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# EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

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.
▶ Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

**2016** 

For calendar year 2016 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 97205-1902 PORTLAND, OR G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 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) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 73,304. (Part I, column (d) must be on cash basis Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (a) Revenue and expenses per books (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net income income (cash basis only) 41,083. 乙黨 Contributions, gifts, grants, etc., received - <u>- 5</u>5 11 2 / 100 2 Check It if the foundation is not required to attach Sch. B \$£'; 1. 1. STATEMENT 44. 4 Dividends and interest from securities £2. 5a Gross rents \*\* ``\ N. Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a (A) 3**0/**5 0. æ 7 Capital gain net income (from Part IV, line 2) ( 19 K) . 7 2%. Ø. . ij. 11. 1386 R 8 Net short-term capital gain Income modifications \$ E. , C. J. . 201 Gross sales less returns 10a and allowances No. \$.5 Š ٠,٠٠ b Less Cost of goods sold c Gross profit or (loss) 11 Other income 41,084 1 12 Total. Add lines 1 through 11 0. 0. 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 0. STMT 2 855 0. 0. 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy O. 21 Travel, conferences, and meetings S 22 Printing and publications 0 23 Other expenses STMT 3 17,362. 0. 0. 24 Total operating and administrative expenses. Add lines 13 through 23 18,217. 0. 0 0. 14,700. 14,700. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 32,917. 0 0. 14,700. 27 Subtract line 26 from line 12: 8,167 8. Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 1 C Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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THE PORTLAND CLINIC FOUNDATION

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Part IV   Capital Gains	and Lo	sses for Tax on Inv	vestment	Income					
		ind(s) of property sold (e.g. or common stock, 200 shs.			I, b	How acquired - Purchase - Donation	(c) Date acq (mo., day,	uired yr.)	(d) Date sold (mo., day, yr.)
1a					L				
b NO	NE	<del></del>			<u> </u>				
<u> </u>					<u> </u>				
<u>d</u>			<del></del>		├-				
е	<u> </u>	Description allowed	/-> Co.		щ		(1) C		
(e) Gross sales price	(")	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain (e) plus (f)		
<u>.a</u>	<del> </del>								
<u>. b</u>	<del>                                     </del>			<del></del>					
<u>C</u>					-				
<u>d</u>			<del></del>		-				
Complete only for assets shown	na nain in	column (h) and owned by t	he foundation	on 12/31/69	_		(I) Gains (Col.	(h) gain	minus
(i) F.M.V. as of 12/31/69	J	(j) Adjusted basis as of 12/31/69	(k) E>	ccess of col. (i) col. (j), if any		C	ol. (k), but not l Losses (fro	less thar	1 -0-) or
<del></del>	}	25 01 12 0 1/05		ool. (j), ii aliy	-				
<u>a</u>	<del> </del>			<del></del>	$\dashv$				
<u>b</u>			<u> </u>						
d	<del> </del>				-		<del></del>		<del></del>
е	<del> </del>				$\neg$				
	٠	()6	0		╗				
2 Capital gain net income or (net c	apıtal loss	) $\begin{cases} \text{ if gain, also enter} \\ \text{ If (loss), enter -0} \end{cases}$	n Part I, line - in Part I, line	7	}	2	<del></del>		
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column		d (6):		}	_			
If (loss), enter -0- in Part I, line 8 Part V   Qualification U	nder S	ection 4940(e) for	Reduced	Tay on Net	lnys	stment Inc	ome		
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation does not qua	tion 4942 lify under	tax on the distributable am section 4940(e). Do not coi	mplete this pa	rt	_	-·. —			Yes X No
1 Enter the appropriate amount in	each colu		istructions bet	ore making any er	itries.	·	_,		/35
(a) Base period years Calendar year (or tax year beginn	ing in)_	(b) Adjusted qualifying dis		Net value of no	(c) ncha	rıtable-use asset		Dıstrıb I. (b) dıv	(d) ution ratio ided by col. (c))
2015			2,000.			53,32	5.		.037506
2014							_		
2013									<del></del>
2012									<del></del>
2011						<del></del>	$\rightarrow$		
2 Total of line 1, column (d)							2		.037506
3 Average distribution ratio for the the foundation has been in existe	-	•	on line 2 by 5,	or by the number	of ye	ars	3		.037506
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4		67,847.		
5 Multiply line 4 by line 3					5		2,545.		
	/40/ -/	D-All076							
6 Enter 1% of net investment incor	118 ( 1% OI	Part I, line 270)					6		0.
7 Add lines 5 and 6							7	_	2,545.
8 Enter qualifying distributions from	m Part XII	, line 4					8		14,700.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, c	heck the box in Part VI, line	t 1b, and comp	olete that part usin	ıg a 1	% tax rate.			
623521 11-23-16			-					F	orm 990-PF (2016

