2949103002600

EXTENDED TO NOVEMBER 16, 2020 **Return of Private Foundation**

Form 990-PF

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to www.irs.gov/Form990PF for instructions and the latest information



	For	calendar year 2019	or tax year beginni	ng			, and e	nding			
	Nai	ne of foundation					•		A Employer identifica	tion number	
		,									
			AND CLINIC						93-05229	40	
			box number if mail is no	t delivered to street a	address)		¥.	Room/suite	B Telephone number 503-221-0	n1.61	
•	_		TH AVENUE	d ZID or foreign n	ontal anda			<u> </u>	_		
		ORTLAND,	orovince, country, an	u zir oi ioleigii p 5-1902	iosiai code				C If exemption application	is pending, check hi	ere
		theck all that apply.			lın	ital return of a	former public	charity	D 1 Foreign organizat	ions, check here	▶□
			Final re		=	mended return	, , , , , , , , , , , , , , , , , , ,				
			Addres	s change	Na	ame change			2 Foreign organizations check here and attack	s meeting the 85% te h computation	st,
	H C	heck type of organi	zation X Se	ction 501(c)(3) ex	kempt privat	te foundation		nil	E If private foundation	status was termi	nated
2		Section 4947(a)(1) nonexempt charit	able trust	Other taxab	le private found	lation	04	under section 507(b)(1)(A), check he	re 🕨 🗀
			ll assets at end of ye		•	X Cash	Acci	rual _,	F If the foundation is i		
		om Part II, col (c),	•		ther (specify				under section 507(b)(1)(B), check he	re ► <u>X</u>
1111		·\$ úct∦E Analysis of F	Revenue and Expens	3 . (Part I, colur	Τ' -				(a) Advicted not	(d) Diep	ursements
G,	ų i ς C	The total of an	nounts in columns (b), (c)	, and (d) may not	(a) He	evenue and ses per books		ivestment ome -	(c) Adjusted net income	for charitat	ole purposes asis only)
			, gifts, grants, etc , r			09,854.	Strangian				49.59%2VII
		. —	if the foundation is not requ			Waring W		MATERIES.	FURNISH FURNISH	4.4. VAL CELES	1848484
		3 Interest on savin	ngs and temporary					_		SHIPS W.	
		4 Dividends and	d interest from secur	ıtıes		5,719.		_	5,719	9. STATE	MENT 1
		5a Gross rents		,		PA			7 200 6 4 20 20 20 46 37	574 THE	
		b Net rental incom	e or (loss)		\$11812.4A		CH SERVER			The Property of the	14 14 14 14 14 14 14 14 14 14 14 14 14 1
	ā	6a Net gain or (loss Gross sales price) from sale of assets not e for all	on line 10 1 , 473 .	7.345.652528	247.	\$450000 580m	er-kir Kontarirani Sefet Baril Mariani	Francisco (S. 1700)	FREE WIELLYK TYRER BELT VERBEREREN	ETAPE ANY
	len (D assets on line 6a	income (from Part IV, line		\$4.5 K. XV		: <u>「既後とい。</u> 係と <i>べ</i>	247.		848 88495-827 181 88495-827	
ئ ستە	æ	8 Net short-tern		5 2)	19355 3-43	iene i			N/A	Herefolds	
2021		9 Income modif	· •		dance.		Cekana				
		Gross sales less 10a and allowances			Carrier Street		FW-633		AND PRINCES	See Alexander	
		b Less Cost of go	ods sold				学院是是		NATION AND AND AND AND AND AND AND AND AND AN	MS ASTERAGE	
>-		c Gross profit o	r (loss)				《海流環》	是被制度			
M		11 Other income			<u> </u>	15 000		0.47	F 91/		
CANNED MAY 0 3			es 1 through 11			15,820. 0.		247. 0.	5,719		
ш			f officers, directors trust se salaries and wage				 	0.		' · 	0.
Z			, employee benefits	5					-	+	
Z	es	16a Legal fees	,			. <u> </u>		- 			
3	ens	b Accounting fe	es							,	
Ø	Exp	c Other professi	onal fees	STMT 2		257.		257.	().	0.
	rative	17 Interest				4.53		4.50			
		18 Taxes		STMT 3		153.	_	153.	<u> </u>	7940 30564481336	
77	minist	19 Depreciation a	ind depletion	REC	EIVE	D 	 			6277616484	ARE THE RAIL ARE
3		20 Occupancy21 Travel, conference	nces and meeting	~		- 18 -	_				
<u>,</u>	_	22 Printing and p	ences, and meetings ublications	MAY	2 6 202	080					·· <u>-</u>
<u>-</u>	a l	23 Other expense	s			S					
c T		24 Total operatin	g and administrativ	° OGD		=1		·			
• •	per	expenses Ad	d lines 13 through 2	3 000	EN, U		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	410.).	0.
₹	ĺ		gifts, grants paid			60,700.	ENECTED OF	KATORON.		<u> </u>	0,700.
3		•	s and disbursement	8		61 110	,	410	,	,	0 700
ም		Add lines 24 a				<u>61,110.</u>	5,5488.25455-44	410.). 6	0,700.
ě		27 Subtract line 2		h		54,710.					
•			e over expenses and dis It income (if negative,				wastan flat engine	0.			
]			NCOME (f negative, en		4.188(A)4-C	Fig. action.			5,719). Water	

LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2019)

320

_		Ralance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
Ĺ	Part	Balance Sheets Altached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	320,150.	123,641.	123,641.
	'2	Savings and temporary cash investments .	,		
	3	Accounts receivable		erae Alementeren era	
	"	Less: allowance for doubtful accounts			
	۱.	Pledges receivable	MANDE SALSEE		
	4	Less allowance for doubtful accounts			
	_ ا	Grants receivable			
	5				* 9
	P	Receivables due from officers, directors, trustees, and other			,
•	_	disqualified persons			
	['	Other notes and loans receivable	The second secon		
	١.	Less allowance for doubtful accounts			
ssets	8	Inventories for sale or use			
88	9	Prepaid expenses and deferred charges	<u> </u>		
•	1	Investments - U S and state government obligations			,
	1	Investments - corporate stock			
	1	Investments - corporate bonds	Tity out of Adequates the at our case of	Rudosto , repoduárdo esta esta de trac-	
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation		<u></u>	
	12	Investments - mortgage loans		252 200	267,849.
	13	Investments - other STMT 4	O.	252,209.	207,049.
	14	Land, buildings, and equipment basis			
	1	Less accumulated depreciation	5 700	4 710	4 710
	15	Other assets (describe)	5,708.	4,718.	4,718.
	16	Total assets (to be completed by all filers - see the	, 205 050	200 560	306 300
	1	instructions. Also, see page 1, item I)	325,858.	380,568.	396,208.
	17	Accounts payable and accrued expenses			BELLEVILLE OF CONTROL
	18	Grants payable -		-	TOWNS IN THE PROPERTY OF THE PARTY OF THE PA
. g	19	Deferred revenue			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			THE PROPERTY OF THE PARTY OF
labiliti	21	Mortgages and other notes payable*			THE AND DESCRIPTION OF THE PARTY OF THE PART
_	22	Other liabilities (describe	,		
		•		, ,	
_	23		0.	0.	
		Foundations that follow FASB ASC 958, check here			
C)	:l	and complete lines 24, 25, 29, and 30.			
ance	24	Net assets without donor restrictions			Mary Sale of Market and Mary Control
_	: I ZD	Net assets with donor restrictions			Bases - to marked separation and the server are
В	1	Foundations that do not follow FASB ASC 958, check here 🕨 🗓	•		
Fund Ba		and complete lines 26 through 30.	1		
ō	128	Capital stock, trust principal, or current funds	325,858.	380,568.	
Assets	27	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
· SS	28	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Net /	29	Total net assets or fund balances	325,858.	380,568.	
Ž	1	•	,		
_	30	Total liabilities and net assets/fund balances	325,858.	380,568.	
(F	ant.	Analysis of Changes in Net Assets or Fund B	alances		•
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
ı		t agree with end-of-year figure reported on prior year's return)	- 20		325,858.
•	•	ranount from Part I, line 27a		2	54,710.
		r increases not included in line 2 (itemize)		. 2	0.
3		lines 1, 2, and 3		4	380,568.
4		eases not included in line 2 (itemize)		5	0.
5		net assets or fund halances at end of year (line 4 minus line 5) - Part II. c	olumn (h) line 29		380,568.

