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Form **990-PF**

EXTENDED TO NOVEMBER 15, 2016
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.

2015

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number THE PORTLAND CLINIC FOUNDATION 93-0522940 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 800 SW 13TH AVENUE 503-221-0161 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here PORTLAND, OR 97205-1902 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Name change Address change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 65,137. (Part I, column (d) must be on cash basis) ▶\$ Part 1 Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (a) Revenue and expenses per books (d) Disbursements (b) Net investment (c) Adjusted net income income (cash basis only) 24,000. 4 (1**44**) .. Contributions, gifts, grants, etc., received MARIE 2 Check X if the foundation is not required to attach Sch B Sunna Interest on savings and temporary cash investments 9. 9. STATEMENT. 1400 4 Dividends and interest from securities 1001 5a Gross rents h Net rental income or (loss) . 15:12). 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 14.3.14.2 CON. 0. -:: 11 La. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 9 10a Gross sales less returns and allowances b Less Cost of goods sold -Charling Market c Gross profit or (loss) TWIX: 11 Other income 24,009. 9. 9. 12 0. 0. 0. 0. 13 Other engloyee salaries and wages
Pension hans, employee benefits 016 14 15 15 Pension Bans, attributed by the state of STMT 2 10. 0 0. Travel, conferences, and meetings Total operating and administrative 10. 0 . expenses. Add lines 13 through 23 0 2,000. 2,000. 26 Total expenses and disbursements. 2,010. 0 0 2,000 Add lines 24 and 25 Subtract line 26 from line 12: 21,999. 2 Excess of revenue over expenses and disbursements 9 b Net investment income (if negative, enter -0-)

523501

LHA For Paperwork Reduction Act Notice, see instructions.

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

 -20^{100}

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SCANNED NOV 21 2016

Beginning of year

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End of year

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THE PORTLAND CLINIC FOUNDATION

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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7

7 Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If tine 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	1990-PF (2015) THE PORTLAND CLINIC FOUNDATION	(a) 4040(b) 4040(a) ar		05229		Pione	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940		4940 -	see ins	struc	uons	<u> </u>
1 a	Exempt operating foundations described in section 4940(d)(2), check here and e		`	* **		4,	, ;
	Date of ruling or determination letter: (attach copy of letter if ne				, 4		}
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1				0.
	of Part I, line 27b	ļ		.^-	/)
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		<u> </u>				o
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2				0.
3	Add lines 1 and 2		3				0.
. 4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	. 4 30	12 44 1	× «.	0.
6	Credits/Payments	1 . 1				Miss.	
	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	_	, ,			
	Exempt foreign organizations - tax withheld at source	6b			-, -,		
	Tax paid with application for extension of time to file (Form 8868)	6c	— /#36	4.3		, ^	***
(l Backup withholding erroneously withheld			<u> XAA</u>		inia s	->
7	Total credits and payments. Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here 🗓 if Form 2220 is atta	ached	8				48.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				<u> 18.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	10				
11		Refunded	<u>► 11</u>				
_	art VIIA Statements Regarding Activities			-	1	Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or interv	ene in			165	
	any political campaign?			ŀ	1a		X
ı	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for the defini	tion)?		1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	nd copies of any materials publi	shed or	1			
	distributed by the foundation in connection with the activities						w
	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		^				
	(1) On the foundation. \blacktriangleright \$ (2) On foundation manager		<u>0.</u>				
	Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation				:	×
	managers. > \$	1000				a" au	€. •
2		IRS?			2	raam	X
_	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		in, or		4821	1713	X
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year	arr	N	ī/A	4a 4b		
-	b If "Yes," has it filed a tax return on Form 990-T for this year?	3	14	1/ A	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year	•			1		
^	If "Yes," attach the statement required by General Instruction T	outhor:					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	auter.					
	By language in the governing instrument, or Director language in the governing instrument so that he mandate	ary directions that conflict with the	etato law			٠.	
	By state legislation that effectively amends the governing instrument so that no mandato	iry directions that connict with the	State law		6	'	х
_	remain in the governing instrument?				7	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, col (c), and Par	t XV		1	A.	7,
	a Enter the states to which the foundation reports or with which it is registered (see instructi	unne)					25
0					2. A	\$	A Jan
	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 decignate)			[]	~ 5	1.
		muonisy usherai (Ur ussiyilats)			8b	X	
	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of s	ection 4942(i)(3) or 4942(i)(5) for	calendar		F"	-27	— ;
9	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		vaiciiuai		9		x
	year 20 to or the taxable year beginning in 20 to (see insuluctions for Fait Alv). If "Yes,"						
1111	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched				10		Х

b If "Yes," did it have excess business holdings in 2015 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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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3b