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Ра	rt VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4940(e), or 4	948 -	see in	struc	tions	<u>}}</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N	II	1.		<		. !
	Date of ruling or determination letter: (attach copy of letter if necessary	y-see instructions)					1
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	<u>L</u>			0.
	of Part I, line 27b						-
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Par	rt I, line 12, col. (b).		١.		-	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others er	nter -0-)	2				0.
	Add lines 1 and 2	. ,	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others e	enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
	Credits/Payments		1-	17			
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a	. 1	٠,	n. 1		. *	1
	Exempt foreign organizations - tax withheld at source  6b		નું ; '	ÇĘ.	, ,	.~	. :
	Tax paid with application for extension of time to file (Form 8868)  6c	<del></del>	નુંું. ા	* * * *	f.a.	11	}
		<del></del>	<b>∃</b> €	3	1		. 4
							. O .
	Total credits and payments. Add lines 6a through 6d		7	<del></del>			<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8	<del>├</del> ──			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	<b>├</b> ──			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	<b>├</b> ──			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded	11	Щ			
Ь—	rt VII-A Statements Regarding Activities					<del></del>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it participate or interven	e in		, ,	Yes	
	any political campaign?				1a		<u>X</u>
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	ee instructions for the definitio	n)?		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and coj	pies of any materials publis	hed or		,,	ै. <u> </u>	3.
	distributed by the foundation in connection with the activities					×	
C	Did the foundation file Form 1120-POL for this year?				10		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					3.	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	\$0	<u>.</u>		10	1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure ta	ax imposed on foundation			1 -	s I	14 ·
	managers. ▶ \$ 0 .				¥		A Maria
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities.				186.11	-,	200
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	nent, articles of incorporation,	OT		15 '		2.5
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a	$\Box$	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b	$\neg \neg$	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			•	5	$\overline{}$	X
•	If "Yes," attach the statement required by General Instruction T						,
A	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						- Comment
v	By language in the governing instrument, or				1 1		i
	By state legislation that effectively amends the governing instrument so that no mandatory directively.	ctions that conflict with the sta	ta law				ì
	remain in the governing instrument?	Suons that committ with the sta	ic law		6		X
-,					7	х	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	e Part II, col (c), and Part X	V		<del></del>	<del>^</del>	
_	Cata the state to the history and the second and the second secon						
88	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>					
	OR						!
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	y General (or designate)				<del>   </del>	لـــ ــ
_	of each state as required by General Instruction G? If "No," attach explanation				8b	Х	<del></del> ,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4		endar				اــــا
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," compl				9		X
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listin	g their names and addresses			10	لِيِّيا	X
				Fo	rm <b>99</b> 0	J-PF	(2016)

