

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	3,356,656	4,700,808	4,700,808		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	157,416	140,806	140,806		
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	5,231	3,816	3,816			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,519,303	4,845,430	4,845,430			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)	107	663			
	23	Total liabilities (add lines 17 through 22)	107	663			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	3,519,196	4,844,767			
	30	Total net assets or fund balances (see instructions)	3,519,196	4,844,767			
31	Total liabilities and net assets/fund balances (see instructions) .	3,519,303	4,845,430				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,519,196
2	Enter amount from Part I, line 27a	2	1,342,182
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	4,861,378
5	Decreases not included in line 2 (itemize) ▶ _____	5	16,611
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,844,767

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	428,760	3,685,854	0 116326
2015	401,872	4,139,203	0 097089
2014	463,269	4,829,509	0 095925
2013	723,961	4,764,100	0 151962
2012	903,319	5,600,333	0 161297
2 Total of line 1, column (d)			2 0 622599
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 124520
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 3,717,063
5 Multiply line 4 by line 3			5 462,849
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 258
7 Add lines 5 and 6			7 463,107
8 Enter qualifying distributions from Part XII, line 4			8 683,603

If line 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 See the Part VI instructions

Part VI 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	258
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-)	2	0
3	Add lines 1 and 2.	3	258
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	258
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	64
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	464
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	206
11	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
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 \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) OR _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.PACIFICSOURCE.COM	13	Yes	
14	The books are in care of PETER DAVIDSON Telephone no (541) 686-1242			

Located at **PO BOX 7068 SPRINGFIELD OR**ZIP+4 **97475**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
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 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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 (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here.  <input type="checkbox"/>	5b		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional 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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3. **0**

Part 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		
a	Average monthly fair market value of securities.	1a	147,752
b	Average of monthly cash balances.	1b	3,625,916
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,773,668
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.	2	0
3	Subtract line 2 from line 1d.	3	3,773,668
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	56,605
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,717,063
6	Minimum investment return. Enter 5% of line 5.	6	185,853

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	185,853
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	258
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	258
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	185,595
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	185,595
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	185,595

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	683,603
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		
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, line 8, and Part XIII, line 4.	4	683,603
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	258
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	683,345

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				185,595
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	608,484			
b From 2013.	485,870			
c From 2014.	221,805			
d From 2015.	194,965			
e From 2016.	244,662			
f Total of lines 3a through e.	1,755,786			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>683,603</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				185,595
e Remaining amount distributed out of corpus	498,008			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,253,794			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . .	608,484			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,645,310			
10 Analysis of line 9				
a Excess from 2013.	485,870			
b Excess from 2014.	221,805			
c Excess from 2015.	194,965			
d Excess from 2016.	244,662			
e Excess from 2017.	498,008			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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 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 shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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))

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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MARIAN BLANKENSHIP EXECUTIVE DIRECT
PO BOX 7068
SPRINGFIELD, OR 97475
(541) 686-1242
CHARITABLEFOUNDATION@PACIFICSOURCE.COM

b The form in which applications should be submitted and information and materials they should include

MICROSOFT WORD DOCUMENT ATTACH PROGRAM BUDGET AND MOST RECENT ANNUAL FINANCIAL STATEMENT

c Any submission deadlines

SUBMISSION DEADLINES ARE ROLLING THE COMMITTEE MEETS SEMI-ANNUALLY TO REVIEW APPLICATIONS

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

PROGRAMS MUST ADDRESS ONE OR MORE OF THE FOLLOWING AREAS HEALTH CARE ACCESS INITIATIVES THAT ADDRESS THE HEALTHCARE NEEDS OF CHILDREN AND YOUTH, AS WELL AS ADULTS WHO HAVE BARRIERS TO CARE AND/OR ADVANCE AND PROMOTE STRATEGIES THAT IMPROVE ACCESS TO HIGH QUALITY HEALTHCARE, TEST AND IMPLEMENT INNOVATIVE CARE MODELS, IMPROVE COMMUNITY HEALTH, AND/OR LOWER COSTS ACROSS THE SYSTEM AND/OR WORK IN PARTNERSHIP WITH PACIFICSOURCE HEALTH PLANS AND ITS MANY BUSINESS PARTNERS AND CUSTOMERS, INCLUDING PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, TO IMPROVE COMMUNITY HEALTH

Part XV **Supplementary Information** (continued)**3 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	677,799
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-11-09 Date	***** Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name LORI BOYCE	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01256583
	Firm's name ► DELOITTE TAX LLP				Firm's EIN ► 86-1065772
	Firm's address ► 200 RENAISSANCE CENTER SUITE 3900 DETROIT, MI 48243				Phone no (313) 396-3000

