6  | ,   | -  | ,   |
|  |  |  |  |   |  |   |
|  | If gain, also enter in P   | art I. line 8. column (c) (see instru  | ctions) If (loss).   | enter-0-  |  |   |
|  | If gain, also enter in P<br>in Part I, line 8  | rart I , line 8 , column (c) (see instru   | ctions) If(loss),  | enter - 0 -   | .   3  |   |
| Part   | ın Part I, line 8 .  | · · · · · · · · · · · · · · · · · · ·  |  |   | 3 ant Income   |   |
|  | In Part I, line 8  V Qualification U   | Inder Section 4940(e) for R  | educed Tax o   | <br>n Net Investme  | ent Income   |   |
|  | In Part I, line 8  V Qualification U   | · · · · · · · · · · · · · · · · · · ·  | educed Tax o   | <br>n Net Investme  | ent Income   |   |
| For opt  | In Part I, line 8  V Qualification Unional use by domestic p   | Inder Section 4940(e) for R  | educed Tax o   | <br>n Net Investme  | ent Income   |   |
| For opt  | un Part I, line 8  V Qualification U  clonal use by domestic p  on 4940(d)(2) applies, le  | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank  | ection 4940(a) tax   | n Net Investment  | ent Income   | □ Vos ₩ No  |
| For opt  | U Qualification U   | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute   | ection 4940(a) tax   | n Net Investment on net investment y year in the base p   | ent Income   | ┌ Yes ┌ No  |
| For opt<br>f section<br>Was the<br>f "Yes,   | Un Part I, line 8  Qualification Unional use by domestic properties, leading to the foundation liable for the the foundation does not be seen as a second to the sec | Inder Section 4940(e) for Region rivate foundations subject to the section this part blank essection 4942 tax on the distributed to qualify under section 4940(e).   | ection 4940(a) tax<br>able amount of any   | n Net Investment on net investment y year in the base p   | ent Income income ) eriod?   | ┌ Yes ┌ No  |
| For opt<br>f section<br>Was the<br>f "Yes,   | U Qualification U Qualificatio | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute   | ection 4940(a) tax<br>able amount of any   | n Net Investment on net investment y year in the base p   | ent Income income) eriod? making any entries   |   |
| For opt  f section  Was the  f "Yes,  1 En   | Qualification Using a point of the foundation does not the appropriate amount (a)  | Inder Section 4940(e) for Region rivate foundations subject to the section 4942 tax on the distribute of qualify under section 4940(e) Do not in each column for each year, section 4940(b)  | able amount of any o not complete this   | n Net Investment of year in the base part instructions before   | ent Income income) eriod? making any entries (d)   |   |
| For opt  f section  Was the  f "Yes,  1 En  Base   | U Qualification U Qualificatio | Inder Section 4940(e) for Remarkable rivate foundations subject to the section 4940 for Remarkable section 4942 tax on the distributed to qualify under section 4940(e) Depoint in each column for each year, section 4940 for each year.  | ection 4940(a) tax<br>able amount of any<br>o not complete this  | n Net Investment of year in the base part instructions before   | ent Income income) eriod? making any entries   | n ratio   |
| For opt  f section  Was the  f "Yes,  1 En  Base   | Qualification U  qualif | Inder Section 4940(e) for Region rivate foundations subject to the section 4942 tax on the distribute of qualify under section 4940(e) Do not in each column for each year, section 4940(b)  | able amount of any o not complete this   | n Net Investment of year in the base part instructions before   | ent Income Income eriod? making any entries (d) Distributio  | n ratio   |
| For opt  f section  Was the  f "Yes,  1 En  Base   | Qualification Using a point of the foundation does not ter the appropriate amount of tax year beginning in)  | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute of qualify under section 4940(e) De unt in each column for each year, se  (b) Adjusted qualifying distributions   | able amount of any o not complete this   | n Net Investment of year in the base part instructions before antable-use assets  | ent Income Income eriod? making any entries (d) Distributio  | n ratio<br>I by col (c))<br>0 161297  |
| For opt  f section  Was the  f "Yes,  1 En  Base   | Qualification Upon 4940 (d)(2) applies, less foundation liable for the the foundation does not ter the appropriate amount (a) period years Calendar or tax year beginning in) 2012   | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute of qualify under section 4940(e) Do unt in each column for each year, se  (b) Adjusted qualifying distributions   | able amount of any o not complete this   | n Net Investment  y year in the base pos part  instructions before  antable-use assets  5,600,333   | ent Income Income eriod? making any entries (d) Distributio  | n ratio<br>  by col (c))<br>0 161297<br>0 148788  |
| For opt  f section  Was the  f "Yes,  1 En  Base   | Qualification Umonal use by domestic property of the foundation liable for the the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not the f | Inder Section 4940(e) for Region rivate foundations subject to the section 4940 to the section 4942 tax on the distributed qualify under section 4940(e). Do not in each column for each year, section 4940(e). Adjusted qualifying distributions  903,319 900,956   | able amount of any o not complete this   | n Net Investment  y year in the base part  instructions before  5,600,333  6,055,296  | ent Income Income eriod? making any entries (d) Distributio  | n ratio<br>  by col (c))<br>  0 161297<br>  0 148788<br>  0 096836  |
| For opt  f section  Was the  f "Yes,  1 En  Base   | Qualification Umonal use by domestic pron 4940(d)(2) applies, less foundation liable for the the foundation does not ter the appropriate amountary years Calendar or tax year beginning in)  2012  2011  2010  | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute of qualify under section 4940(e) Do unt in each column for each year, se  (b) Adjusted qualifying distributions  903,319 900,956 558,764  | able amount of any o not complete this   | n Net Investment  y year in the base ps part  instructions before  5,600,333  6,055,296  5,770,186  | ent Income Income eriod? making any entries (d) Distributio  | n ratio<br>I by col (c))  |
| For opt  f section  Was the  f "Yes,  1 En  Base   | Qualification Using a point of the foundation does not the foundation does not ter the appropriate amount (a) period years Calendar or tax year beginning in) 2012 2011 2010 2009  | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute of qualify under section 4940(e) Do unt in each column for each year, se  (b) Adjusted qualifying distributions  903,319 900,956 558,764 799,501  | able amount of any o not complete this   | n Net Investment  year in the base part  instructions before  5,600,333 6,055,296 5,770,186 6,140,219                                       | ent Income Income eriod? making any entries (d) Distributio  | n ratio<br>  by col (c))<br>  0 161297<br>  0 148788<br>  0 096836<br>  0 130207  |
| For opt<br>f section<br>Was the<br>f "Yes,<br>1 En<br>Base<br>year (   | Qualification Using a special point of the foundation does not ter the appropriate amount of tax year beginning in a constant of tax years a constant  | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute of qualify under section 4940(e) Do unt in each column for each year, se  (b) Adjusted qualifying distributions  903,319 900,956 558,764 799,501 806,300  | ection 4940(a) tax<br>able amount of any<br>o not complete this<br>ee page 18 of the<br>Net value of noncha  | n Net Investment  year in the base positions before  instructions before  5,600,333 6,055,296 5,770,186 6,140,219 8,485,468                 | ent Income  Income  Income  eriod?  making any entries  (d)  Distributio  (col (b) divided   | n ratio<br>  by col (c))<br>  0 161297<br>  0 148788<br>  0 096836<br>  0 130207<br>  0 095021                            |
| For optical factors for a factor of the fact | Qualification Using a special point of the foundation does not ter the appropriate amount of tax year beginning in)  2012 2011 2010 2009 2008  Total of line 1, column   | Inder Section 4940(e) for Removate foundations subject to the section 4940 to the section 4942 tax on the distributed to qualify under section 4940(e). Do not interest to the section 4940 to the section 494 | able amount of any o not complete this ee page 18 of the Net value of nonchar  | n Net Investment  year in the base positions before  instructions before  5,600,333 6,055,296 5,770,186 6,140,219 8,485,468                 | ent Income Income eriod? making any entries (d) Distributio  | n ratio<br>  by col (c))<br>  0 161297<br>  0 148788<br>  0 096836<br>  0 130207<br>  0 095021                            |
| For opt<br>f section<br>Was the<br>f "Yes,<br>1 En<br>Base<br>year (   | Qualification Using a special point of the foundation does not ter the appropriate amount of tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column A verage distribution in a special point of the foundation does not ter the appropriate amount of tax year beginning in)  | Inder Section 4940(e) for R rivate foundations subject to the se eave this part blank e section 4942 tax on the distribute of qualify under section 4940(e) Do unt in each column for each year, se  (b) Adjusted qualifying distributions  903,319 900,956 558,764 799,501 806,300  | able amount of any o not complete this ee page 18 of the Net value of nonchar  | n Net Investment  year in the base propert  instructions before  5,600,333  6,055,296  5,770,186  6,140,219  8,485,468  ne 2 by 5, or by    | ent Income  Income  Income  eriod?  making any entries  (d)  Distributio  (col (b) divided   | n ratio<br>1 by col (c))<br>0 161297<br>0 148788<br>0 096836<br>0 130207<br>0 095021                                      |
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| For opting  | Qualification Using a special point of the foundation liable for the the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation does not ter the appropriate amount of the foundation  | Inder Section 4940(e) for Removate foundations subject to the section 4942 tax on the distributed to qualify under section 4940(e). Do not interest to the section 494 | able amount of any o not complete this ee page 18 of the Net value of nonchard value of nonchard value the total on line if less than 5 years from Part X, line  | n Net Investment  year in the base property instructions before  5,600,333 6,055,296 5,770,186 6,140,219 8,485,468  ne 2 by 5, or by ars  5 | ent Income Incom | n ratio 1 by col (c))  0 161297  0 148788  0 096836  0 130207  0 095021  0 632149  0 126430  4,764,100  602,325           |
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|     | 990-PF (2013)   |        |     | age <b>4</b> |
|-----|---|--------|-----|--------------|
|     | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instance | ructio | ns) |              |
| 1a  | on line 1   |        |     |              |
|     | Date of ruling or determination letter (attach copy of letter if necessary–see instructions)  |        |     |              |
| ь   | Domestic foundations that meet the section 4940(e) requirements in Part V, check  |        |     | 57           |
|     | here F and enter 1% 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 Others enter -0-)  |        |     | 0            |
| 3   | Add lines 1 and 2   |        |     | 57           |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  |        |     | 0            |
| 5   | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0   |        |     | 57           |
| 6   | Credits/Payments  |        |     |              |
| а   | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 380  |        |     |              |
| 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  |        |     | 380          |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax. Check here T if Form 2220 is attached.  |        |     |              |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |        |     |              |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10  |        |     | 323          |
| 11  | Enter the amount of line 10 to be Credited to 2014 estimated tax   323 Refunded  11   |        |     | 0            |
| Par | t VII-A Statements Regarding Activities   |        |     |              |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did   |        | Yes | No           |
|     | ıt participate or intervene in any political campaign?  | 1a     |     | No           |
| Ь   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of   | ١      |     |              |
|     | the instructions for definition)?   | 1b     |     | No           |
|     | If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials  |        |     |              |
| _   | published or distributed by the foundation in connection with the activities.  Did the foundation file Form 1120-POL for this year?   | 1c     |     | No           |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year   |        |     |              |
| u   | (1) On the foundation  \$\blacktriangle \\$ 0   |        |     |              |
| e   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed   |        |     |              |
|     | on foundation managers 🕨 \$0  |        |     |              |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | 2      |     | No           |
|     | 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 instrument, articles  |        |     |              |
|     | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3      |     | No           |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a     |     | No           |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b     |     |              |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | 5      |     | No           |
|     | 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 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?  | 6      | Yes |              |
| 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   | ⊢      | 163 |              |
| -   | Part XV.  | 7      | Yes |              |
|     | Enter the states to which the foundation reports or with which it is registered (see instructions)  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 .  | 8b     | Yes |              |
| 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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)?   |        |     |              |
| _   | If "Yes," complete Part XIV   | 9      |     | No           |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.   | 10     |     | No           |