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Pa	rt VII-A   Statements Regarding Activities (continued)			
			Yes	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	ļ	Х
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	ł	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► THE PORTLAND CLINIC FOUNDATION Telephone no. ► 503-2	21-0	161	
••	Located at ▶800 SW 13TH AVENUE, PORTLAND, OR ZIP+4 ▶9			02
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
10	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10		16	∤	X
	securities, or other financial account in a foreign country?	<del>;</del>		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		¥ 1:	
Г	foreign country ► art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	خنك		
Fe		1	157.	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1.7	Yes	No
1a	During the year did the foundation (either directly or indirectly):	The State of the S		
	(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)		Î	
	a disqualified person?			1 2 4
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		)	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1 8		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	100 5	3	¥ ;
	for the benefit or use of a disqualified person)?	1, 1		2.
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		× >	The state of the s
	If the foundation agreed to make a grant to or to employ the official for a period after			1
	termination of government service, if terminating within 90 days.)	1 13		£.
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		,	
U	/-		<u> </u>	
	·	1b	├	`{;;
	organizations raying on a current notice regarding distance above more		. 4	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		ث حدًا	ا جيدا
	before the first day of the tax year beginning in 2016?	10	<del>  -</del> -	X
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))	í	l	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		٠,	-1
	before 2016? Yes X No	'	<b>,</b> `	l i
	If "Yes," list the years	1		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1	l'	, ,
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	L	<u> </u>	
	statement - see instructions.)  N/A	2b		
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>	1		
34	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
-	during the year?	1	ļ.	
1-	) If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	1	1	
	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	1	1	
		1	1	
	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,		l	<sup>}</sup>
_	Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A	_3b_	<b>├</b> ─	175
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	├	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-		<u>,-</u> <sup>}</sup>
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	orm <b>99</b>	0-PF	(2016)

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Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be R	equired (contin	ued)		_
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y	es X No	.	
(2) Influence the outcome of any specific public election (see section 4955),	• • • •			`	-
any voter registration drive?	2 cm. , 2.11 cm 200 or mone		es X No	·   ·   .	
(3) Provide a grant to an individual for travel, study, or other similar purpose:	r?		es X No		
(-)		· · · · ·	S (A) NO		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		( <del>5</del> )		: 1
4945(d)(4)(A)? (see instructions)		· · · · · · · · · · · · · · · · · · ·	es X No	~   '\~~ <i>:</i>	`
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			-   .   - , ;	, - <b>į</b>
the prevention of cruelty to children or animals?		Y	es 🗓 No 📗		, !
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described i	ın Regulations	].		الت
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here		►⊢∏	***	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined			-
expenditure responsibility for the grant?		- / -	es 🔲 No		an grade
		•/	5° 160		
If "Yes," attach the statement required by Regulations section 53 494	* *			A 3	×
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[50]		, and a
a personal benefit contract?		Y	es 🗶 No 📙		.1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		Ļ	6b X	
If "Yes" to 6b, file Form 8870					,
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🗓 No 📙		. (1
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
<del></del>	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	e -
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	(e) Expense account, oth allowances	er
<del></del>	to position	enter -0-)	compensation	anowances	<u>`</u>
	4		}	}	
				۱ .	
SEE STATEMENT 4	<del></del>	0.	0.	0	<u>•</u>
	7		Į.	ļ	
<del></del>	†				
<del></del>	<del>                                     </del>	<del> </del>			_
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	-{	1	1		
O O The state of t	aludad an line di 14		<u> </u>	L	_
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	(-) [	_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense account, oth	er er
- · · · · · · · · · · · · · · · · · · ·	hours per week devoted to position	(3) 55ponsuuon	compensation	allowances	
NONE					
	7		1	<u> </u>	
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	<del>                                     </del>	<del> </del>			_
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	<u> </u>			<b></b>	_
		<u> </u>			_
					_
Total number of other employees paid over \$50,000					<u> </u>
		<del> </del>		<u> </u>	