4a

Δh

Yes X No

N/A

during the year?

orm 990-PF (2015) THE PORTLAND CLINIC FOUND			<u>93-05229</u>	40 Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired _{(contin}	ued)	
5a Quring the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,		
any voter registration drive?	. , .		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	1		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			,	, 'X
4945(d)(4)(A)? (see instructions)	acsonoca in scalion		es 🗶 No	
	ar advantional average as fe		S ZZ NU I	
(5) Provide for any purpose other than religious, charitable, scientific, literary, o	or educational purposes, or to		₩	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	/	النَّالَ
section 53.4945 or in a current notice regarding disaster assistance (see instruc	tions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check he	re			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax because it maintai	ned		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
expenditure responsibility for the grant?	N	[/A 🔲 Yo	es 🔲 No 🏻 '	. ;
If "Yes," attach the statement required by Regulations section 53 4945-	5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p			1.	
a personal benefit contract?			es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?			6b X
If "Yes" to 6b. file Form 8870				10 S 10 10 10 10 10 10 10 10 10 10 10 10 10
7a At any time during the tax year, was the foundation a party to a prohibited tax sf	nelter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribut		۱۰ لـــــا		7b
Part VIII Information About Officers, Directors, Truste		nagers. Highly	247 22	
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their c	ompensation.		-· - 	
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
	to position	enter -0-)	compensation	allowalices
CEE CMAMENTAL 2		0.	0.	١ ,
SEE STATEMENT 3		0.	U .	0.
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	<u> </u>	ļ		<u> </u>
· · · · · · · · · · · · · · · · · · ·				
				1
			ľ	
				<u> </u>
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) watte and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
				
			}	
		1	1	
		1	 	
		<u> </u>	 	
			1	
Total number of other employees and over \$50,000				1
Total number of other employees paid over \$50,000			▶	U

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Part VIII Information About Officers, Directors, Trustees, Foundation Manager Paid Employees, and Contractors (continued)	s, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b)	Type of service	(c) Compensation
NONE		
		<u>.</u>
	· · · · · · · · · · · · · · · · · · ·	 ;
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sur number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ch as the	Expenses
1 HEALTH & SCIENCES SCHOOL - OUTWARD BOUND EDUCATION PR	OGRAM	
		1,000.
2 AMERICAN ACADEMY OF DERMATOLOGY - CAMP DISCOVERY		
		500
3 METROPOLITAN MEDICAL FOUNDATION - PHYSICIAN WELLNESS	DDOCDAM	500.
STEERNOT COLLINA MEDICAL TOURDATION THIS CIAN WELLINGS	FROGRAM	
	·· ···	500.
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 2		
Total. Add lines 1 through 3		0.

