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Form 990-PF Department of the Treasury

EXTENDED TO NOVEMBER 15, **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 www.irs.gov/form990pf.

OMB No 1545-0052

Form 990-PF (2016)

2016.05000 HEATHERINGTON FOUNDATION FO 54295

For calendar year 2016 or tax year beginning , and ending Name of foundation A Employer identification number HEATHERINGTON FOUNDATION FOR INNOVATION 93-0988354 AND EDUCATION IN HEALTH CARE Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 825 NE MULTNOMAH, SUITE 1400 503-222-3205 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here PORTLAND, OR 97232 G Check all that apply Initial return X 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 H Check type of organization X Section 501(c)(3) exempt private foundation 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 I Fair market value of all assets at end of year | J Accounting method X Accrual ___ Cash If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ 14,990,079. (Part I, column (d) must be on cash basis) Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books іпсоте income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments SCANNED DEC 0 7 2012 592,693. 592,693 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <1,246.> 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 4,413,192. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 591,447 592,693 12 Total Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT-2 3,648. b Accounting fees c Other professional (fees-Operating and Administrative တ္ပိ Depression and depletion 2017 20 Occupancy Travel, conferences and meetings Printing_and_publications 22 STMT 1,200. 23 0. 2,400. Other expenses 24 Total operating and administrative 1,200 0 6,048. expenses. Add lines 13 through 23 25,000 2,025,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 26,200 2,031,048. Add lines 24 and 25 0 27 Subtract line 26 from line 12 565,247 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 592,693 c Adjusted net income (if negative, enter -0-) N/A

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

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1		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	an	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,000,000.	193,547.	193,547.
	2	Savings and temporary cash investments	958,846.	531,026.	531,026.
		Accounts receivable			
		Less allowance for doubtful accounts		}	
	4	Pledges receivable			
		Less allowance for doubtful accounts			1
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons		,	
	,	Other notes and loans receivable			
	'		 	1	
		Less allowance for doubtful accounts			
Assets		Inventories for sale or use			······································
Ass		Prepaid expenses and deferred charges	12 507 210	12 471 505	12 471 505
•	1	Investments - U.S. and state government obligations STMT 4	12,507,210.	13,471,595.	13,471,595. 793,911.
	1	Investments - corporate stock STMT 5	1,449,968.	793,911.	793,911.
	C	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis			
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis	}		,
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
	<u></u>	instructions Also, see page 1, item I)	16,916,024.	14,990,079.	14,990,079.
	17	Accounts payable and accrued expenses	2,005,253.	14,990,079.	
		Grants payable			
Ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
<u>ت</u>	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	2,005,253.	0.	
		Foundations that follow SFAS 117, check here			,
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted	14.910.771	14,990,079.	
auc	25	Temporarily restricted	11,515,,,16	11/330/0/30	
Net Assets or Fund Balances		Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
בֿ l		and complete lines 27 through 31.		İ	
9	27	Capital stock, trust principal, or current funds			
ets		Paid-in or capital surplus, or land, bldg, and equipment fund			
4SS	29	Retained earnings, accumulated income, endowment, or other funds	-		
e		Total net assets or fund balances	14,910,771.	14,990,079.	
Z	30	Lord Lier 422812 III. Iffilia Natalics2	14,910,771.	14,330,073.	
- }	21	Total liabilities and net assets/fund balances	16,916,024.	14,990,079.	
				14,990,079.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)	00		14,910,771.
		amount from Part I, line 27a		1	565,247.
		Increases not included in line 2 (itemize)		2	0.
		nes 1, 2, and 3		3	15,476,018.
		ases not included in line 2 (itemize) NET UNREALIZED	IOCCEC ON TANK	TECTMENTS 5	
					485,939. 14,990,079.
	viai	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	Diurnn (D), line 30		
					Form 990-PF (2016)

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AND EDUCATION IN HEALTH CARE