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Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, 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		
	1	
·		
······································		
<del></del>		
	Ţ	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the	Evnancas
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses ————————
1 MEDICAL SOCIETY OF METROPOLITAN PORTLAND CONTRIBU	TION OF	
10000		0
2 VARIOUS OTHER LOCAL CHARITIES RECEIVED CONTRIBUTI	ONE PANCING	0.
UP TO \$3,000	ONS RAINGING	
22 10 93,000		0.
3		
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	12	Amount
1 N/A		Allouit
2		
All other program-related investments. See instructions.		
3	<del></del>	
<del></del>	<del></del>	
Total. Add lines 1 through 3		0.
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,P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	Mili	<del></del>
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	68,880.
	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	10	68,880.
	Reduction claimed for blockage or other factors reported on lines 1a and	SCA!	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	68,880.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,033.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,847.
6	Minimum investment return. Enter 5% of line 5	6	3,392.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	d certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,392.
2a	Tax on investment income for 2016 from Part VI, line 5	12	
b	Income tax for 2016. (This does not include the tax from Part VI.)	X '1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,392.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,392.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,392.
<b>P</b>	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ž	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	14,700.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	- £.,	
а	Suitability test (prior IRS approval required)	3a	<del></del>
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	14,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,700.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for t	he section

Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	Corpus	rears prior to 2015	2013	2010
1 Distributable amount for 2016 from Part XI,				2 202
line 7				3,392.
2 Undistributed income, if any, as of the end of 2016				1
a Enter amount for 2015 only			2,666.	
b Total for prior years:		10 000	,	
<u>2014</u> , <u>2013</u> , <u>2012</u>		10,078.		
3 Excess distributions carryover, if any, to 2016:				1
a From 2011				
b From 2012		•	*	,
c Fram 2013				
d From 2014		,	_	•
e From 2015	And the second s		, ,	•
f Total of lines 3a through e	0.	! 	, ,	,
4 Qualifying distributions for 2016 from	* ",		· ,, ,	,
Part XII, line 4: ► \$ 14,700.	^ *	,	الرازية المرابعة	
a Applied to 2015, but not more than line 2a			2,666.	1
b Applied to undistributed income of prior	is .			,
years (Election required - see instructions)	So co	0.		\
c Treated as distributions out of corpus				, , 4 , , , ,
(Election required - see instructions)	0.			1 4 4 1
d Applied to 2016 distributable amount	* * *s .	, , , , , , , , , , , , , , , , , , , ,		3,392.
e Remaining amount distributed out of corpus	8,642.			**
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount	, , , ,			
must be shown in column (a) )		·		
6 Enter the net total of each column as				
indicated below:	0 6/10	, * 2, ,		*
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,642.	<del> </del>		
b Prior years' undistributed income. Subtract	,	10 070	<b>.</b>	1
line 4b from line 2b		10,078.		
c Enter the amount of prior years' undistributed income for which a notice of				,
deficiency has been issued, or on which				i
the section 4942(a) tax has been previously		40.070	1	
assessed		10,078.		
d Subtract line 6c from line 6b. Taxable				1
amount - see instructions		0.	L	<u> </u>
e Undistributed income for 2015. Subtract line				ı
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract		'		
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of		-		
corpus to satisfy requirements imposed by				,
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			<u> </u>
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	8,642.			
10 Analysis of line 9.				
a Excess from 2012	j			Ì
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 8,642.				
	L.,	<del></del>	·	Form 990-PF (2016)
623581 11-23-16				101111 000 1 1 (2010)