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KENNETH PROVENCHER	PRESIDENT 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
STEVEN MARKS	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
TOM SLICK	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
ED DAHLBERG	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
CLARK COMPTON	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
JOHN DEWENTER	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
MARIAN BLANKENSHIP	EXECUTIVE DIRECTOR 10 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
MARTIN GABICA	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
PRISCILLA GOULD	COMMITTEE CHAIR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
PETER DAVIDSON	VICE PRESIDENT 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
DAVID SCHUTE	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
KEN SINGER	DIRECTOR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BETHEL SCHOOL DISTRICT 4640 BARGER DRIVE EUGENE, OR 97402	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	2,500
BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107	N/A	PC	FUND PEER-TO-PEER SUPPORT PROGRAM FOR PCPS IN RURAL AREAS	10,000
BOISE RESCUE MISSIONPO BOX 1494 BOISE, ID 83701	N/A	PC	FUND PROGRAM TO PROVIDE FREE ACCESS TO HEALTHCARE FOR HOMELESS	20,000
Total ▶ 3a				677,799

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUB CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 97330	N/A	PC	FUND PROGRAM TO INCREASE ACCESS TO CARE AND HEALTH LITERACY FOR YOUTH	20,000
BOYS AND GIRLS CLUB OF ALBANY 1215 HILL STREET NE ALBANY, OR 97322	N/A	PC	FUND PROGRAM TO IMPROVE YOUTH ACCESS TO DENTAL CARE	15,000
BRIGGS MIDDLE SCHOOL 2355 YOLANDA ST SPRINGFIELD, OR 97477	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	300
Total ▶ 3a				677,799

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BUTTE SCHOOL DISTRICT 2600 GRAND AVENUE BUTTE, MT 59701	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	750
BUTTE SCHOOL DISTRICT 401 SOUTH WYOMING BUTTE, MT 59701	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	3,600
CANYON COUNTY COMMUNITY CLINIC 524 CLEVELAND BLVD SUITE 110 CALDWELL, ID 83605	N/A	PC	FUND PROGRAM TO NETWORK AND EDUCATE THE COMMUNITY REGARDING THEIR OFFERINGS	25,000
Total ▶ 3a				677,799


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR COMMUNITY COUNSELING 1465 COBURG ROAD EUGENE, OR 97401	N/A	PC	FUND PROGRAM PROVIDING COUNSELING SERVICES FOR UNDERSERVED AND TRAINING FOR COUNSELORS	35,000
COMMUNITY FOOD AND AGRICULTURE COALITION PO BOX 7025 MISSOULA, MT 59807	N/A	PC	FUND DOUBLE SNAP PROGRAM TO OFFER FINANCIAL INCENTIVES TO PURCHASE LOCALLY GROWN FRESH FRUITS AND VEGETABLES	15,000
CORNERSTONE COMMUNITY HOUSING PO BOX 11923 EUGENE, OR 97440	N/A	PC	FUND PROGRAM TO ASSIST LOW INCOME RESIDENTS WITH EDUCATION, PREVENTATIVE CARE, AND ACCESS TO CARE	25,000
Total ► 3a				677,799


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON STREET VANCOUVER, WA 98661	N/A	PC	FUND PROGRAM TO DEVELOP CARE PLANS FOR UNINSURED DIABETICS	11,000
GARDEN CITY COMMUNITY CLINIC 215 WEST 35TH STREET GARDEN CITY, ID 83714	N/A	PC	FUND PROGRAM TO PROVIDE HEALTHCARE ACCESS TO LOW- INCOME AND UNINSURED/UNDERINSURED INDIVIDUALS	20,000
GORGE GROWN FOOD NETWORK PO BOX 752 HOOD RIVER, OR 97031	N/A	PC	FUND PROGRAM TO ENABLE PREGANANT WOMEN ACCESS TO ADEQUATE FRUITS AND VEGETABLES ALONG WITH EDUCATION AND PREVENTATIVE CARE	35,000
Total ▶ 3a				677,799

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEFFERSON COUNTY MIDDLE SCHOOL 1180 SE KEMPER WAY MADRAS, OR 97741	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	600
JEFFERSON COUNTY SCHOOL DISTRICT 509J 445 SE BUFF STREET MADRAS, OR 97741	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	3,000
LEGACY HEALTH FOUNDATION PO BOX 4484 PORTLAND, OR 97208	N/A	PC	UNITY CENTER PEER PROGRAM	100,000
Total ▶ 3a				677,799

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAPLE ELEMENTARY2109 J STREET SPRINGFIELD, OR 97477	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	300
MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON COURT TIGARD, OR 97224	N/A	PC	FUND PROGRAM TO DELIVER PREVENTATIVE AND EMERGENT DENTAL CARE FOR MARGINALIZED INDIVIDUALS	25,000
MERCY FOUNDATION 2700 STEWART PARKWAY ROSEBURG, OR 97471	N/A	PC	FUND PROGRAM TO PROVIDE STUDENTS WITH DENTAL PREVENTATIVE TREATMENT AND CONNECTIONS TO ACUTE CARE	20,000
Total ► 3a				677,799