Part	IV Capital Gains	and Loss	ses for Tax on In	<u>vestment</u>	Income						,
			of property sold (for exar common stock, 200 shs		te,	(b) P D	How ac - Purc - Dona	quired hase ation	(c) Date (mo., d		(d) Date sold (mo , day, yr.)
1a A	PPLE INC						_		01/1	9/11	12/26/19
	EGGETT & PLAT	T INC							04/3	0/19	05/07/19
					<u></u>			1			
d											
е				-							
	(e) Gross sales price		preciation allowed (or allowable)		st or other basis xpense of sale					ain or (loss s (f) minus	
a	289.					9.			_		240.
b	1,184.				1,17	7.					7.
<u>d</u>											
e			<u></u>								
Co	mplete only for assets showin	ig gain in co	lumn (h) and owned by t	he foundation	on 12/31/69					ol (h) gain	
	(-) EMV/ on of 19/21/60		Adjusted basis		cess of col (I)			co	l (k), but r Losses	not less tha (from col	n -U-) or (h))
	(i) FMV as of 12/31/69	а	s of 12/31/69	over	col (j), if any	[(
_a					<u>.</u>						240.
<u>b</u>											<u> </u>
_c											
ď			-								
е								,			
2 Cap	ital gain net income or (net ca	apital loss)	If gain, also enter If (loss), enter -0	n Part I, line In Part I, line	7 7	}	2				247.
2 Not	short-term capital gain or (los	ec) ac define	•								
	ain, also enter in Part I, line 8,	•	u iii 30000013 1222(3) aii	u (0)		٦.					
If (I	oss), enter -0- in Part I, line 8					J	3				7.
Part	V Qualification U	nder Se	ction 4940(e) for	Reduced	Tax on Net	nve	stm	ent Inc	ome		
(For op	tional use by domestic private	e foundation:	s subject to the section 4	1940(a) tax on	net investment in	come.	.)				
	,		•	, ,							
If section	on 4940(d)(2) applies, leave th	his part blani	k.								
	e foundation liable for the sect the foundation doesn't qualif					od?					Yes X No
1 Ent	er the appropriate amount in e	each column	for each year, see the in	structions bef	ore making any er	itries.					
	(a)		(b)	-		(c)				Dietri	(d) bution ratio
Cale	Base periód years ndar year (or tax year beginnii	ng in)	Adjusted qualifying dis	tributions	Net value of no	nchai	ritable-	use assets		(col. (b) dr	vided by col (c))
	2018		5	8,000.	<u> </u>		17	8,759		_	.324459
	2017		4	2,900.				8,069			.630243
	2016		1	4,700.			6	7,847			.216664
	2015			2,000.			5	3,325	5.		.037506
	2014										
		-									
2 Tota	if of line 1, column (d)								2		1.208872
	rage distribution ratio for the	5-year base	period - divide the total of	on line 2 by 5 (), or by the numbe	er of y	ears/				
	foundation has been in exister			-		-			3		.302218
			•								
4 Ente	r the net value of noncharitab	ole-use asset	s for 2019 from Part X, I	ine 5					4		350,845.
,			·						- i		
5 Mul	tiply line 4 by line 3								5		106,032.
0 11101	upiy iiilo 1 by iiilo o										
A Ente	r 1% of net investment incom	ne (1% of Pa	rt I line 27h)						6		0.
U Line	1 170 of het investment incent	.0 (170 011 0									
7 114	lines 5 and 6								7		106,032.
, Auu	mics o and 0										
8 Ente	r qualifying distributions from	n Part XII, lır	ne 4						8		60,700.
	e 8 is equal to or greater than the Part VI instructions	ı lıne 7, chec	ck the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax r	ate			