Part XIV   Private Operating Fo		C FOUNDATION		93-052	2940 Page 10
<del></del>	<u>`</u>		A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	•	. ▶ └	10.10(.)(0)	
b Check box to indicate whether the found		ig toundation described in		4942(j)(3) or 494	2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(4) 2010	(0) 2013	(6) 2014	(0) 2013	(c) rotal
investment return from Part X for	i				
each year listed		·			
b 85% of line 2a				-	
c Qualifying distributions from Part XII,					
line 4 for each year listed				<del>                                     </del>	
d Amounts included in line 2c not		Ì		]	
used directly for active conduct of exempt activities					
e Qualifying distributions made directly	<del></del>		<del></del>	<del> </del>	
for active conduct of exempt activities.	1				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				1	
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					
shown in Part X, line 6 for each year listed				İ	
c "Support" alternative test - enter:			~~		
(1) Total support other than gross				}	
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)				<b>,</b>	
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<del></del> _			<u> </u>	
Part XV Supplementary Info			the foundation h	nad \$5,000 or more	e in assets
at any time during th	ne year-see instri	uctions.)			
1 Information Regarding Foundation	=				
a List any managers of the foundation who year (but only if they have contributed m			butions received by the f	oundation before the close	of any tax
,,	iore man \$5,000). (5ee si	ection 507(u)(2).)			
NONE		<del></del>		<del></del>	<del></del>
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	n of the ownership of a par	tnership or
NONE	of the state of th	, u			
2 Information Regarding Contribution	on Grant Gift Lagn	Sahalarahın ata Dra		<del></del>	<del></del>
Check here X if the foundation o				ot account uncollected reques	ete for funde. If
the foundation makes gifts, grants, etc. (	(see instructions) to indiv	io preseiecieo charitable c iduals or organizations ur	irganizations and does in ider other conditions, co	molete items 2a. b. c. and c	i.
a The name, address, and telephone numb		·		<del></del>	
a mo name, address, and telephone fluitte	o. or o man address of the	porson to whom applic	gagna should be duties:		
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:	<del></del> <del>_</del>	<del></del>
c Any submission deadlines;	<del></del>				
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields, l	kinds of institutions, or o	ther factors:	<del></del>
					- 000 05
623601 11-23-16					Form 990-PF (2016)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
MEDICAL SOCIETY OF METROPOLITAN	NONE	PC	PHYSICIAN WELLNESS	
PORTLAND			PROGRAM	
4380 SW MACADAM AVE #215				
PORTLAND, OR 97239	<del>                                     </del>	<del> </del>	<del> </del>	10,000.
	•			
THE MAC CLUB THANKSGIVING DINNER	NONE	PC	WELLNESS	
DONATION	1		1	
PORTLAND OREGON PORTLAND, OR 97201	j			4,700.
TORTHUM, OR STEET	<del> </del>	<del> </del>	<del> </del>	4,700.
		1		
		1		
		1		
	1	<u> </u>		<u> </u>
Total	<del>,</del>	<del></del> -	<u>▶ 3a</u>	14,700.
b Approved for future payment			1	
	ļ			
NONE	<b>\</b>		1	
	}		1	
	<del>                                     </del>	1	<del> </del>	
			1	
	T	T		
			}	
		)	1	
		<u></u>	<u> </u>	
Total	<del></del>		<b>▶</b> 3b	0. rm <b>990-PF</b> (2016)

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

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclude	ed by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue.	Code		1		w
ab	_		1 1		
c	_	****			
d					· · · · · · · · · · · · · · · · · · ·
e		~		-	
1			1 1		-
g Fees and contracts from government agencies					
2 Membership dues and assessments				-	
3 Interest on savings and temporary cash					
investments	i				1.
Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		1 (1)		・火液(さ)	1 23
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		1			
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			_11		
1 Other revenue			1		
a					
b					
C				-	
d			$\bot$		
e			1 1		
2 Subtotal. Add columns (b), (d), and (e)	( )	0	<u> </u>	0.	1
3 Total. Add line 12, columns (b), (d), and (e)				13	1
See worksheet in line 13 instructions to verify calculations.					
Part XVI-B Relationship of Activities	s to the Acc	omplishment of E	xempt l	Purposes	
Line No. Explain below how each activity for which is			-A contribu	ited importantly to the accom	plishment of
the foundation's exempt purposes (other th					
INTEREST ON CASH IN S.	AVINGS A	CCOUNT			<del>.</del>
					· · ·
				·-·	
	<del> </del>	· · · · · · · · · · · · · · · · · · ·		<del></del> .	
	<del></del>				
	<u> </u>				
		<del></del>			
	· ·-	<del></del>			
	·			<del>-</del> -	
<del></del>					
		•	<del>-</del>		·
	<del></del>				