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METOLIOUS ELEMENTARY SCHOOL 420 SW BUTTE AVE MADRAS, OR 97741	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	3,000
MISSOULA AGING SERVICES 337 STEPHENS AVENUE MISSOULA, MT 59808	N/A	PC	FUND PROGRAM TO SERVE OLDER ADULTS WITH LOWER COST CARE AND FREE EDUCATION	25,000
NORTH BY NORTHEAST COMMUNITY HEALTH CENTER 714 NE ALBERTA STREET PORTLAND, OR 97211	N/A	PC	FUND PROGRAM FOCUSING ON HELPING AFRICAN AMERICANS WITH CHRONIC HEALTH CONDITIONS	25,000
Total 				677,799
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OLD MILL CENTER FOR CHILDREN AND FAMILIES 1650 SW 45TH PLACE CORVALLIS, OR 97333	N/A	PC	FUND PROGRAM TO PROVIDE FAMILIES BEHAVORIAL HEALTH CARE	25,000
RIVERBEND ELEMENTARY SCHOOL 320 51ST ST SPRINGFIELD, OR 97478	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	1,000
SALEM FREE CLINICS 1300 BROADWAY ST NE SUITE 104 SALEM, OR 97301	N/A	PC	FUND PROGRAM TO PROVIDE QUALITY CARE AT NO COST TO UNINSURED AND UNDERINSURED	25,000
Total 				677,799
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHASTA MIDDLE SCHOOL 4656 BARGER DR EUGENE, OR 97402	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	1,000
SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	N/A	PC	FUND PROGRAM TO PROVIDE HEALTHCARE ACCESS TO UNINSURED, MEDICALLY NEEDY USING VOLUNTEERS	25,000
SPRINGFIELD HIGH SCHOOL 875 7TH STREET SPRINGFIELD, OR 97477	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	1,000
Total ▶ 3a				677,799

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPRINGFIELD SCHOOL DISTRICT 525 MILL STREET SPRINGFIELD, OR 97477	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	3,000
SW COMMUNITY HEALTH CENTER 7754 SW CAPITOL HWY PORTLAND, OR 97219	N/A	PC	FUND PROGRAM TO PROVIDE PRIMARY CARE AND WELLNESS SERVICES FOR UNINSURED	15,000
THE NEXT DOOR INC965 TUCKER RD HOOD RIVER, OR 97031	N/A	PC	FUND PROGRAM TO IMPROVE THE HEALTH OF MID-COLUMBIA RESIDENTS	25,000
Total ▶ 3a				677,799

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VIRGINIA GARCIA MEMORIAL FOUNDATION PO BOX 486 CORNELIUS, OR 97113	N/A	SOUNK	FUND PROGRAM TO ASSIST LOW INCOME, MIGRANT AND FARM WORKERS WITH DIABETES	30,000
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES 2300 NE NEFF ROAD BEND, OR 97701	N/A	PC	FUND PROGRAM TO ADULTS NOT ELIGIBLE FOR AFFORDABLE CARE ACT BENEFITS	40,000
VOLUNTEERS IN MEDICINE 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	N/A	PC	FUND PROGRAM TO PROVIDE FREE PRIMARY AND BEHAVIORAL HEALTHCARE TO LOW INCOME, MEDICALLY UNDERSERVED LANE CO RESIDENTS	40,000
Total 3a				677,799

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WARM SPRINGS K8 ACADEMY 50 CHUKAR ROAD WARM SPRINGS, OR 97761	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	2,500
WARM SPRINGS K8 ACADEMY PO BOX 1269 WARM SPRINGS, OR 97761	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	3,949
WILLAMETTE HIGH SCHOOL 1801 ECHO HOLLOW ROAD EUGENE, OR 97402	N/A	GOV	HEALTHY LIFE SCHOOLS CHALLENGE	300
Total ▶ 3a				677,799

TY 2017 Accounting Fees Schedule

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	15	8	0	7

TY 2017 Investments - Other Schedule

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
COMPASS GLOBAL EQUITY	AT COST	27,907	27,907
AZURE FIXED INCOME FUND	AT COST	112,899	112,899

TY 2017 Other Assets Schedule

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST RECEIVABLE	804	3,816	3,816
REDEMPTION PROCEEDS RECEIVABLE	4,427		

TY 2017 Other Decreases Schedule

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Description	Amount
UNREALIZED LOSSES	16,611

TY 2017 Other Expenses Schedule

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDITING FEES	2,300	1,150	0	1,150
OFFICE EXPENSE	44	22	0	22
PURCHASED SERVICES	4,625	0	0	4,625

TY 2017 Other Liabilities Schedule

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Description	Beginning of Year - Book Value	End of Year - Book Value
INCOME TAX PAYABLE	107	663

**TY 2017 Substantial Contributors
Schedule**

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Name	Address
PACIFIC HEALTH ASSOCIATES	10 INTERNATIONAL WAY SPRINGFIELD, OR 97477

TY 2017 Taxes Schedule

Name: PACIFICSOURCE FOUNDATION FOR HEALTH
IMPROVEMENT

EIN: 93-1100080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FILING FEES	1,078	1,078	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 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 2017
	Name of the organization PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT	Employer identification number 93-1100080

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PACIFCSOURCE FOUNDATION FOR HEALTH IMPROVEMENT	Employer identification number 93-1100080
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PACIFIC HEALTH ASSOCIATES 10 INTERNATIONAL WAY SPRINGFIELD, MI 97477	\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

93-1100080

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT	Employer identification number 93-1100080
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Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	