Tale Exempt operating foundations described in section 4940(6)(2), check here ▶ I and enter "NA" on line 1 Date of Inlang of determination letter Date of Inlang of Determinations had meet the section 4940(c) (requirements in Part V, check here ▶ I and enter "No Inlang" of Part I, line 27 All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, cot (b) 2 Tax under section 511 (domestic section 4947(c)(1) Invists and taxable foundations only, others, enter -0-) 2 Add lines 1 and invistance it incomes 1 and	Form 990-PF (2019) THE PORTLAND CLINIC FOUNDATION	1		0522940 Page 4
Do homest foundations that met letter a Domester Conditions that met letter b Domester Conditions that met letter b Domester Conditions that met letter b Domester Conditions that met letter c All Other domestic Foundations enter 2% of line 27b Exempt foreign originarizations, enter 4% of Part I, line 12, col (b) 7 Tax under section 511 (domestic section 4847(s)(1) trusts and taxable foundations only, others, enter -0-) 8 Add there 1 and 2 8 Submite A (income) tax (domestic section 4847(s)(1) trusts and taxable foundations only, others, enter -0-) 9 0. 1 Add there 1 and 2 1 Submite A (income) tax (domestic section 4847(s)(1) trusts and taxable foundations only, others, enter -0-) 1 Tax based on investment income. Subtract line of from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line of from line 3 if zero or less, enter -0- 6 0. 6 0. 7 Total Credition programations - tax withheld at source 8 0 0. 8 0 0. 8 0 0. 9 Exempt foreign originariations - tax withheld at source 8 0 0. 9 Exempt foreign originariations - tax withheld at source 9 0 0. 9 Exempt foreign originariation - tax withheld at source 9 0 0. 9 Exempt foreign originariation - tax withheld at source 9 1 Tax due if the total of lines 5 and 8 is more than line 7, enter anomation with a statehed 9 1 Tax due if the total of lines 5 and 8 is more than line 7, enter anomation with a statehed 9 1 Tax due if the total of lines 5 and 8 is more than line 7, enter anomation with a statehed 9 0 0. 9 1 Tax due if the total of lines 5 and 8 is more than line 7, enter anomation with a statehed 9 0 0. 9 1 Tax due if the total of lines 5 and 8 is more than line 7, enter anomation with a statehed 9 0 0. 9 1 Tax due if the found in line 5 in lines and in lines 7 in lines 7 in lines 1 to total lines 5 and 6 is more than line 7, enter anomation with a statehed lines of the state			4948 -	see instructions)
Do homest foundations that met the section 4940(c) requirements in Part V, check here	1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and	enter "N/A" on line 1		
of Part I, lime 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, lime 12, col (b) 2 Tax under section 311 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 D. 4 D. 5 Inax based on investiment ancome. Subteact line 4 from line 3 If zero or less, enter -0- 5 Tax based on investiment ancome. Subteact line 4 from line 3 If zero or less, enter -0- 6 Credato-Pyments 2 2 D. 5 Tax based on investiment ancome. Subteact line 4 from line 3 If zero or less, enter -0- 6 Credato-Pyments 2 2 D. 6 Credato-Pyments 2 2 D. 7 Subteact on investiment ancome. Subteact line 4 from line 3 If zero or less, enter -0- 6 Credato-Pyments 2 2 D. 7 Subteact on investiment ancome. Subteact line 4 from line 3 If zero or less, enter -0- 6 Credato-Pyments 2 2 D. 8 Destimated tax payments Add line 4 from line 3 If zero or less, enter -0- 9 Destimated tax payments Add line 5 is unit line 4 from line 3 If zero or less, enter -0- 10 Destimated tax payments Add line 5 is unit line 4 from line 3 If zero or less, enter -0- 10 Overpayment -1 fline 7 is more than the total of lines 5 and 6, enter the amount owed 10 Overpayment -1 fline 7 is more than the total of lines 5 and 6, enter the amount owed 10 Overpayment -1 fline 7 is more than the total of lines 5 and 6, enter the amount overpad 1 Earth Yill-All Statements Regarding Activities 1 a Durng the tax year, did the foundation attempt to militance assumed tax year, did the foundation ancomed will be year (either directly) for political purposes? See the instructions for the definition if the answer is 'ves' to 1s 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 and copies of any materials published or distributed by the foundation his office of the destination in the connection of the activities of line 2 lif 'yes', attach a detailed description of th			the state	
