

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation PACIFCSOURCE FOUNDATION FOR HEALTH IMPROVEMENT		A Employer identification number 93-1100080	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 7068		Room/suite	B Telephone number (see instructions) (541) 686-1242
City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, OR 974750068		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶\$ 5,347,416	J Accounting method <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,900,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	11,388	11,388		
	4 Dividends and interest from securities . . . . .	62,418	62,418		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	1,973,806	73,806	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	884	884	0	0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	7,853	3,927	0	3,927
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	12,063	2,131	0	9,933
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	20,800	6,942	0	13,860
	25 Contributions, gifts, grants paid . . . . .	1,402,267			1,402,267
	26 Total expenses and disbursements. Add lines 24 and 25	1,423,067	6,942	0	1,416,127
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	550,739			
	b Net investment income (if negative, enter -0-)		66,864		
	c Adjusted net income (if negative, enter -0-) . . . . .			0	

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year <b>(a)</b> Book Value	End of year <b>(b)</b> Book Value <b>(c)</b> Fair Market Value	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	4,700,808	2,252,913	2,252,913
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	140,806	3,088,027	3,088,027
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	3,816	6,476	6,476	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	4,845,430	5,347,416	5,347,416	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		4,426	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	663	263	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	663	4,689	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds	4,844,767	5,342,727	
<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	4,844,767	5,342,727		
<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	4,845,430	5,347,416		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	4,844,767
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	550,739
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	5,395,506
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	52,779
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	5,342,727

**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 )
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<b>3</b> 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 <span style="float: right;">{ }</span>	<b>3</b>	

**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))
2017	683,345	3,717,063	0 183840
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


<b>2</b> Total of line 1, column (d) . . . . .	<b>2</b>	0 645142
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years . . . . .	<b>3</b>	0 129028
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 . . . . .	<b>4</b>	2,363,178
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>	304,916
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	<b>6</b>	669
<b>7</b> Add lines 5 and 6 . . . . .	<b>7</b>	305,585
<b>8</b> Enter qualifying distributions from Part XII, line 4 , . . . . .	<b>8</b>	1,416,127

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)**

<b>1a</b>	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>b</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 . . . . .	<b>1</b>	669
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	669
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	669
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	206
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	600
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	806
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	137
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> 137 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ _____ 0 (2) On foundation managers <b>▶</b> \$ _____ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> 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 . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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 . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> OR _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.PACIFICSOURCE.COM	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► PETER DAVIDSON Telephone no ► (541) 686-1242			

Located at ► PO BOX 7068 SPRINGFIELD OR

ZIP+4 ► 97475

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2018, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	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 2018? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . If "Yes," list the years ► 20____, 20____, 20____, 20____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2018 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 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	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>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	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>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**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		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	208,165
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	2,191,000
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,399,165
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,399,165
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	35,987
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	2,363,178
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	118,159

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	118,159
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	669
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	669
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	117,490
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	117,490
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	117,490

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	1,416,127
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	1,416,127
<b>5</b>	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.	<b>5</b>	669
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	1,415,458

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				117,490
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	485,870			
<b>b</b> From 2014. . . . .	221,805			
<b>c</b> From 2015. . . . .	194,965			
<b>d</b> From 2016. . . . .	244,662			
<b>e</b> From 2017. . . . .	498,008			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,645,310			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>1,416,127</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				117,490
<b>e</b> Remaining amount distributed out of corpus	1,298,637			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,943,947			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	485,870			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	2,458,077			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	221,805			
<b>b</b> Excess from 2015. . . . .	194,965			
<b>c</b> Excess from 2016. . . . .	244,662			
<b>d</b> Excess from 2017. . . . .	498,008			
<b>e</b> Excess from 2018. . . . .	1,298,637			

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2018	<b>(b)</b> 2017	<b>(c)</b> 2016	<b>(d)</b> 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
<b>a</b> 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>b</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	
<b>c</b> Any submission deadlines SUBMISSION DEADLINES ARE ROLLING THE COMMITTEE MEETS SEMI-ANNUALLY TO REVIEW APPLICATIONS	
<b>d</b> 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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			▶ <b>3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	

## Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

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

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

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.