| 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       |      | No |
| 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       |      | No |
| 13         | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13       | Yes  |    |
|            | Website address ►WWW PACIFICSOURCE COM  |          |      |    |
| 14         | The books are in care of ▶PETER DAVIDSON Telephone no ▶(541)  | ) 686-   | 1242 |    |
|            | Located at ▶PO BOX 7068 SPRINGFIELD OR ZIP+4 ▶97475   | ,        |      |    |
| 4-         |   |          |      |    |
| 15         | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here   |          | '    |    |
|            | - · · · · · · · · · · · · · · · · · · ·   |          |      |    |
| 16         | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over  |          | Yes  | No |
|            | a bank, securities, or other financial account in a foreign country?  | 16       |      | No |
|            | See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the   |          |      |    |
|            | foreign country   |          |      |    |
| Pai        | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |          | ı ı  |    |
|            | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |          | Yes  | No |
| 1a         | During the year did the foundation (either directly or indirectly)  |          |      |    |
|            | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  |          |      |    |
|            | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |          |      |    |
|            | a disqualified person?  |          |      |    |
|            | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes Vo  |          |      |    |
|            | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?   |          |      |    |
|            | (6) A gree 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 ) |          |      |    |
| b          | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations                               |          |      |    |
| U          | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  | 1b       |      |    |
|            | Organizations relying on a current notice regarding disaster assistance check here  | <u> </u> |      |    |
| С          | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,   |          |      |    |
| •          | that were not corrected before the first day of the tax year beginning in 2013?   | 1c       |      | No |
| 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))   |          |      |    |
| а          | 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 before 2013?   |          |      |    |
|            | If "Yes," list the years 🕨 20   |          |      |    |
| b          | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )   | 2b       |      |    |
| c          | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here                                      |          |      |    |
|            | ▶ 20, 20, 20  |          |      |    |
| За         | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at  |          |      |    |
|            | any time during the year?   |          |      |    |
| b          | If "Yes," did it have excess business holdings in 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, Form 4720, to determine  |          |      |    |
|            | If the foundation had excess business holdings in 2013.)  | 3b       |      |    |
| <b>4</b> a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a       |      | No |
| 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?  | 4b       |      | No |