c All other domestic foundations enter 2% of the 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtlite A (necome) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on westerment recome. Subtract line 4 from line 3 if zero or less, enter -0- 6 C redistriPsyments a 2019 estimated tax payments and 2016 overpayment credited to 2019 6 Exempt foreign organizations - tax withheld at source 7 Tay and with application for extension of time (b file (*Form 8868)) 6 Event withholding erroneously withheld 7 Total credits and payments Add lines 5 antiough 6d 6 Enter any separaty for underspayment of estimated tax Check here I if Form 2220 is attached 8 0 9 Tax due if the total of lines 5 and 8 is more than her 2, enter amount owed 10 Total credits and payments Add lines 5 and 8 is more than her 2, enter amount owed 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax. 12 Exert.VYII-A! Statements Regarding Activities 12 During the tax year, did the foundation attempt to mitiente any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to mitiente any national, state, or local legislation or did it participate or intervene in any political campaign? 15 During the tax year, did the foundation attempt to mitiente any national, state, or local legislation or did it participate or intervene in any political campaign? 15 During the tax year, did the foundation deepen of the activities 16 During the foundation on connection with the activities 18 During the day of the charges of the changes of the cha	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ 🔲 and enter 1%	1	0.
c All other domestic foundations enter 2% of the 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtlite A (necome) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on westerment recome. Subtract line 4 from line 3 if zero or less, enter -0- 6 C redistriPsyments a 2019 estimated tax payments and 2016 overpayment credited to 2019 6 Exempt foreign organizations - tax withheld at source 7 Tay and with application for extension of time (b file (*Form 8868)) 6 Event withholding erroneously withheld 7 Total credits and payments Add lines 5 antiough 6d 6 Enter any separaty for underspayment of estimated tax Check here I if Form 2220 is attached 8 0 9 Tax due if the total of lines 5 and 8 is more than her 2, enter amount owed 10 Total credits and payments Add lines 5 and 8 is more than her 2, enter amount owed 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax. 12 Exert.VYII-A! Statements Regarding Activities 12 During the tax year, did the foundation attempt to mitiente any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to mitiente any national, state, or local legislation or did it participate or intervene in any political campaign? 15 During the tax year, did the foundation attempt to mitiente any national, state, or local legislation or did it participate or intervene in any political campaign? 15 During the tax year, did the foundation deepen of the activities 16 During the foundation on connection with the activities 18 During the day of the charges of the changes of the cha	of Part I, line 27b		Portes and	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2? 4 Subhitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Creative 7-year posts 2 2019 estimated tax payments and 2016 overpayment credited to 2019 6 Evernit foreign organizations - tax withheld at source 6 Bb 0 0. 7 Total credits and payments Add lines 6a through 6d 7 Total credits and payments Add lines 6a through 6d 8 Einter any penalty for underpayment of estimated tax. Power lines of 8 more than the 1 botal or lines 5 and 8, nefer the amount overpad 1 Total credits and payments Add lines 6a through 6d 1 Total credits and payments Add lines 6a through 6d 8 Einter any penalty for underpayment of estimated tax. Power lines 2 more than 1 the 10th lines 5 and 8, nefer the amount overpad 1 Total credits and payments Add lines 6a through 6d 1 Total credits and payments Add lines 6a through 6d 8 Einter any penalty for underpayment of estimated tax. Power lines 2 more than 1 the 10th lines 5 and 8, nefer the amount overpad 1 Total credits and payments Add lines 6a through 6d 1 Total credits and payments Add lines 6a through 6d 1 Einter the amount of time 10 to be "Credited to 2020 sentiated tax. Power lines 2 more than 5100 during the year (either directly) or more than 5100 during the year (either directly) or more directly) for political purposes? See the mistructions for the definition if the analyses is 7 set 10 to 10 th, attach a detailed description of the activities and copies of any materials published or distributed by the foundation amount of the 40 power lines 2 more directly or more during the year? 2 If the tire the amount (if any) pad by the foundation during the year (if you have been directly or more during the year? 3 If yes, attach a detailed description of the activities and conformed copy of the changes: 4 If yes, attach a de	•	% of Part I, line 12, col(b) 丿		