<b>Sign Here</b>	Signature of officer or trustee	Date	Title
		2019-11-12	

May the IRS discuss this return with the preparer shown below  
 (see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LORI BOYCE				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 990FP 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	DIRECTOR 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	SECRETARY 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	PRESIDENT, CHAIR 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
PETER DAVIDSON	DIRECTOR/CORPORATE TAX OFFICER 1 00	0	0	0
PO BOX 7068 SPRINGFIELD, OR 97475				
VANETTA ABDELLATIF	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)				
<b>a</b> <i>Paid during the year</i>				
ADELANTE MUJERES 2030 MAIN ST SUITE A FOREST GROVE, OR 97116	NONE	PC	BUILDING HEALTH EQUITY IN WASHINGTON COUNTY, OR FOR THE LATINO COMMUNITY	25,000
BETHEL SCHOOL DISTRICT 4640 BARGER DRIVE EUGENE, OR 97402	NONE	GOV	PRODUCE STIPEND FOR HEALTHY SCHOOLS CHALLENGE	2,500
BETHEL STUDENT HEALTH CENTER 1525 ECHO HOLLOW RD SUITE A EUGENE, OR 97402	NONE	GOV	MENTAL HEALTH PROGRAM	28,000
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107	NONE	PC	PROVIDES PROFESSIONAL CLINICAL EDUCATION, MENTORING, GUIDANCE, AND FEEDBACK TO PRIMARY CARE CLINICIANS	10,000
BOISE SCHOOLS EDUCATION FOUNDATION 8169 WEST VICTORY ROAD BOISE, ID 83709	NONE	PC	SUPPORT INNOVATIVE AND MOTIVATING PROGRAMS IN THE BOISE SCHOOL DISTRICT	25,000
BOYS AND GIRLS CLUB CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 97330	NONE	PC	HEALTHY LIFESTYLES EXPANSION	15,000
<b>Total . . . . . ▶ 3a</b>				1,402,267