Part IV Capital Gains and	Losses for Tax on Ir	vestment	Income						
	the kind(s) of property sold (e gouse, or common stock, 200 sh			P	low acqui - Purchas - Donation	e \%) Date acqui mo , day, yi		(d) Date sold (mo , day, yr)
12 GENERAL ELECTRIC	CAPITAL CORP				P				8/15/16
b MORGAN STANLEY I					P_				1/16/16
c US TREASURY SECU	RITIES			ļ	P_				12/31/16
<u>d</u>				 					
е	(f) D	4-10-		Щ			(h) Cain a	- (1000)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			((h) Gain oi e) plus (f) n		
a 500,000.	1	 '	500,00	0.					0.
b 188,280.			188,28						0.
c 3,724,912.			3,726,15	8.					<1,246.
d									
е									
Complete only for assets showing ga							ains (Col. (h :), but not le		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), if any				osses (fron		
a									0.
b		<u> </u>							0.
C					····				<1,246.
d		<u> </u>							
е		<u></u>		$\overline{}$					
2 Capital gain net income or (net capital	loss) { If gain, also enter -0	r in Part I, line I- in Part I, line	7 7	$ \cdot $	2				<1,246.
3 Net short-term capital gain or (loss) as	s defined in sections 1222(5) ar	nd (6)			ļ				
If gain, also enter in Part I, line 8, colu	mn (c)						1	N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification Under	er Section 4940(a) for	Poducod	Tay on Not	Inv	oetmo	nt Inco		N/A	
If section 4940(d)(2) applies, leave this power than the foundation liable for the section of th	4942 tax on the distributable an	omplete this pa	rt						Yes X No
1 Enter the appropriate amount in each		nstructions be	fore making any e					(d)	
Base period years Calendar year (or tax year beginning in			Net value of no		ritable-use		(col	Distributi	on ratio d by col (c))
2015	34	4,340.		15	<u>,935</u>	,951.			.021608
2014		0.			615	,626.			.000000
2013 2012		0.	<u> </u>			0.			.000000
2012		0.				0.			.000000
	<u></u>		<u></u>						
2 Total of line 1, column (d)							2		.021608
3 Average distribution ratio for the 5-year	ar base period - divide the total	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existence i	f less than 5 years						3		.004322
4 Enter the net value of noncharitable-us	se assets for 2016 from Part X,	line 5					4	14,	,856,251.
5 Multiply line 4 by line 3							5		64,209.
6 Enter 1% of net investment income (1	% of Part I line 27h\								5,927.
	70 UI FAIL I, IME 278)						6		
7 Add lines 5 and 6							7		70,136.
8 Enter qualifying distributions from Par							8	2 ,	,031,048.
If line 8 is equal to or greater than line See the Part VI instructions	7, check the box in Part VI, line	t 1b, and comp	lete that part usin	g a 1	% tax rate) 			
623521 11-23-16		· 						Forr	m 990-PF (2016)

HEATHERINGTON FOUNDATION FOR INNOVATION AND EDUCATION IN HEALTH CARE Form 990-PF (2016) 93-0988354 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here
And enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 5,927. 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-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments a 2016 estimated tax payments and 2015 overpayment credited to 2016 бa b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 6,096 SEE STATEMENT 6 9 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded > 11 Part VII-A | Statements Regarding Activities 1a During the tax year, did the foundation attenipt to influence any national, state, or local legislation or did it participate or intervene in Yes No any political campaign? Х 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? X 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? X 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation > \$ 0 • (2) On foundation managers ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? X 5 If "Yes," attach the statement required by General Instruction T. 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? Х 6 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV X 7 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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)

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8b

10

of each state as required by General Instruction G? If "No," attach explanation

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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

_	. HEATHERINGTON FOUNDATION FOR INNOVATION 1 990-PF (2016) AND EDUCATION IN HEALTH CARE 93-098	8354		Page 5
Pi	art 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	1)	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	ŀ		İ
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A	22 2	205	
14	The books are in care of ► ANTHONY JACKSON Telephone no ►503-2			
	Located at ► 825 NE MULTNOMAH, SUITE 1400, PORTLAND, OR ZIP+4 ►9	1232		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT	/ n >	ــــا
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	l	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D.	foreign country ► Art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_l		<u> </u>
F 4		-	Vac	No
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly)	-	res	INO
10				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	15		
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	} '		
•	before the first day of the tax year beginning in 2016?	10		х
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(I)(3) or 4942(I)(5))	1		
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			
	before 2016?	1		
	If "Yes," list the years ▶			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
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 2016 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 beguest, or (3) the lanse of the 10-15- or 20-year first phase holding period? (Use Schedule C.	'		

N/A

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

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

HEATHERINGTON FOUNDATION FOR INNOVATION AND EDUCATION IN HEALTH CARE 93-0988354 Form 990-PF (2016) Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/Asection 53 4945 or in a current notice regarding disaster assistance (see instructions)? 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 from the tax because it maintained expenditure responsibility for the grant? N/A Yes 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 pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х 6b 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? Yes X No b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7h Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (c) Compensation (a) Name and address (If not paid, allowances ROBIN RICHARDSON PRESIDENT & BOARD MEMBER 825 NE MULTNOMAH, **SUITE 1400** PORTLAND, OR 97232 0. 0 0.00 0 KAREN CARNAHAN SECRETARY & BOARD MEMBER 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232 0. 0.00 0 JEFFREY HEATHERINGTON TREASURER & BOARD MEMBER 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232 0.00 0. 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (b) Title, and average (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