| 5a   | During the year did the foundation p    | ay or incurany amount        | to      |                    |        |  |                                       |            |         |             |
|------|---|------------------------------|---------|--------------------|--------|--|---------------------------------------|------------|---------|-------------|
|      | (1) Carry on propaganda, or otherw      | se attempt to influence      | legisl  | ation (section 49  | 45(e   | ))?                                      | No No                                 |            |         |             |
|      | (2) Influence the outcome of any sp     | ecific public election (s    | see se  | ction 4955), or to | carr   | <b>-y</b>                                |                                       |            |         |             |
|      | on, directly or indirectly, any vo      |                              |         | **                 |        | ·  | No                                    |            |         |             |
|      | (3) Provide a grant to an individual    |                              |         |                    |        | ☐ Yes ☐                                  | No                                    |            |         |             |
|      | (4) Provide a grant to an organization  |                              |         |                    | scrib  |  |                                       |            |         |             |
|      | in section 509(a)(1), (2), or (3)       |                              | •       | · -                |        |  | No                                    |            |         |             |
|      | (5) Provide for any purpose other th    |                              |         |                    |        | ,  |                                       |            |         |             |
|      | educational purposes, or for the        |                              |         |                    |        |  | No                                    |            |         |             |
| b    | If any answer is "Yes" to 5a(1)-(5)     |                              |         |                    |        |  |                                       |            |         |             |
| _    | Regulations section 53 4945 or in       |                              |         |                    |        |  |                                       | , l        |         |             |
|      | Organizations relying on a current r    | _                            | _       |                    |        | _  | _                                     | +          | -+      | _           |
| c    | If the answer is "Yes" to question 5    |                              |         |                    |        | ,  |                                       |            |         |             |
| Ī    | tax because it maintained expendit      |                              |         | •                  |        | □ Yes □                                  | - <sub>NO</sub>                       |            |         |             |
|      | If "Yes," attach the statement require  |                              |         |                    | •      | , .es ,                                  |                                       |            |         |             |
| 6a   | Did the foundation, during the year,    |                              |         |                    | nren   | nuime on                                 |                                       |            |         |             |
| Ju   | a personal benefit contract?            |                              |         |                    |        |  | No                                    |            |         |             |
| h    | Did the foundation, during the year,    |                              |         |                    |        | •  |                                       | .          | ,       | lo          |
|      | If "Yes" to 6b, file Form 8870.         | pa, premiumo, uncerty        | o. mu   | , on a perso       |        | James Continues I                        | ·   -                                 | +          | ——"     | _           |
| 7a   | At any time during the tax year, was    | the foundation a party       | to a n  | robibited tay chal | tar tı | ransaction? <b>Tyes</b> F                | No                                    |            |         |             |
|      | If yes, did the foundation receive ar   |                              |         |                    |        |  |                                       | .          |         |             |
|      | Information About                       |                              |         |                    |        |  |                                       |            |         | —           |
| Pai  | and Contractors                         | Difficers, Diffectors        | , IIu   | stees, rounda      | LIOI   | i managers, inging                       | raiu Lii                              | ıpı        | yees    | ,           |
| 1    | List all officers, directors, trustees, | foundation managers a        | nd thei | ir compensation (  | see i  | nstructions).                            |                                       |            |         | _           |
|      |   | <b>b)</b> Title, and average | (c)     | Compensation       |        | (d) Contributions to                     | (a) Eyne                              | nca        | accour  | <del></del> |
|      | (a) Name and address                    | hours per week               | (If     | not paid, enter    |        | mployee benefit plans                    | (e) Expense account, other allowances |            |         |             |
|      | Additional Data Table                   | devoted to position          |         | -0-)               | anu    | deferred compensation                    |                                       |            |         | —           |
| ee . | Additional Data Fable                   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         | —           |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         | _           |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
| 2    | Compensation of five highest-paid e     | mployees (other than t       | hose ii | ncluded on line 1– | -see   |  | ter "NON                              | <u>E."</u> |         |             |
| (=)  | Name and address of each employe        | (b) Title, and avera         | ige     |                    |        | (d) Contributions to<br>employee benefit | <b>(e)</b> Expe                       | nee        | 3000111 | n+          |
| (a)  | paid more than \$50,000                 | nours per week               |         | (c) Compensation   | n      | plans and deferred                       |                                       |            | vances  | ιι,         |
|      |   | devoted to positio           | on      |                    |        | compensation                             |                                       |            |         |             |
| 10 N | E                                       |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         | _           |
|      |   | $\neg$                       |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       |            |         | —           |
|      |   | $\dashv$                     |         |                    |        |  |                                       |            |         |             |
|      |   |                              |         |                    |        |  |                                       | —          |         | —           |
|      |   | $\dashv$                     |         |                    |        |  |                                       |            |         |             |
|      | I number of other employees hald ove    |                              |         |                    |        | <u> </u>                                 |                                       | —          |         |             |