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Rart X Minimum Investment Return (All domestic foundation	ions must complete this part. F	oreign foui	ndations, see instructions	s)
1 Fair market value of assets not used (or held for use) directly in carrying out of	naritable, etc., purposes		432	
a Average monthly fair market value of securities			1a	0.
b Average of monthly cash balances			1b 5	4,137.
c Fair market value of all other assets			10	
d Total (add lines 1a, b, and c)				4,137.
e Reduction claimed for blockage or other factors reported on lines 1a and				
1c (attach detailed explanation)	1e	0.		
2 Acquisition indebtedness applicable to line 1 assets			7 2	0.
3 Subtract line 2 from line 1d				4,137.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater a	mount, see instructions)		4	812.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here	•			3,325.
6 Minimum investment return. Enter 5% of line 5				2,666.
Part XI Distributable Amount (see instructions) (Section 4942)	1)(3) and (1)(5) private operating for	undations ai		
foreign organizations check here and do not complete th				
1 Minimum investment return from Part X, line 6			11	2,666.
2a Tax on investment income for 2015 from Part VI, line 5	2a			·
b Income tax for 2015. (This does not include the tax from Part VI.)	2b	· · ·		
c Add lines 2a and 2b	<u></u>		7 2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1			3	2,666.
4 Recoveries of amounts treated as qualifying distributions			4	0.
5 Add lines 3 and 4			5	2,666.
6 Deduction from distributable amount (see instructions)			6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and o	on Part XIII. line 1			2,666
Part XII Qualifying Distributions (see instructions)				-
1 Amounts paid (including administrative expenses) to accomplish charitable, et	c., purposes:		12:	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	2,000
b Program-related investments - total from Part IX-B			1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out	charitable, etc., purposes		2	
3 Amounts set aside for specific charitable projects that satisfy the:				<u> </u>
a Suitability test (prior IRS approval required)			3a	
b Cash distribution test (attach the required schedule)			3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, II	ne 8, and Part XIII, line 4		4	2,000.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on r	et investment			
income. Enter 1% of Part I, line 27b			5	0 .
6 Adjusted qualifying distributions. Subtract line 5 from line 4			6	2,000.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent	years when calculating whether the	foundation		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, tine 7		i de		2,666.
2 Undistributed income, if any, as of the end of 2015			. X	* * * * · · · · · · · · · · · · · · · ·
a Enter amount for 2014 only	*		2,125.	
b Total for prior years:			, *	* * * * * * * * * * * * * * * * * * * *
<u>2013</u> , <u>2012</u> , <u>2011</u>	1.77	9,953.		
3 Excess distributions carryover, if any, to 2015:	, * <u>*</u> * *	, , , ,	, *)* {	
a From 2010	\$ \\ \tilde{\pi}_{\tilde{\pi}}			, , , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b From 2011			Jaky, amamana ya jaj	
c From 2012	, , , , , , , , , , , , , , , , , , ,	'		
d From 2013				
e From 2014	1111 - Lindii			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 2,000.				
a Applied to 2014, but not more than line 2a		() () () () () () () () () (2,000.	4 (1) (1) (1)
b Applied to undistributed income of prior		_		(1 :
years (Election required - see instructions)		0.	<u> </u>	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract	1318113			
line 4b from line 2b		9,953.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	113140			
amount - see instructions		9,953.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			125.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016	* ********		å; ;	2,666.
7 Amounts treated as distributions out of		1/		, v
corpus to satisfy requirements imposed by	;	₹		4
section 170(b)(1)(F) or 4942(g)(3) (Election				,
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.	, y	· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	,			
a Excess from 2011				•
b Excess from 2012				
c Excess from 2013 d Excess from 2014				1
-				:
e Excess from 2015				