, Corm 00	0 DE (2016) THE D	ORTLAND CLINI	C FOID	ND A TT ON		93-	0522940	D.	age 1:
Part		egarding Transfers			nd Relations			Г	iye i
1 Did	the organization directly or indi		llowing with	any other organization	n described in sect	ion 501(c) of		Yes	No
	Code (other than section 501(c		=					1	
a Tra	insfers from the reporting found	ation to a noncharitable exem	npt organizati	on of:					
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		X
<b>b</b> Oti	ner transactions								٠ <u>٠</u> _
٠.	Sales of assets to a noncharita	· -					1b(1)	<u> </u>	X
٠,	Purchases of assets from a no	• •	JON				1b(2)	-	X
	Rental of facilities, equipment,						1b(3)	<del> </del>	X
٠.	Reimbursement arrangements	i					1b(4)	<del> </del>	X
	Loans or loan guarantees  Performance of services or me	amharchin ar fundraicina cali	citatione			•	1b(5) 1b(6)	<u> </u>	X
	aring of facilities, equipment, ma			c		•	1c		X
	he answer to any of the above is				vavs show the fair	market value of the	<u> </u>	ets.	
	services given by the reporting f		-	• •	-			,	
	umn (d) the value of the goods,				•		•		
(a) Line r	o (b) Amount involved	(c) Name of noncha	ırıtable exem	pt organization	(d) Descriptio	n of transfers, transaction	ons, and sharing arr	angeme	nts
		N,	/A						
							•		
					<u> </u>				
				1.43					
			<u></u>		<del>                                     </del>		<del></del>		
		<del>                                     </del>			<del></del>				
					<del>- </del> -				
	-	-			<del></del>				
					<del></del>				
	<del>                                     </del>				<del> </del>				
	•				-				
ın	the foundation directly or indirect section 501(c) of the Code (othe Yes," complete the following sch	er than section 501(c)(3)) or i			zations described		Yes	X	□ No
<u>U. 11</u>	(a) Name of or		(b) 1	Type of organization		(c) Description of r	elationship	-	
	N/A					• • • • • • • • • • • • • • • • • • • •		-	
		<del></del>							
	$\Delta I / V$					_			
Sign	and belief, it is true, correct, and co	hat have examined this return, in nplete Declaration of preparer (other			tion of which preparer	has any knowledge	May the IRS return with the shown below	e prepa	rer
Here	1 / // 🗸			1-12-1/	TREAS	URER	X Yes	; [	_  N
	Signature of officer of truste		<u> </u>	Date	Title	Charle	LOTIN		
	Print/Type preparer's n	ame Prepa	relie signaty	re	Date	Check if	PTIN		

4 LARSON

09/20/17

(503) 968-8152 Phone no.

P00285807

Check \_\_\_\_\_ If PTIN self- employed

Firm's EIN ► 30-0214195

Paid

Preparer

**Use Only** 

MICHAEL L LARSON

Firm's name ► THE MICHAEL L/LARSON COMPANY PC

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

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 .

OMB No 1545-0047

**Employer identification number** 

T	HE PORTLAND CLINIC FOUNDATION	93-0522940					
Organization type (check	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
· -	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	·					
Special Rules							
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Z, line 1 Complete Parts I and II	or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribution is checked, enter purpose Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Forthe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Pag	_	2

Name of organization

Employer identification number

Name of O	Aguitation		Linbiox	er identification number	
THE P	ORTLAND CLINIC FOUNDATION		93	-0522940	
Part I	Contributors (See Instructions). Use duplicate copies of Part I if addition	nal space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution	
1	THE PORTLAND CLINIC  800 SW 13TH AVENUE  PORTLAND, OR 97205	\$\$	00.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution	
2	RONALD NAITO  2705 NW WESTOVER ROAD  PORTLAND, OR 97210	\$\$	00.	Person X Payroll	
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		าร	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution	
		\$		Person Payroli Noncash Complete Part II for noncash contributions )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	1s	(d) Type of contribution	
				Person Payroll	

(b)

Name, address, and ZIP + 4

Person Payroll Complete Part II for noncash contributions )

(c)

**Total contributions** 

Noncash (Complete Part II for noncash contributions )

(d)

Type of contribution

(a)

No.