| Form 990-PF (2013)  |   | Page <b>7</b>    |
|---|---|------------------|
| Part VIII Information About Officers, Directors, True and Contractors (continued)                         | stees, Foundation Managers, Highly            | Paid Employees,  |
| 3 Five highest-paid independent contractors for professional service                                      | es (see instructions). If none, enter "NONE". |                  |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                           | (c) Compensation |
| NONE  |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
| Total number of others receiving over \$50,000 for professional service                                   | ac <b>b</b> -                                 | 0                |
|   |   |                  |
| Part IX-A Summary of Direct Charitable Activities   |   |                  |
| List the foundation's four largest direct chantable activities during the tax year. Include               |   | Expenses         |
| organizations and other beneficiaries served, conferences convened, research papers $\mu$<br><b>1</b> N/A | produced, etc                                 |                  |
| 2   |   |                  |
| 3   |   |                  |
| 4   |   |                  |
| Part IX-B Summary of Program-Related Investment   | te (see instructions)                         |                  |
| Describe the two largest program-related investments made by the foundation dur                           | · · · · · · · · · · · · · · · · · · ·         | A mount          |
| 1   | ,   |                  |
|   |   |                  |
|   |   |                  |
| 2   |   |                  |
|   |   |                  |
|   |   |                  |
| All other program-related investments See page 24 of the instructi  | ions  |                  |
| 3   | 10113   |                  |
| <u> </u>  |   |                  |
|   |   |                  |
| Total. Add lines 1 through 3  |   | 0                |

| Pa  | Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)        | reign | foundations,    |
|-----|---|-------|-----------------|
| 1   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,         |       |                 |
|     | purposes  |       |                 |
| а   | Average monthly fair market value of securities   | 1a    | 1,259,001       |
| b   | A verage of monthly cash balances   | 1b    | 3,577,649       |
| С   | Fair market value of all other assets (see instructions)  | 1c    | 0               |
| d   | Total (add lines 1a, b, and c)  | 1d    | 4,836,650       |
| е   | Reduction claimed for blockage or other factors reported on lines 1a and                                  |       |                 |
|     | 1c (attach detailed explanation)  |       |                 |
| 2   | Acquisition indebtedness applicable to line 1 assets  | 2     | 0               |
| 3   | Subtract line 2 from line 1d  | 3     | 4,836,650       |
| 4   | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see                |       |                 |
|     | ınstructions)   | 4     | 72,550          |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4       | 5     | 4,764,100       |
| 6   | Minimum investment return. Enter 5% of line 5   | 6     | 238,205         |
| Dar | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations                 | atıng | foundations and |
| FGI | certain foreign organizations check here 🕨 🗀 and do not complete this part.)                              |       | T               |
| 1   | Minimum investment return from Part X, line 6   | 1     | 238,205         |
| 2a  | Tax on investment income for 2013 from Part VI, line 5 2a 57  |       |                 |
| b   | Income tax for 2013 (This does not include the tax from Part VI ) 2b                                      |       |                 |
| С   | Add lines 2a and 2b   | 2c    | 57              |
| 3   | Distributable amount before adjustments Subtract line 2c from line 1                                      | 3     | 238,148         |
| 4   | Recoveries of amounts treated as qualifying distributions   | 4     | 0               |
| 5   | Add lines 3 and 4   | 5     | 238,148         |
| 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     | 238,148         |
| Par | Qualifying Distributions (see instructions)   |       |                 |
| 1   | A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes                |       |                 |
| а   | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26                               | 1a    | 724,018         |
| b   | Program-related investments—total from Part IX-B  | 1b    | 0               |
| 2   | A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,         |       |                 |
|     | purposes  | 2     |                 |
| 3   | A mounts set aside for specific charitable projects that satisfy the                                      |       |                 |
| а   | Suitability test (prior IRS approval required)  | За    |                 |
| 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     | 724,018         |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment              |       | ,               |
| -   | income Enter 1% of Part I, line 27b (see instructions).   | 5     | 57              |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6     | 723,961         |