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)				
<b>a</b> <i>Paid during the year</i>				
BUTTE SCHOOL DISTRICT 2600 GRAND AVENUE BUTTE, MT 59701	NONE	GOV	PRODUCE STIPEND FOR HEALTHY SCHOOLS CHALLENGE	750
BUTTE TEACHERS UNION 2600 GRAND AVENUE BUTTE, MT 59701	NONE	NC	HEALTHY LIFE SCHOOLS CHALLENGE AWARD	3,600
CANYON COUNTY COMMUNITY CLINIC 524 CLEVELAND BLVD SUITE 110 CALDWELL, ID 83605	NONE	PC	PROVIDING MEDICAL SERVICES TO THE UNDERSERVED	25,000
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
CASCADE MIDDLE SCHOOL 1525 ECHO HOLLOW RD EUGENE, OR 97402	NONE	GOV	HEALTHY LIFE SCHOOLS CHALLENGE AWARD	300
CATHOLIC CHARITIES 2740 SW POWELL BLVD PORTLAND, OR 97202	NONE	PC	TO PROVIDE SUPPORT AND COUNSELING SERVICES TO OREGONIANS	50,000
CENTER FOR COMMUNITY COUNSELING 1465 COBURG RD EUGENE, OR 97401	NONE	PC	PROVIDE MENTAL HEALTH COUNSELING FOR THOSE WITH LIMITED INCOME, UNDERINSURED, OR LACKING HEALTH INSURANCE	35,000
<b>Total . . . . . ▶ 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
CENTRAL CITY CONCERN 232 NW 6TH AVE PORTLAND, OR 97209	NONE	PC	FUNDING TO OPEN HANSEN SHELTER URGENT CARE CLINIC	30,000
CENTRAL POINT SCHOOL DISTRICT #6 300 ASH ST CENTRAL POINT, OR 97502	NONE	GOV	BUILDING HEALTHY FAMILIES - A SCHOOL BASED HEALTH CENTER AT HANBY MIDDLE SCHOOL	30,000
CHILDREN'S HOME SOCIETY OF IDAHO 740 WARM SPRINGS AVE BOISE, ID 83712	NONE	PC	PROVIDE MENTAL HEALTH SERVICES FOR KIDS ON MEDICAID	20,000
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
CLACKAMAS VOLUNTEERS IN MEDICINE 700 MOLALLA AVENUE OREGON CITY, OR 97045	NONE	PC	CLINIC COORDINATION TO SUPPORT PATIENT PROGRAMS SERVING CLACKAMAS COUNTY'S LOW-INCOME RESIDENTS	30,000
COMMUNITY FOOD AND AGRICULTURE COALITION PO BOX 7025 MISSOULA, MT 59807	NONE	PC	DOUBLE SNAP DOLLARS FOR HEALTHY COMMUNITIES	15,000
COMMUNITY OUTREACH 865 REIMAN AVE CORVALLIS, OR 97730	NONE	PC	PROVIDE MEDICAL SERVICES UNINSURED, LOW INCOME, OR NEWLY INSURED ADULTS	30,000
<b>Total . . . . . ▶ 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
CORNERSTONE COMMUNITY HOUSING PO BOX 11923 EUGENE, OR 97440	NONE	PC	HEALTHY HOMES PROGRAM TO PROVIDE AFFORDABLE HOUSING IN LANE COUNTY	25,000
DAISY CHAIN CREATING HEALTHY PO BOX 10375 EUGENE, OR 97440	NONE	PC	INCREASE EQUITABLE ACCESS TO PREVENTATIVE PRE AND POST-NATAL PROGRAMS IN LANE COUNTY	21,682
FAMILIAS EN ACCION 2710 NE 14TH AVE PORTLAND, OR 97212	NONE	PC	PROMOTE HOLISTIC FAMILY WELL-BEING FOR LATINOS	58,838
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
FAMILY ADVOCATES 3010 WEST STATE STREET BOISE, ID 83703	NONE	PC	MITIGATING ADVERSE CHILDHOOD EXPERIENCES TO STRENGTHEN FAMILIES AND PROMOTE HEALTH	30,000
FARMERS MARKET FUND 240 N BROADWAY SUITE 129 PORTLAND, OR 97227	NONE	PC	DOUBLE UP FOOD BUCKS FOR SNAP	10,000
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	NONE	PC	COMPREHENSIVE CHILD AND FAMILY NUTRITION FOR AT RISK MEMBERS IN LANE COUNTY	25,000
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
GENESIS COMMUNITY HEALTH 215 W 35TH ST GARDEN CITY, ID 83714	NONE	PC	PROVIDE TRANSITIONAL PRIMARY HEALTHCARE, SOCIAL AND SPIRITUAL SUPPORT TO LOW-INCOME UNINSURED INDIVIDUALS IN IDAHO'S TREASURE VALLEY	35,000
HEALTHY BEGINNINGS 1029 NW 14TH STREET BEND, OR 97703	NONE	PC	HEALTH, DEVELOPMENT, AND BEHAVIORAL SCREENING TO CHILDREN IN CENTRAL OREGON UNDER AGE 5	25,000
HIGH DESERT FOOD AND FARM ALLIANCE PO BOX 1782 BEND, OR 97709	NONE	PC	IMPLEMENT INNOVATIVE CARE MODELS AND IMPROVE COMMUNITY HEALTH	58,529
<b>Total . . . . . ► 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
KEMPLE MEMORIAL CHILDRENS DENTAL CLINIC 1029 NW 14TH STREET SUITE 101 BEND, OR 97703	NONE	PC	PROVIDE ORAL HEALTH SERVICES FOR CHILDREN AND YOUNG ADULTS (AGES 3-25) WHO ARE AT RISK	20,000
LEGACY HEALTH FOUNDATION PO BOX 4484 PORTLAND, OR 97208	NONE	PC	UNITY CENTER PEER SUPPORT PROGRAM	100,000
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVE PORTLAND, OR 97219	NONE	PC	MEAL DELIVERY FOR SENIORS IN MULTNOMAH, WASHINGTON, AND CLARK COUNTIES	5,000
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267