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

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	14,588,753. 493,735.
b	Average of monthly cash balances	1b	493,735
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	15,082,488.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	15,082,488.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	226,237.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	14,856,251.
<u> </u>	Minimum investment return Enter 5% of line 5	6	742,813.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here	ns and certain	
1	Minimum investment return from Part X, line 6	1	742,813.
2a	Tax on investment income for 2016 from Part VI, line 5 2a 5, 92	7.	
b	Income tax for 2016 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	5,927.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	736,886.
1	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	736,886.
j	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	736,886.
P	art XII Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		2 021 040
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,031,048.
	Program-related investments - total from Part IX-B	1b	
!	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	0 001 040
	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,031,048.
i	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		F 005
	Income Enter 1% of Part I, line 27b	_5	5,927. 2,025,121.
j	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundated 4940(e) reduction of tax in those years	tion qualifies fo	r the section

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2016 from Part VI	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
<u> </u>				<u>736,</u> 886.
Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only				
b Total for prior years			471,918.	
b rotal for prior years				
3 Excess distributions carryover, if any, to 2016		0.		
a From 2011		į		
b From 2012				
c From 2013		1		
d From 2014				
e From 2015				
f Total of lines 3a through e	0.	-		
4 Qualifying distributions for 2016 from	- 0.			
Part XII, line 4 > \$2,031,048.				
a Applied to 2015, but not more than line 2a			471 010	
b Applied to undistributed income of prior			471,918.	
years (Election required - see instructions)		0	1	
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus	822,244.			736,886.
5 Excess distributions carryover applied to 2016	0.			
(If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	922 244	-		
b Prior years' undistributed income Subtract	822,244.			
line 4b from line 2b				
c Enter the amount of prior years'		0.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	****			
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions				
e Undistributed income for 2015 Subtract line		0.		
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2016 Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	i i		
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	822,244.			
O Analysis of line 9	022,244.			
a Excess from 2012				
b Excess from 2013			1	
c Excess from 2014	1	[
	1	Ł	1	
d Excess from 2015				

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
NONE	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
NONE	
Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here In the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	i If
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SEE STATEMENT 9	-
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	
623601 11-23-16 Form 990-	PF (2016

AND EDUCATION IN HEALTH CARE

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
		}		
WESTERN UNIVERSITY OF HEALTH SCIENCES	N/A	PC	GENERAL OPERATIONS	
200 MULLINS DR	, , , , , , , , , , , , , , , , , , ,	•	SUPPORT	
LEBANON, OR 97355				25,000.
				1
LEGACY HEALTH FOUNDATION PO BOX 4484	N/A	PC	GENERAL OPERATIONS SUPPORT	1
PORTLAND, OR 97208		}	SUPFORT	2,000,000.
				1
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	<u> </u>	1		ļ
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		<u> </u>		
Total			▶ 3a	2,025,000.
b Approved for future payment		-		
		{		ļ
NONE				
NONE				
]		1
			<u> </u>	
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•				
	}			}
		1		
		1		
Total	<u></u>	<u> </u>	> 3b	+
10/81			- 30	0.

AND EDUCATION IN HEALTH CARE

er gross amounts unless otherwise indicated	Unrelated b	usiness income		section 512, 513, or 514	(e)
	(a) Business	(b)	(c)	(d)	Related or exemp
Program service revenue	Business	Amount	sion	Amount	function income
a					
	i i				
	1				
1					
	i I				
	_				
Fees and contracts from government agencies	_				
Nembership dues and assessments					
nterest on savings and temporary cash		· · · · · · · · · · · · · · · · · · ·	 		
nvestments	} }		1 1		
ividends and interest from securities			14	592,693.	
let rental income or (loss) from real estate			13	372,073.	
					