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

| For    | m 990-PF (2013)  |                            |           |                     |      | Page <b>9</b> |
|--------|--|----------------------------|-----------|---------------------|------|---------------|
| Р      | art XIII Undistributed 1   | <b>Income</b> (see instruc | ctions)   |                     |      |               |
|        |  |                            | (a)       | (b)                 | (c)  | (d)           |
| 4      | Distributable amount for 2013 f                                      | irom Bart VI Juno 7        | Corpus    | Years prior to 2012 | 2012 | 2013          |
|        | Undistributed income, if any, as                                     | · —                        |           |                     |      | 230/110       |
| 2<br>a | Enter amount for 2012 only   | I                          |           |                     | 0    |               |
| _      |  | _                          |           | 0                   | , ,  |               |
| b      | Total for prior years 20, Excess distributions carryover,            |                            |           |                     |      |               |
| 3      | From 2008  | 382,340                    |           |                     |      |               |
| a<br>h | From 2009  | 493,488                    |           |                     |      |               |
| 6      | From 2010  | 270,825                    |           |                     |      |               |
| ď      | From 2011  | 588,403                    |           |                     |      |               |
| e      | From 2012  | 608,484                    |           |                     |      |               |
|        | <b>Total</b> of lines 3a through e                                   |                            | 2,343,540 |                     |      |               |
|        | Qualifying distributions for 2013                                    | <u> </u>                   |           |                     |      |               |
| •      | XII, line 4 <b>&gt;</b> \$   | <b>_</b>                   |           |                     |      |               |
| а      | Applied to 2012, but not more that                                   |                            |           |                     | 0    |               |
|        | Applied to undistributed income                                      | <del>-</del>               |           |                     |      |               |
| _      | (Election required—see instructi                                     |                            |           | 0                   |      |               |
| С      | Treated as distributions out of c                                    |                            |           |                     |      |               |
|        | required—see instructions)   |                            | 0         |                     |      |               |
| d      | Applied to 2013 distributable ar                                     | mount                      |           |                     |      | 238,148       |
| e      | Remaining amount distributed or                                      | ut of corpus               | 485,870   |                     |      |               |
| 5      | Excess distributions carryover                                       | applied to 2013            | 0         |                     |      | 0             |
|        | (If an amount appears in column                                      |                            |           |                     |      |               |
|        | same amount must be shown in c                                       | column (a).)               |           |                     |      |               |
| 6      | Enter the net total of each colu                                     | mn as                      |           |                     |      |               |
|        | indicated below:   |                            | 2 020 440 |                     |      |               |
|        | Corpus Add lines 3f, 4c, and 4e                                      | <u> </u>                   | 2,829,410 |                     |      |               |
| Ь      | Prior years' undistributed income                                    |                            |           | 0                   |      |               |
|        | line 4b from line 2b   | <u> </u>                   |           |                     |      |               |
| С      | Enter the amount of prior years' income for which a notice of defice |                            |           |                     |      |               |
|        | been issued, or on which the sec                                     |                            |           |                     |      |               |
|        | tax has been previously assesse                                      |                            |           | 0                   |      |               |
| d      | Subtract line 6c from line 6b Ta                                     |                            |           |                     |      |               |
|        | —see instructions  |                            |           | 0                   |      |               |
| е      | Undistributed income for 2012  | I                          |           |                     |      |               |
|        | 4a from line 2a Taxable amount instructions                          | :—see                      |           |                     | 0    |               |
| f      | Undistributed income for 2013  | Subtract                   |           |                     |      |               |
| •      | lines 4d and 5 from line 1 This a                                    | I                          |           |                     |      |               |
|        | be distributed in 2014   |                            |           |                     |      | 0             |
| 7      | A mounts treated as distributions                                    | s out of                   |           |                     |      |               |
|        | corpus to satisfy requirements in                                    |                            |           |                     |      |               |
|        | section 170(b)(1)(F) or 4942(g)                                      |                            | 0         |                     |      |               |
| 0      | instructions)  |                            |           |                     |      |               |
| 0      | applied on line 5 or line 7 (see in                                  |                            | 382,340   |                     |      |               |
| 9      | Excess distributions carryover to                                    | · -                        |           |                     |      |               |
|        | Subtract lines 7 and 8 from line                                     | I                          | 2,447,070 |                     |      |               |
| 10     | Analysis of line 9   | Γ                          |           |                     |      |               |
| а      | Excess from 2009   | 493,488                    |           |                     |      |               |
| b      | Excess from 2010   | 270,825                    |           |                     |      |               |
| С      | Excess from 2011   | 588,403                    |           |                     |      |               |
|        | Excess from 2012   | 608,484                    |           |                     |      |               |
| е      | Excess from 2013   | 485,870                    |           |                     |      |               |

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 PROVERS, TO IMPROVE COMMUNITY HEALTH

| Part XV Supplementary Inform<br>3 Grants and Contributions Paid | l During the Year or Ani                           | proved for F                         | uture Payment                    |         |
|---|--|--------------------------------------|----------------------------------|---------|
|   | If recipient is an individual,                     |                                      |                                  |         |
| Recipient  Name and address (home or business)                  | show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution | A mount |
| a Paid during the year  | or substantial contributor                         |                                      |                                  |         |
| See Additional Data Table                                       |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
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|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
| Total   |  |                                      |                                  | 719,06  |
| <b>b</b> Approved for future payment                            |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
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|   |  |                                      |                                  |         |
|   |  |                                      |                                  |         |
|   |  |                                      | h. al-                           |         |

| Form 990-I                      | PF (2013)<br>I-A Analysis of Income-Produci  | na Activitie            |                       |                       |  | Page <b>12</b>   |  |  |
|---------------------------------|--|-------------------------|-----------------------|-----------------------|--|--|--|--|
|                                 | s amounts unless otherwise indicated   |                         | usiness income        | Excluded by section   | Excluded by section 512, 513, or 514 (e) |  |  |  |
| _                               | n service revenue  | (a)<br>Business<br>code | <b>(b)</b><br>A mount | (c)<br>Exclusion code | (d)<br>A mount                           | Related or exempt<br>function income<br>(See<br>instructions ) |  |  |
|                                 |  |                         |                       |                       |  |  |  |  |
| с                               |  |                         |                       |                       |  |  |  |  |
| e                               |  |                         |                       |                       |  |  |  |  |
| <b>g</b> Fees<br><b>2</b> Membe | and contracts from government agencies rship dues and assessments st on savings and temporary cash |                         |                       |                       |  |  |  |  |
| ınvestı                         | ments  |                         |                       | 14                    | 6,006                                    |  |  |  |
| <b>5</b> Net ren                | ntal income or (loss) from real estate   |                         |                       |                       |  |  |  |  |
|                                 | financed property ebt-financed property  |                         |                       |                       |  |  |  |  |
|                                 | ntal income or (loss) from personal<br>ty  |                         |                       |                       |  |  |  |  |
|                                 | nvestment income r (loss) from sales of assets other than  |                         |                       |                       |  |  |  |  |
| invent                          | ory  |                         |                       | 18                    | -424,326                                 |  |  |  |
|                                 | ome or (loss) from special events<br>profit or (loss) from sales of inventory                      |                         |                       |                       |  |  |  |  |
|                                 | revenue <b>a</b> _   |                         |                       |                       |  |  |  |  |
| с                               |  |                         |                       |                       |  |  |  |  |
| е                               |  |                         |                       |                       |  |  |  |  |
|                                 | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)                            |                         |                       | o <u> </u><br>        | -418,320<br><b>L3</b>                    |  |  |  |
|                                 | orksheet in line 13 instructions to verify corrections to Relationship of Activities to            |                         | plishment of F        |                       |  |  |  |  |
| Line No.<br>♥                   | Explain below how each activity for whice the accomplishment of the foundation's instructions )    | h income is re          | ported ın column (    | (e) of Part XVI-A c   | ontributed importa                       |  |  |  |
|                                 |  |                         |                       |                       |  |  |  |  |
|                                 |  |                         |                       |                       |  |  |  |  |
|                                 |  |                         |                       |                       |  |  |  |  |
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|                                 |  |                         |                       |                       |  |  |  |  |
|                                 |  |                         |                       |                       |  |  |  |  |