3 Add lines 1 and 2 4 Subbits A (income) tax (somesite section 4947(a)(1) hinsts and taxable foundations only; others, enter-Q-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter-Q- 6 Credis/Payments 2 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source 6 Tax pad with application for extension of time to life (form 8888) 6 Bakup withholding erroneously withheld 7 Total credits and payments Add lines 5a through 6d 8 Enter any pearly for underpayment of estimated tax Check here ☐ if Form 2220 is attached 7 Total credits and payments Add lines 5a through 6d 8 Enter any pearly for underpayment of estimated tax Check here ☐ if Form 2220 is attached 9 Tax due if the folial of lines 5 and 6 is more than line 7, enter amount owed 10 Total credits and payments Add lines 5a and 6, is more than line 7, enter amount owed 10 Total credits and payments Add lines 5a through 6d 8 Dourself line 7 is more than the total of lines 5 and 6, is more than 10 to be "Credited to 220 estimated tax ▶ Refunded ▶ 11 10 Toring 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? 11 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? 12 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 expenditures. 1 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 expenditures. 1 During the tax year, did the foundation attempt to mitirectly or indirectly for political expenditures. 2 During the tax year, did the foundation attempt to this year? 3 During the tax year, did the foundation attempt on the activitie			2	0.
4 Subbile A (income) bits (formeste section 4947(p)(1) musts and taxable foundations only; others, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Credits/Payments 2 2019 estimated tax payments and 2016 overpayment credited to 2019 6 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time; to file (Form 888s) 6 Beckup withholding erroneously withheld 7 Total credits and payments Add lines 6s a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due if the total or lines 3 and 8 is more than line 7, enter amount owed 9 Tax due if the total or lines 5 and 8 is more than line 7, enter amount owed 10 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Fairtr Ima amount of line 10 to be credited to 2209 settimated tax. Fart NII-A: Statements Regarding Activities 1 a During the tax year, dut the foundation attempt to influence any national, state, or local legislation or dut it participate or intervene in any political ecompaign? Dud it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is *Yes' to 1 a or file, hatch a destaled description of the activities and copies of any materials published or distributed by the foundation in enometion with the activities and copies of any materials published or distributed by the foundation in eron in 120-70. For this year? Out the foundation in the form 1120-70. For this year? Out the foundation in the foundation in the properties of the intervene in any activities of the properties of the intervene in the properties of the i	•	•	3	0.
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If Yes, attach a detailed description of the activities. 3	managers. \triangleright \$0.	٠,	1	
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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If Yes, has it filed a tax return on Form 990-T for this year? b Was there a liquidation, termination, dissolution, or substantial contraction during the year? If Yes, attach the statement required by <i>General Instruction T</i> 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either b y language in the governing instrument, or b y state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part II, col. (c), and Part XV 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 <i>General Instruction G</i> ? If No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If Yes," complete Part XIV 9 X Did any persons become substantial contributors during the tax year? If Yes," attach a schedule lesting their names and addresses	2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X				
To Did any persons become substantial contributors during the tax years in res, shacing a schedule issuing their names and addresses				
		organia organization de de la constitución de la co		Form 990-PF (2019)