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)				
<b>a</b> <i>Paid during the year</i>				
MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON CT TIGARD, OR 97224	NONE	PC	DENTAL CARE FOR RURAL COUNTIES IN OREGON	25,000
MIKE PROGRAM 91555 SW BARNES RD SUITE 219 PORTLAND, OR 97209	NONE	PC	IMPROVE MY HEALTHY PLANNER WORKBOOKS	30,000
MOUNTAIN HOME MONTANA 2606 SOUTH AVE W MISSOULA, MT 59804	NONE	PC	ACCESS TO TRAUMA-INFORMED MENTAL HEALTHCARE FOR YOUNG FAMILIES AT MOUNTAIN HOME	30,000
<b>Total . . . . . ▶ 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
MT VERNON ELEMENTARY SCHOOL 935 FILBERT LANE SPRINGFIELD, OR 97478	NONE	GOV	HEALTHY LIFE SCHOOLS CHALLENGE AWARD	300
NORTHWEST CATHOLIC COUNSELING 8383 NW SANDY BLVD 205 PORTLAND, OR 97220	NONE	PC	MENTAL HEALTH CARE FOR LOWER INCOME OLDER WOMEN	15,000
OLD MILL CENTER FOR CHILDREN AND FAMILIES 1650 SW 45TH PLACE CORVALLIS, OR 97333	NONE	PC	TRAUMA INFORMED CARE TRAINING AND SUPPORT FOR COMMUNITY ORGANIZATIONS	22,000
<b>Total . . . . . ▶ 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
OSLC DEVELOPMENTS INC 10 SHELTON MCMURPHEY BLVD EUGENE, OR 97401	NONE	PC	HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES	30,000
PLANNED PARENTHOOD OF MONTANA 1116 GRAND AVE SUITE 201 BILLINGS, MT 59102	NONE	PC	PROVIDE QUALITY HEALTHCARE, MEDICAL EDUCATION, AND ADVOCACY FOR INDIVIDUAL RIGHTS	15,000
PROJECT ACCESS NOWPO BOX 10953 PORTLAND, OR 97296	NONE	PC	COORDINATE CARE FOR THE REGIONAL COMMUNITY HEALTH NETWORK	50,000
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
RETURNING VETERANS PROJECT 883 SE MAIN ST PORTLAND, OR 97214	NONE	PC	FREE AND CONFIDENTIAL MEDICAL SERVICES FOR RETURNING VETERANS AND SERVICE MEMBERS	7,000
RIVERBEND ELEMENTARY SCHOOL 320 51ST ST SPRINGFIELD, OR 97478	NONE	GOV	HEALTHY LIFE SCHOOLS CHALLENGE AWARD	1,000
SALEM FREE CLINICS 1300 BROADWAY ST NE SUITE 104 SALEM, OR 97301	NONE	PC	COMPREHENSIVE HEALTH SERVICES TO THE UNINSURED AND UNDERINSURED	40,000
<b>Total . . . . .</b> ► <b>3a</b>				1,402,267

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)				
<b>a</b> Paid during the year				
SHASTA MIDDLE SCHOOL 4656 BARGER DR EUGENE, OR 97402	NONE	GOV	HEALTHY LIFE SCHOOLS CHALLENGE AWARD	1,000
SHELTERCARE499 WEST 4TH EUGENE, OR 97401	NONE	PC	PROVIDE SHELTER TO FAMILIES WITH CHILDREN WHO ARE HOMELESS BY THE UHLHORN PROGRAM EVOLUTION	60,000
SNAKE RIVER COMMUNITY CLINIC 215 10TH ST LEWISTON, ID 83501	NONE	PC	PROVIDE ACUTE CARE TO THE HOMELESS	40,000
<b>Total . . . . . ▶ 3a</b>				1,402,267


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)				
<b>a</b> <i>Paid during the year</i>				
SOUTH LANE MENTAL HEALTH 1345 BIRCH AVE COTTAGE GROVE, OR 97424	NONE	PC	PROVIDE CARE TO COTTAGE GROVE ADULT AND CHILDREN'S OUTPATIENT MENTAL HEALTH SERVICES	30,000
SOUTHWEST COMMUNITY HEALTH CENTER 7754 SW CAPITOL HWY PORTLAND, OR 97219	NONE	PC	PROVIDE BASIC HEALTHCARE TO LOW INCOME, UNINSURED MEMBERS OF THE SW PORTLAND AND HILLSBORO COMMUNITY	25,000
SPRINGFIELD HIGH SCHOOL 875 7TH STREET SPRINGFIELD, OR 97477	NONE	GOV	HEALTHY LIFE SCHOOLS CHALLENGE AWARD	1,000
<b>Total . . . . . ▶ 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
SPRINGFIELD SCHOOL DISTRICT 525 MILL ST SPRINGFIELD, OR 97477	NONE	GOV	PRODUCE STIPEND FOR HEALTHY SCHOOLS CHALLENGE	3,000
SW COMMUNITY HEALTH CENTER 7754 SW CAPITOL HWY PORTLAND, OR 97219	NONE	PC	EXPAND HOURS AND SERVICES TO LOW INCOME UNINSURED INDIVIDUALS	10,000
THE FRIENDSHIP CLINIC INC 704 S LATAH ST BOISE, ID 83705	NONE	PC	OFFER FREE BASIC HEALTHCARE TO UNINSURED OR UNDERINSURED, EMPHASIZING HEALTH PROMOTION AND DISEASE PREVENTION	10,000
<b>Total . . . . . ▶ 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
THE WALLACE MEDICAL CONCERN 124 NE 188TH AVE SUITE 103 PORTLAND, OR 97230	NONE	PC	PROVIDE ACCESS TO CARE AND INNOVATIONS TO YOUTH AND ADULTS WITH BARRIERS TO CARE	20,000
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES 2300 NW NEFF RD BEND, OR 97701	NONE	PC	OUTREACH, REFERRAL, ACUTE CARE, AND ONGOING HEALTHCARE TO FOR UNINSURED OR UNINSURED WORKERS	40,000
VOLUNTEERS IN MEDICINE 2260 MARCOLA RD SPRINGFIELD, OR 97477	NONE	PC	OUTREACH, REFERRAL, ACUTE CARE, AND ONGOING HEALTHCARE TO FOR UNINSURED OR UNINSURED WORKERS	40,000
<b>Total . . . . . ► 3a</b>				1,402,267