| Form 990       | O-PF       | (2013)   |                        |          |              |                           |           |           |                              |                |                                   | Рa        | ge <b>1</b> 3 |
|----------------|------------|--|------------------------|----------|--------------|---------------------------|-----------|-----------|------------------------------|----------------|-----------------------------------|-----------|---------------|
| Part X         | (VII       | Information Roncharitable  |                        |          |              |                           | action    | s and I   | Relationships \              | With           |                                   |           |               |
| section        | on 50      | ganızatıon dırectly or ı<br>1(c) of the Code (othe   |                        |          |              |                           |           |           |                              |                |                                   | Yes       | No            |
| organ<br>-     |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            | from the reporting foui  |                        |          |              |                           |           |           |                              |                | 4 - (4)                           |           | ١             |
|                |            |  |                        |          |              |                           |           |           |                              |                | 1a(1)                             |           | No            |
|                |            | assets   |                        |          |              |                           |           |           |                              |                | 1a(2)                             |           | No            |
|                |            | sactions   | wtable av              |          | ranni=n+i.or |                           |           |           |                              |                | 16/11                             |           | No            |
|                |            | of assets to a noncha<br>ases of assets from a   |                        |          |              |                           |           |           |                              |                | 1b(1)                             |           | No            |
|                |            | l of facilities, equipme   |                        |          |              |                           |           |           |                              |                |                                   |           | No            |
|                |            | oursement arrangemen   |                        |          |              |                           |           |           |                              |                | 1b(3)                             |           | No            |
|                |            | or loan guarantees.  |                        |          |              |                           |           |           |                              |                | 1b(5)                             |           | No            |
|                |            | nance of services or r   |                        |          |              |                           |           |           |                              |                | 1b(6)                             |           | No            |
|                |            | facilities, equipment,   |                        |          |              |                           |           |           |                              |                | 1c                                |           | No            |
|                |            | ver to any of the above  |                        |          |              |                           |           |           |                              |                |                                   | L         | 140           |
|                | y tran     | ds, other assets, or se<br>saction or sharing arr<br>(b) Amount involved                               | angement               | , show   | ın column    |                           | the good  | ds, othei |                              | es receive     | d                                 |           | nts           |
| (4) 2          |            | (2),   | (5)                    |          |              |                           | (-, -     |           |                              | ,              |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                | -          |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
| -              |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                | -          |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
| descr          | rıbed      | dation directly or indi<br>in section 501(c) of th<br>omplete the following<br>(a) Name of organizatio | he Code (d<br>schedule |          | nan sectior  | · ·                       | ın sectio | -         | =                            | on of relation |                                   | es F      | , No          |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
|                |            |  |                        |          |              |                           |           |           |                              |                |                                   |           |               |
| Sign           | the b      | er penalties of perjury,<br>est of my knowledge a<br>d on all information of                           | and belief,            | ıt ıs tr | ue, correct  | , and complete<br>owledge |           |           |                              |                |                                   |           |               |
| Here           | <b>h</b> – | ****   |                        |          |              | 2014-11-17                | — b .     | *****     |                              | with the p     | RS discus<br>prep <u>are</u> r sl | hown belo | ow            |
|                | <b>F</b> S | ignature of officer or t   | rustee                 |          |              | Date                      |           | Title     | <del>,</del>                 | (see instr     | `) <sup>5</sup> <b>√ Y</b> €      | s No      |               |
| Paid<br>Prepai |            | Print/Type preparer's<br>RAY L WIDMER III  |                        | Prepa    | arer's Sign  | ature                     | Date      |           | Check if self-<br>employed ► | PTIN<br>PC     | 12366                             | 527       |               |
| Use<br>Only    |            | Fırm's name ►  |                        |          | MS LLP       |                           |           |           | Firm's EIN ▶ 91-             |                |                                   |           |               |
| 7              |            | Firm's address • 975 OAK STREET SUITE 500 EUGENE, OR 97401 Phone no (541) 686-:                        |                        |          |              |                           |           |           |                              | 686-104        | 0                                 |           |               |

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address                | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation<br>(If not paid, enter<br>-0-) | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense account,<br>other allowances |
|-------------------------------------|---|---|--|--|
| KENNETH PROVENCHER                  | PRESIDENT   | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| PATRICIA BUCHANAN MD                | DIRECTOR  | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| GRETCHEN PIERCE                     | DIRECTOR  | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| ED DAHLBERG                         | DIRECTOR  | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| VERN KATZ MD                        | DIRECTOR  | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| JEFF HOUCK MD                       | DIRECTOR  | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| MARIAN BLANKENSHIP                  | EXECUTIVE   | 0   | 0  | C  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | DIRECTOR<br>1 00  |   |  |  |
| SUJATA SANGHVI                      | VICE PRESIDENT  | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| KRISTIN KERNUTT                     | SECRETARY   | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| PRISCILLA GOULD                     | COMMITTEE CHAIR   | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |
| PETER DAVIDSON                      | VICE PRESIDENT  | 0   | 0  | 0  |
| PO BOX 7068<br>SPRINGFIELD,OR 97475 | 1 00  |   |  |  |