Page 5

Part VII-A Statements Regarding Activities (continued)	·		
		Ye	s No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning	ng of		
section 512(b)(13)? If "Yes," attach schedule See instructions	L	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified per	rson had advisory privileges?		
If "Yes," attach statement. See instructions	L	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	cation?	13 X	
Website address ► N/A			
14 The books are in care of ▶ THE PORTLAND CLINIC FOUNDATION	Telephone no ▶ 503-221	-016	1
Located at ▶800 SW 13TH AVENUE, PORTLAND, OR	ZIP+4 ▶972	05-1	902
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N/A	
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	over a bank,	Ye	s No
securities, or other financial account in a foreign country?	ſ	16	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		
foreign country			
Part VII-B. Statements Regarding Activities for Which Form 4720 May Be Re	equired		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Ye	s No
1a During the year, did the foundation (either directly or indirectly):			<u> </u>
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		•	
a disqualified person?	Yes X No	-	
	Yes X No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	17	, , , '
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	168 (22) 110		* 5
(5) Transfer any income or assets to a disqualified person (or make any of either available	Yes X No		. "
for the benefit or use of a disqualified person)?		2.5	네. 기
(6) Agree to pay money or property to a government official? (Exception Check "No"		' Ť	12
if the foundation agreed to make a grant to or to employ the official for a period after	Yes X No		.
termination of government service, if terminating within 90 days.)			1 1
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula	N/A	46	
section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A ▶□	1b	+-,
Organizations relying on a current notice regarding disaster assistance, check here			1 ex 1
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were	le not corrected		X
before the first day of the tax year beginning in 2019?	- Arabaa fawadataa	1c	 ^- ,
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private op	lerating toungation		
defined in section 4942(j)(3) or 4942(j)(5)).		`	` I
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	Yes X No		
6d and 6e) for tax year(s) beginning before 2019?	Tes II NO		
If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	(relating to incorrect		2 12
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		.	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, and	N/A	<u> </u>	
statement - see instructions)	17 A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
<u> </u>	 ;		1 1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		- · `	'
during the year?	Yes X No	· -	
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or dis			
May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section and the commission and the commissioner under section and the commission and the co		` .	
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?	V (Use Form 4/20, N/A		_
Schedule C, to determine if the foundation had excess business holdings in 2019)	T T	3b	+-
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose		4a	<u> </u>
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it	s chantable purpose that		- X
had not been removed from jeopardy before the first day of the tax year beginning in 2019?		4b 990-P	
	Form	990-6	(2019)

93-0522940

Form 990-PF (2019)

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

	<u>-0522940</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compe	nsation
NONE		
		-
		_
Total number of others receiving over \$50,000 for professional services Part X-A Summary of Direct Charitable Activities	<u> </u>	0
	T	
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 VARIOUS OTHER LOCAL CHARITIES RECEIVED CONTRIBUTIONS RANGING	4	
UP TO \$4,200	60,7	700.
2	_	
	-	
3		
]	
4	4	
	-	
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount	
1N/A	_	
	-	
2		
]	
All other program-related investments. See instructions	 	
3	_	
	-	
]	
Total. Add lines 1 through 3	+	0.

Form 990-PF (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
·	Average monthly fair market value of securities	1a	126,105.
	Average of monthly cash balances	1b	230,083.
c	Fair market value of all other assets	1c	
d		1d	356,188.
	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	356,188.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,343.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	350,845.
6	Minimum investment return Enter 5% of line 5	6	17,542.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)	,	
1	Minimum investment return from Part X, line 6	1	17,542.
2a	Tax on investment income for 2019 from Part VI, line 5	- ,	
b	Income tax for 2019 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	17,542.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	17,542.
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	17,542.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		<u>.</u>
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	60,700.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
	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	60,700.
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	5	0.
в	Adjusted qualifying distributions Subtract line 5 from line 4	6	60,700.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for th	e section
	4940(e) reduction of tay in those years		

Form 990-PF (2019)

Part XIII Undistributed Income (see instructions)

-	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	·	· · · · · · · · · · · · · · · · · · ·		
line 7				17,542.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
ь Total for prior years			:	
,,		0.		
3 Excess distributions carryover, if any, to 2019.		-		
a From 2014				
b From 2015				
c From 2016 8,642.				
d From 2017 39, 497.				
e From 2018 49,062.	07.004		<u> </u>	
f Total of lines 3a through e	97,201.			
4 Qualifying distributions for 2019 from				
Part XII, line 4 ► \$ 60,700.			_	
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			17,542.
d Applied to 2019 distributable amount	12 150			17,342.
e Remaining amount distributed out of corpus	43,158.			
5 Excess distributions carryover applied to 2019 (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	140,359.			
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 2018. Subtract line				ı
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2019 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2014	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2020	140,359.			
Subtract lines 7 and 8 from line 6a	T ±0,337.			
10 Analysis of line 9.				
a Excess from 2015 b Excess from 2016 8,642.				
c Excess from 2017 39,497.				
d Excess from 2018 49,062.				
e Excess from 2019 43,158.				
C EA0033 HOIII 2013				Form 990-PF (2019)