Part XIV Private Operating For		tructions and Part VIII			5-0522940 Page 10
			-, question s)	N/A	
1 a If the foundation has received a ruling or foundation, and the ruling is effective for					
,	•	-		4040(1)(2) or	4042(1)(5)
b Check box to indicate whether the found		y touridation described in	Prior 3 years	4942(J)(3) or	<u> </u>
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(2) 2010	(0) 2014	(6) 2010	(4) 2012	(e) Iolai
investment return from Part X for					!
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		-			
d Amounts included in line 2c not					\
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					1
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return				l l	
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.			**		
(1) Total support other than gross				Į	
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)				- 	
(3) Largest amount of support from					
an exempt organization		· · · · · · · · · · · · · · · · · · ·	<u></u>		
(4) Gross investment income Part XV. Supplementary Information	rmation (Complet	te this part only it	the foundation	on had \$5,000 o	r more in assets
at any time during the			the realitation	J 1.44 4 5,555 5	· ····································
1 Information Regarding Foundation					
a List any managers of the foundation who	_	than 2% of the total contr	hutions received by	the foundation before	the close of any tay
year (but only if they have contributed m			Dudons received by	the foundation before	ine close of any tax
NONE		, , , , ,			
b List any managers of the foundation who	n own 10% or more of the	stock of a corporation (or an equally large n	ortion of the ownership	n of a nartnership or
other entity) of which the foundation has			or arrequary large p	or don or the ownership	, or a partitionally of
NONE	-				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Dr	ograme.		
Check here ► X if the foundation o				es not accept unsolicit	ed requests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	ider other condition	s, complete items 2a, b	o, c, and d.
a The name, address, and telephone numb	·			 	
a monamo, address, and tolophone name	or or o man address or a	to person to union applic	adono onodia be da	arossoa.	
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	il areas, charitable fields,	kınds of ınstitutions,	, or other factors	
					- 200 5=
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Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year OUTWARD BOUND EDUCATION PROGRAM NONE PC DUTWARD BOUND'S MISSION IS TO CHANGE 18640 NW WALKER RD BEAVERTON, OR 97006 LIVES THROUGH CHALLENGE AND 1,000. DISCOVERY. WHILE AMERICAN ACADEMY OF DERMATOLOGY -NONE PC CAMP DISCOVERY OFFERS CAMP DISCOVERY KIDS LIVING WITH SKIN 38546 EAGLE WAY DISEASES A CHICAGO, IL 60678 ONE-OF-A-KIND EXPERIENCE. 500. NONE PC METROPOLITAN MEDICAL FOUNDATION PHYSICIAN WELLNESS 4380 SW MACADAM AVE #215 PROGRAM PORTLAND, OR 97239 500. ▶ 3a 2,000. **b** Approved for future payment METROPOLITAN MEDICAL FOUNDATION PHYSICIAN WELLNESS 4380 SW MACADAM AVE #215 PROGRAM PORTLAND, OR 97239 30,000. 30,000. Total

Part XVI-A **Analysis of Income-Producing Activities**

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Enter gross amounts unless otherwise indicated.	Unrelated	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	5000				
b			 		
С					
d				·- · · · · · · · · · · · · · · · · · ·	
e		···		· · ·	
f					-
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					9.
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		*			. '\$\forall \cdot
a Debt-financed property		<u> </u>	<u> </u>		
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property	<u> </u>		<u> </u>		
7 Other investment income	<u> </u>		┞		
8 Gain or (loss) from sales of assets other					
than inventory	-				****
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory			├		
11 Other revenue:			l		
a	 		├		
b	 			· · · · · · · · · · · · · · · · · · ·	
c	 				
d			1		· · · · · · · · · · · · · · · · · · ·
12 Subtotal. Add columns (b), (d), and (e)	£	0.	_	0.	9.
13 Total. Add line 12, columns (b), (d), and (e)			1	13	9.
(See worksheet in line 13 instructions to verify calculations.)					
	the Acces	mplichment of Eve		Dumana	
Part XVI-B Relationship of Activities to	Tile Accor	nplishment of Exe	empu	Purposes	
Line No. Explain below how each activity for which income			contrib	outed importantly to the accom	iplishment of
▼ the foundation's exempt purposes (other than I					
3 INTEREST ON CASH IN SAV	INGS AC	COUNT			
	<u></u>				
					
		 		 	·
				·	
					
		·····			
		· · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>
					
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Form 990	-PF (2015) THE P	ORTLAND CLI	NIC I	FOUNDATION		93-05	522940	Pa	ige 13
Part)	(VII) Information R	egarding Transfe		nd Transactions a	nd Relations				30 10
	Exempt Organ	nizations							
the a Trai (1) (2) b Oth (1)	the organization directly or ind Code (other than section 501(consfers from the reporting found Cash Other assets er transactions: Sales of assets to a noncharita Purchases of assets from a no	c)(3) organizations) or in a dation to a noncharitable of able exempt organization	section 52 exempt org	7, relating to political organ		tion 501(c) of	1a(1) 1a(2) 1b(1) 1b(2)	Yes	No X X X
(3) (4) (5) (6)	Rental of facilities, equipment, Reimbursement arrangements Loans or loan guarantees Performance of services or mi	, or other assets s embership or fundraising	solicitatio				1b(3) 1b(4) 1b(5) 1b(6)		X X X X
d If th	iring of facilities, equipment, ma ne answer to any of the above is services given by the reporting t	s "Yes," complete the follo	wing sche	dule. Column (b) should al				L_ ets,	
	umn (d) the value of the goods,	, other assets, or services	received.			_ .			
(a) Line no	(b) Amount involved	(c) Name of no		e exempt organization	(d) Description	on of transfers, transactions,	and sharing arr	angeme	nts
			N/A						
						·			
									_
									