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution  | A mount |
|---|--|--------------------------------------|---|---------|
| Name and address (home or business)   | or substantial contributor   |                                      |   |         |
| a Paid during the year  |  |                                      |   |         |
| BOYS AND GIRLS CLUB CORVALLIS<br>1112 NW CIRCLE BLVD<br>CORVALLIS,OR 97333                            | NONE   | PC                                   | JOHNSON DENTAL CLINIC<br>COMMUINITY ACCESS AND<br>SERVICES EXPANSION                      | 20,000  |
| CENTER FOR COMMUNITY<br>COUNSELING 1465 COBURG ROAD<br>EUGENE,OR 97405                                | NONE   | PC                                   | CAPACITY-BUILDING<br>PROJECT  | 20,000  |
| CENTER FOR EVIDENCE-BASED<br>POLICY 3455 SWUS VETEREANS<br>HOSPITAL RD<br>SN-4N<br>PORTLAND, OR 97239 | NONE   | PC                                   | STRATEGIC GRANT FUNDING   | 15,000  |
| CHILDREN'S HOME SOCIETY OF IDAHO 740 WARM SPRINGS AVE BOISE,ID 83712                                  | NONE   | PC                                   | COMMUNITY SPONSORSHIP<br>PROGRAM  | 10,000  |
| COMMUNITY HEALTH CENTER INC<br>19 MYRTLE ST<br>MEDFORD,OR 97504                                       | NONE   | PC                                   | CREATING RURAL CAPACITY<br>THROUGH COMMUNITY- &<br>SCHOOL-BASED HEALTH<br>CENTER PROGRAMS | 20,000  |
| EUGENE HEARING AND SPEECH<br>1500 WEST 12TH AVE<br>EUGENE,OR 97402                                    | NONE   | PC                                   | HARDSHIP FUND SUPPORT<br>PROGRAM  | 10,000  |
| FAMILIAS EN ACCION 2710 NE<br>14TH AVE<br>PORTLAND,OR 97212   | NONE   | PC                                   | STRATEGIC GRANT FUNDING   | 34,008  |
| FAMILY MEDICINE RESIDENCY OF IDAHO 777 N RAYMOND STREET BOISE,ID 83704                                | NONE   | PC                                   | CREATING IDAHO'S FIRST<br>SCHOOL-BASED HEALTH<br>CLINIC                                   | 20,000  |
| GARDEN CITY COMMUNITY CLINIC<br>215 W 35TH STREET<br>GARDEN CITY,ID 83714                             | NONE   | PC                                   | GARDEN CITY COMMUNITY<br>CLINIC   | 20,000  |
| HEALTH POLICY RESEARCH<br>NORTHWEST 31772 OWL ROAD<br>EUGENE,OR 97405                                 | NONE   | PC                                   | HOSPITALIZATION IN THE MORBIDLY OBESE RESOURCE UTILIZATION AND MORTALITY RISK             | 2,500   |
| LANE COALITION FOR HEALTHY<br>ACTIVE YOUTH PO BOX 264<br>EUGENE,OR 97440                              | NONE   | PC                                   | STRATEGIC GRANT FUNDING   | 25,000  |
| LOOKING GLASS YOUTH AND<br>FAMILY SERVICES 1790 W 11TH<br>SUITE 200<br>EUGENE,OR 97402                | NONE   | PC                                   | HEALTH ACCESS AND<br>TREATMENT PROGRAM  | 20,000  |
| MASLOW PROJECT 500 MONROE<br>ST<br>MEDFORD,OR 97501   | NONE   | PC                                   | STRATEGIC GRANT   | 10,000  |
| MEDICAL TEAMS INTERNATIONAL<br>PO BOX 10<br>PORTLAND,OR 97224   | NONE   | PC                                   | MOBILE DENTAL PROGRAM   | 20,000  |
| MOUNTAINSTAR RELIEF NURSERY<br>2125 NE DAGGETT LANE<br>BEND,OR 97701                                  | NONE   | PC                                   | STRATEGIC GRANT   | 5,000   |
| Total   |  |                                      |   | 719,060 |