Name of organization

Employer identification number

#### THE PORTLAND CLINIC FOUNDATION

93-0522940

THE E	DRIBAND CHINIC FOUNDATION		<u> </u>
Part II	Noncash Property (See instructions) Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _ _ \$	

Page	4

Employer identification number

	RTLAND CLINIC FOUNDATION	I	93-0522940				
Part III	the year from any one contributor. Complete col	umns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations				
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$				
(a) No.							
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
.							
[.							
	(e) Transfer of gift						
1	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
١.							
(a) No.	<del></del>		<del></del>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Faiti		_ <del></del>					
•							
. 1.							
<u> </u>							
		(e) Transfer of gif	T .				
1	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
			<del> </del>				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
] :							
ļ							
l	(e) Transfer of gift						
- 1	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
-	Translated & Hame, agained and						
1.							
╽.							
a) No.	<del></del>		<del></del>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
, arti		<del></del>					
`							
_ [ .							
-							
Ì	(e) Transfer of gift						
1	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
-  -	Transieree's hame, aguress, and	April 7.7	Total of a analeror to a analere				

FORM 990-PF INTEREST ON SAV	INGS AND TEM	IPORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) NT ADJUSTED NET INCOME	
INTEREST	1.		1.	1.	
TOTAL TO PART I, LINE 3		1.		1.	
FORM 990-PF	LEGAL	FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME		
LEGAL	855.	0	. 0	. 0.	
TO FM 990-PF, PG 1, LN 16A	855.	0	. 0	. 0.	
FORM 990-PF	OTHER E	EXPENSES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK CHARGES OFFICE EXPENSE LICENSES AND FEES CONTRACT LABOR OTHER EXPENSES	330. 94. 137. 14,400. 2,401.	. 0 . 0	. 0 . 0	. 0. . 0. . 0.	
TO FORM 990-PF, PG 1, LN 23	17,362.	0	. 0	. 0.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 4		
NAME AND ADDRESS			TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
LIZ SIZE 800 SW 13TH AVE PORTLAND, OR 97205			PRESIDENT 0.00	0.	0.	0.
JANSON HOLM 800 SW 13TH AVE PORTLAND, OR 97205			VICE PRESIDENT	r 0.	0.	0.
DOUG CAPPS 800 SW 13TH AVE PORTLAND, OR 97205			SECRETARY 0.00	0.	0.	0.
MIKE LARSON 800 SW 13TH AVE PORTLAND, OR 97205			TREASURER 0.00	0.	0.	0.
LAURA CHAN 800 SW 13TH AVE PORTLAND, OR 97205			DIRECTOR 0.00	0.	0.	0 -
DICK CLARK 800 SW 13TH AVE PORTLAND, OR 97205			DIRECTOR 0.00	0.	0.	0 -
OANA ENEA 800 SW 13TH AVE PORTLAND, OR 97205			DIRECTOR 0.00	0.	0.	0.
IAN HORNER 800 SW 13TH AVE PORTLAND, OR 97205			DIRECTOR 0.00	0.	0.	0.
KRISTIN ANDERSON 800 SW 13TH AVE PORTLAND, OR 97205			EXEC DIRECTOR 0.00	EX OFFICIO 0.	0.	0.
TOTALS INCLUDED ON	990-PF,	PAGE 6,	PART VIII	0.	0.	0.