		 		· · · · · · · · · · · · · · · · · · ·	 				
					 				
		 							
	-								
ın s	he foundation directly or indire section 501(c) of the Code (othe Yes," complete the following sci	er than section 501(c)(3)	•	ion 527?	izations described		Yes	X	
	(a) Name of or	rganization		(b) Type of organization		(c) Description of relat	ionship		
	N/A								
Sign Here	Under penalties of perjury, I declare and belief, it is true, correct, and co	omplete Declaration of prepare				has any knowledge	May the IRS return with the shown below X Yes	e prepar (see ins	er
	Print/Type preparer's r	name P	parer's		Date	Check If P	TIN		
Paid	MACHAEL L	LARSON M	CHAE	L LARSON	11/07/16	self- employed	P00285	807	
Prepa Use (111111111111111111111111111111111111111	E WICHYET T	VARS	ON COMPANY P	С	Firm's EIN ► 30	-02141	95	

Firm's address ► 5665 MEADOWS ROAD, SUITE 310 LAKE OSWEGO, OR 97035

Phone no. (503) 968-8152
Form **990-PF** (2015)

THE PORTLAND CLINIC FOUNDATION	93-0522940
Part XV Supplementary Information	<u>-</u>
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - OUTWARD BOUND EDUCATION PROGRAM	
OUTWARD BOUND'S MISSION IS TO CHANGE LIVES THROUGH CHALLENG	E AND
DISCOVERY. WHILE PERHAPS AMBITIOUS AND BOLD, OUR VISION IS	A MORE
RESILIENT AND COMPASSIONATE WORLD, WITH MORE RESILIENT AND	
COMPASSIONATE CITIZENS.	
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HODY OLD DE TYMEDERM ON GA					
FORM 990-PF INTEREST ON SA	VINGS AND T	EMPORARY	CASH .	INVESTMENTS	STATEMENT 1
SOURCE	RE	(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST		9.		9.	9.
TOTAL TO PART I, LINE 3		9.		9.	9.
FORM 990-PF	T	AXES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOK	NET II	3) IVEST- INCOME	(C) ADJUSTED NET INCOM	
OREGON CT-12 FEE	1	0.	0	•	0. 0.
TO FORM 990-PF, PG 1, LN 18	1	0.	0	•	0. 0.

FORM 990-PF		ST OF OFFICERS, IN FOUNDATION MANA		STAT	EMENT 3
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
LIZ SIZE 800 SW 13TH AVE PORTLAND, OR 97205	5	PRESIDENT 0.00	0.	0.	0.
JANSON HOLM 800 SW 13TH AVE PORTLAND, OR 97205	5	VICE PRESIDENT	0.	0.	0.
DOUG CAPPS 800 SW 13TH AVE PORTLAND, OR 97205	5	SECRETARY 0.00	0.	0.	0.
MIKE LARSON 800 SW 13TH AVE PORTLAND, OR 97205	5	TREASURER 0.00	0.	0.	0.
LAURA CHAN 800 SW 13TH AVE PORTLAND, OR 9720	5	DIRECTOR 0.00	0.	0.	0.
DICK CLARK 800 SW 13TH AVE PORTLAND, OR 9720	5	DIRECTOR 0.00	0.	0.	0.
OANA ENEA 800 SW 13TH AVE PORTLAND, OR 9720	5	DIRECTOR 0.00	0.	0.	0.
IAN HORNER 800 SW 13TH AVE PORTLAND, OR 9720	5	DIRECTOR 0.00	0.	0.	0.
KRISTIN ANDERSON 800 SW 13TH AVE PORTLAND, OR 9720	5	EXEC DIRECTOR 0.00	EX OFFICIO 0.	0.	0.
TOTALS INCLUDED OF	N 990-PF, PAGE	6, PART VIII	0.	0.	0.