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient  Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution   | A mount |
|---|--|--------------------------------------|---|---------|
|   | or substantial contributor   | ·                                    |   |         |
| a Paid during the year  |  |                                      |   |         |
| NORTHEAST OREGON NETWORK<br>1802 4TH ST STE A<br>LAGRANDE,OR 97850                        | NONE   | PC                                   | NEON RURAL COMMUNITY<br>HEALTH WORKER TRAINING<br>INSTITUTE                   | 30,000  |
| NORTHWEST CATHOLIC<br>COUNSELING 8383 NE SANDY<br>BLVD<br>PORTLAND,OR 97220               | NONE   | PC                                   | INTEGRATED MEDICATION MANAGEMENT FOR LOWER- INCOME INDIVIDUALS                | 15,000  |
| OREGON COMMUNITY FOUNDATION 1221 SWYAMHILL SUITE 100 PORTLAND,OR 97205                    | NONE   | PC                                   | EMERGENCY DEPARTMENT<br>UTILIZATION FOR NON-<br>TRAUMATIC DENTAL<br>PROGRAMS  | 7,500   |
| OREGON SCHOOL-BASED HEALTH<br>CARE NETWORK PO BOX 12191<br>PORTLAND,OR 97212              | NONE   | PC                                   | BUILDING SUSTAINABLE<br>SBHC PRACTICES TO<br>ENSURE ACCESS FOR KIDS           | 20,000  |
| PLANNED PARENTHOOD OF<br>SOUTHWESTERN OREGON 3579<br>FRANKLIN BLVD<br>EUGENE,OR 974032356 | NONE   | PC                                   | STRATEGIC GRANT FUNDING   | 40,000  |
| PROJECT ACCESS NOW PO BOX<br>10953<br>PORTLAND,OR 97296                                   | NONE   | PC                                   | CONNECTIONS TO CARE   | 20,000  |
| SALEM FREE CLINICS 1300<br>BROADWAY ST NE STE 104<br>SALEM,OR 97308                       | NONE   | PC                                   | SALEM FREE CLINIC'S NURSE<br>PRACTITIONER PROJECT                             | 15,000  |
| SHELTERCARE 499 WEST 4TH AVE<br>EUGENE,OR 97401   | NONE   | PC                                   | STRATEGIC GRANT FUNDING   | 29,902  |
| SLOCUM RESEARCH AND<br>EDUCATION 55 COBURG RD<br>EUGENE,OR 97401                          | NONE   | PC                                   | STRATEGIC GRANT FUNDING   | 5,000   |
| SNAKE RIVER COMMUNITY CLINIC<br>215 10TH STREET<br>LEWISTON,ID 83501                      | NONE   | PC                                   | CHRONIC RESPIRATORY ILLNESS MEDICATIONS & CONTINUITY OF CARE PROVIDER PROGRAM | 6,200   |
| SOUTH LANE CHILDRENS DENTAL<br>CLINIC PO BOX 218<br>COTTAGE GROVE,OR 97424                | NONE   | PC                                   | SERVICE EXPANSION<br>PROGRAM  | 15,000  |
| SOUTH LANE MENTAL HEALTH PO<br>BOX 5<br>COTTAGE GROVE, OR 97424                           | NONE   | PC                                   | INDIGENT SERVICES<br>PROGRAM  | 20,000  |
| SPRINGFIELD EDUCATION<br>FOUNDATION PO BOX 663<br>SPRINGFIELD, OR 97477                   | NONE   | PC                                   | STRATEGIC GRANT FUNDING   | 5,950   |
| SW COMMUNITY HEALTH CENTER<br>7754 SW CAPITAL HWY<br>PORTLAND,OR 97219                    | NONE   | PC                                   | STRATEGIC GRANT   | 20,000  |
| THE CHILD CENTER 3995<br>MARCOLA ROAD<br>SPRINGFIELD, OR 97477                            | NONE   | PC                                   | WELLNESS PROGRAM DEVELOPMENT LANE AND DESCHUTES COUNTY                        | 13,000  |
| Total   |  |                                      |   | 719,060 |

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution  | A mount |
|--|---|-------------------------|---|---------|
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |   |         |
| a Paid during the year   |   |                         |   |         |
| TRAUMA HEALING PROJECT THE 2222 COBURG ROAD SUITE 300 EUGENE,OR 97401  | NONE  | PC                      | STRATEGIC GRANT<br>CHARITABLE DONATION  | 35,000  |
| UNITED WAY OF LANE COUNTY<br>3171 GATEWAY LOOP<br>SPRINGFIELD,OR 97477   | NONE  | PC                      | STRATEGIC GRANT FUNDING   | 20,000  |
| UNIVERSITY OF COLORADO DENVER SCHOOL OF MEDICINE ACADEMIC OFFICE 1 MAIL STOP F496 12631 EAST 17TH AVENUE AURORA,CO 80045 | NONE  | PC                      | SUSTAINING HEALTHCARE<br>ACROSS INTEGRATED<br>PRIMARY CARE EFFORTS<br>PROGRAM IN OREGON | 20,000  |
| VIRGINIA GARCIA MEMORIAL<br>FOUNDATION PO BOX 486<br>CORNELIUS,OR 97113  | NONE  | PC                      | STRATEGIC GRANT   | 25,000  |
| VOLUNTEERS IN MEDICINE 2260<br>MARCOLA ROAD<br>SPRINGFIELD,OR 97477  | NONE  | PC                      | VOLUNTEERS IN MEDICINE  | 30,000  |
| VOLUNTEERS IN MEDICINE CLINIC<br>OF THE CASCADES 2300 NE NEFF<br>ROAD<br>BEND,OR 97701                                   | NONE  | PC                      | VIM PATIENT SPONSORSHIP<br>AND GENERAL OPERATING<br>SUPPORT                             | 30,000  |
| WASHINGTON COUNTY<br>COMMISSION ON CHILDREN AND<br>FAMILIES 155 N FIRST AVENUE<br>HILLSBORO,OR 971243072                 | NONE  | PC                      | STRATEGIC GRANT   | 25,000  |
| WILLAMETTE FAMILY INC 149 W<br>12TH STREET<br>EUGENE,OR 97401  | NONE  | PC                      | BUCKLEY CENTER SOBERING<br>STATION  | 20,000  |
| Total  |   |                         |   | 719,060 |

# **TY 2013 Accounting Fees Schedule**

Name: PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---|
| ACCOUNTING | 1,641  | 260                      |                        | 1,381                                       |

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|---------------|------------------------|-----------------|---------------------|
|               |                        |                 |                     |

# **TY 2013 Investments Corporate Stock Schedule**

Name: PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT

| Name of Stock                         | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|---------------------------------------|---------------------------|----------------------------------|
| LINE 10B - INVESTMENT CORPORATE STOCK | 797,600                   | 797,600                          |

# **TY 2013 Other Expenses Schedule**

Name: PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT

| Description       | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|-------------------|-----------------------------------|--------------------------|---------------------|--|
| PUBLISHING        | 55                                | 0                        |                     | 55                                       |
| SAFETY NET CLINIC | 3,422                             | 0                        |                     | 3,422                                    |
| OTHER FEES        | 100                               | 0                        |                     | 100                                      |



### **TY 2013 Other Increases Schedule**

Name: PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT

| Description             | Amount  |
|-------------------------|---------|
| UNREALIZED GAINS/LOSSES | 464,120 |



### **TY 2013 Other Liabilities Schedule**

Name: PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT

| Description        | Beginning of Year -<br>Book Value | End of Year - Book<br>Value |
|--------------------|-----------------------------------|-----------------------------|
| INCOME TAX PAYABLE | 328                               | 195                         |

### **TY 2013 Taxes Schedule**

Name: PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT

| Category              | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------------|--------|--------------------------|------------------------|---|
| TAXES, LICENSES, FEES | 575    | 0                        |                        | 0   |