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)				
<b>a</b> <i>Paid during the year</i>				
WELLMAMA INC 150 SHELTON MCMURPHEY BLVD SUITE 208 EUGENE, OR 97401	NONE	PC	PROVIDE PREGNANCY AND POSTPARTUM MENTAL HEALTH SUPPORT SERVICES TO WOMEN AND THEIR FAMILIES IN LANE COUNTY	12,468
WILLAMETTE HIGH SCHOOL 1801 ECHO HOLLOW ROAD EUGENE, OR 97402	NONE	GOV	HEALTHY LIFE SCHOOLS CHALLENGE AWARD	300
WOMENS AND CHILDRENS ALLIANCE INC 720 W WASHINGTON ST BOISE, ID 83702	NONE	PC	SERVING CHILD VICTIMS OF DOMESTIC VIOLENCE THROUGH INDIVIDUAL COUNSELING	30,000
<b>Total . . . . . ▶ 3a</b>				1,402,267

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)				
<b>a</b> <i>Paid during the year</i>				
YOUTH HOMES 550 N CALIFORNIA STREET MISSOULA, MT 59801	NONE	PC	PROVIDE COMMUNITY BASED MENTAL HEALTH SERVICES FOR WESTERN MONTANA FAMILIES	25,000
<b>Total</b> . . . . .  <b>3a</b>				1,402,267

**TY 2018 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	24,274	24,274
AZURE FIXED INCOME FUND	AT COST	78,739	78,739
WELLS CAPITAL	AT COST	2,985,014	2,985,014

## TY 2018 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	3,816	6,476	6,476

**TY 2018 Other Decreases Schedule**

**Name:** PACIFICSOURCE FOUNDATION FOR HEALTH  
IMPROVEMENT

**EIN:** 93-1100080

Description	Amount
UNREALIZED LOSSES	52,779

**TY 2018 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
AUTO EXPENSE	1,078	539	0	539
PENALTIES	0	0	0	0
AUDITING FEES	3,183	1,592	0	1,592
PURCHASED SERVICES	5,000	0	0	5,000
CONTINUING EDUCATION	2,802	0	0	2,802

**TY 2018 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	663	263

**TY 2018 Substantial Contributors  
Schedule**

**Name:** PACIFICSOURCE FOUNDATION FOR HEALTH  
IMPROVEMENT

**EIN:** 93-1100080

Name	Address
PACIFIC HEALTH ASSOCIATES	110 INTERNATIONAL WAY SPRINGFIELD, OR 97477



**TY 2018 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	884	884	0	0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047  <b>2018</b>
<b>Name of the organization</b> PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT		<b>Employer identification number</b> 93-1100080

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub>% 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).

<b>Name of organization</b> PACIFCSOURCE FOUNDATION FOR HEALTH IMPROVEMENT	<b>Employer identification number</b> 93-1100080
--	---

<b>Part I</b> <b>Contributors</b> (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 110 INTERNATIONAL WAY SPRINGFIELD, OR 97477	\$ 1,900,000	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 )
		\$	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

<b>Part II</b>	<b>Noncash Property</b>
----------------	-------------------------

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

<b>Name of organization</b> PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT	<b>Employer identification number</b> 93-1100080
---	---

**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>	