Debt-financed property					
Not debt-financed property		 			· · · · · · · · · · · · · · · · · · ·
et rental income or (loss) from personal				ĺ	
roperty					
ther investment income					
Gain or (loss) from sales of assets other			1.0	-1 246	_
nan inventory			18	<1,246.	·
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue					
			\bot		
	_				
		<u> </u>			
		·			·
					
	_				
ubtotal Add columns (b), (d), and (e)		C).	591,447.	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e)		C).		591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e)		C).		591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations				13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) stal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) ptal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) ptal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) ptal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie 2 No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations ort XVI-B Relationship of Activitie 8 No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie 2 No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie 2 No. Explain below how each activity for which in	s to the Accom	plishment of	Exempt Pu	13	591,4

P01313965

Firm's EIN ▶ 93-0928924

Phone no 503-221-0336

Paid

Preparer

Use Only

YNTHIA P. BARTHO

BARTHOLOMEW

Firm's name ► PERKINS & COMPANY, PC

Firm's address ▶ 1211 SW FIFTH AVE., SUITE 1000 PORTLAND, OR 97204-3710

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

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEFFREY HEATHERINGTON 825 NE MULTNOMAH, SUITE 1400 PORTLAND , OR 97232

TELEPHONE NUMBER

503-222-3205

EMAIL ADDRESS

N/A

FORM AND CONTENT OF APPLICATIONS

REQUEST TO BE SUBMITTED ON FOUNDATION APPLICATION FORM, TOGETHER WITH 501(C) (3) DETERMINATION LETTER, CURRENT FINANCIAL STATEMENT, PROJECTED BUDGET AND LIST OF OFFICERS AND DIRECTORS.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

STATEMENT(S) 9 10581107 756026 54295 2016.05000 HEATHERINGTON FOUNDATION FO 54295 1

990-PF

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

STATEMENT 10

NAME OF AFFILIATED OR RELATED ORGANIZATION

FAMILYCARE, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

THE BOARD MEMBERS OF THE FOUNDATION ARE ALL ON THE BOARD OF FAMILYCARE, INC.

NAME OF AFFILIATED OR RELATED ORGANIZATION

FAMILYCARE HEALTH PLANS, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

THE BOARD MEMBERS OF THE FOUNDATION ARE ALL ON THE BOARD OF FAMILYCARE HEALTH PLANS, INC.

FORM 990-PF D	OIVIDENDS	AND INTER	EST	FROM SECUR	ITIES S'	ratement 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	s	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PUBLICLY TRADED SECURITIES	592,693.		0.	592,693.	592,693.	
TO PART I, LINE 4	592,693.		0.	592,693.	592,693.	
FORM 990-PF		ACCOUNTI	NG .	FEES	S'	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		0.	_	0.		3,648.
TO FORM 990-PF, PG 1,	LN 16B	0.	==	0.		3,648.
FORM 990-PF		OTHER E	XPE	NSES	S	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OREGON CT-12 CHARITABL RENEWAL FEE	_ E	1,200.		0.		2,400.
TO FORM 990-PF, PG 1,	LN 23	1,200.		0.		2,400.

FORM 990-PF U.S. AND	STATE/C	ITY GOV	ERNMENT	OBLIGATIONS	STAT	EMENT	4
DESCRIPTION		U.S. GOV'T	OTHER GOV'T	BOOK VALUE		R MARKET VALUE	
US TREASURY SECURITIES		Х		13,471,59	5. 13	3,471,595	5.
TOTAL U.S. GOVERNMENT OBLIG	ATIONS		-	13,471,59	5. 13	3,471,595	<u>.</u>
TOTAL STATE AND MUNICIPAL G	OVERNMEN	T OBLIG	ATIONS				
TOTAL TO FORM 990-PF, PART	II, LINE	10A	=	13,471,59	5. 13	3,471,595	<u>.</u>
FORM 990-PF	COR	PORATE	STOCK		STAT	TEMENT	5
DESCRIPTION'				BOOK VALUE		R MARKET VALUE	
UNITED PARCEL SERVICE PFIZER GE CAPITAL CORP			-	320,26 473,64		320,268 473,643	
TOTAL TO FORM 990-PF, PART	II, LINE	10B	=	793,91	1.	793,91	I .
FORM 990-PF I	NTEREST	AND PEN	ALTIES		STAT	EMENT	6
TAX DUE FROM FORM 990-PF, UNDERPAYMENT PENALTY LATE PAYMENT INTEREST LATE PAYMENT PENALTY	PART VI					5,927 169 121 178	9. 1.
TOTAL AMOUNT DUE					====	6,395	5.
FORM 990-PF	LATE 1	PAYMENT	PENALT	Y	STAT	EMENT	7
DESCRIPTION	DATE	AMO	UNT	BALANCE	MONTHS	PENALTY	ľ
	05/15/17 11/15/17		5,927.	5,927. 5,927.	6	178	3.
TOTAL LATE PAYMENT PENALTY						178	<u> </u>

FORM 990-PF LATE PAYMENT INTEREST						EMENT 8
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE DATE FILED	05/15/17 11/15/17	5,927.	5,927. 6,048.	.0400	184	121.
TOTAL LATE PAYMENT	INTEREST					121.