	TLAND CLINIC				22940 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2019, enter the date of t	he ruling	▶ ∟		
b Check box to indicate whether the found	lation is a private operatin	g foundation described in	section		942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
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				<i></i>	
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	
(1) Value of all assets					<u></u>
(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	/			1 105 000	<u> </u>
Part XV Supplementary Info			the foundation	nad \$5,000 or mo	re in assets
at any time during t		uctions.)		_ .	
1 Information Regarding Foundation					
a List any managers of the foundation wh	o have contributed more t	than 2% of the total contr	ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed n	iore man \$5,000) (See Se	scilon 507(u)(2))			•
NONE					
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large porti	on of the ownership of a pa	artnership or
• •	s a 1070 or greater interes	.			
NONE					·
2 Information Regarding Contributi					anta far funda 16
Check here X If the foundation of the foundation makes gifts, grants, etc.,					ests for fullus fi
a The name, address, and telephone number	per or email address of un	е регоон то многи арриса	IUUIIS SIIUUIU DE AUUIES	Scu.	
b The form in which applications should b	e submitted and informat	on and materials they sh	ould include:		
P The form in which applications should be	o oabilitioo and illioililat	and materials they sh			
c Any submission deadlines					
d Any restrictions or limitations on awards	s such as by geographica	Lareas, charitable fields	kinds of institutions or	other factors.	
a Any localisations of miniations of award.	o, saon as sy geograpinea	540, 5114. 144010 110100,			

Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year ASSIST NONE PROGRAM SERVICES 4412 SW BARBUR BLVD, SUITE 200 PORTLAND, OR 97239 3,000. 4TH DIMENSION RECOVERY CENTER NONE PROGRAM SERVICES 3907 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212 1,500. COALITION OF COMMUNITIES OF COLOR NONE PROGRAM SERVICES 221 NW 2ND AVE, SUITE 303 PORTLAND, OR 97209 2,000. ECOLOGY IN CLASSROOMS & OUTDOORS NONE ÞС PROGRAM SERVICES PO BOX 90293 PORTLAND, OR 97290 2,500. FAMILY JUSTICE CENTER OF WASHINGTON NONE ÞС PROGRAM SERVICES COUNTY 735 SW 158TH AVENUE BEAVERTON, OR 97006 3,500. SEE CONTINUATION SHEET(S) **▶** 3a 60,700. b Approved for future payment NONE Total **▶** 3b 0.

Part XV Supplementary Informati Grants and Contributions Paid During th				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		<u> </u>
DIGIG NIGHTS TOUGHNESS TOUGH			DDOGDAY GEDYFARG	
BASIC RIGHTS EDUCATION FUND 620 SW 5TH AVE, SUITE 1210	NONE	PC	PROGRAM SERVICES	
PORTLAND, OR 97202]	1,000.
TONIBAND, ON STEEL				
CLACKAMAS SERVICE CENTER	NONE	PC	PROGRAM SERVICES	
8800 SE 80TH AVENUE				
PORTLAND, OR 97206				3,500
MIRACLE THEATRE GROUP	NONE	PC	PROGRAM SERVICES	
425 SE 6TH AVE.				
PORTLAND, OR 97214				1,500.
FAMILIAS EN ACCION	NONE	PC	PROGRAM SERVICES -	
2710 NE 14TH AVENUE			SPANISH LANGUAGE	
PORTLAND, OR 97212			SUPPORT GROUP FOR	
			CHRONIC ILLNESSES	2,000.
FAMILY OF FRIENDS MENTORING	NONE	PC	PROGRAM SERVICES -	
1333 NW EASTMAN PARKWAY			GRESHAM OUTREACH AND	
GRESHAM, OR 97030			ENGAGEMENT PROJECT	2,500.
GOOD NEIGHBOR CENTER	NONE	PC	PROGRAM SERVICES -	
11130 SW GREENBURG RD		ľ	PATHWAY HOME FUND	1 000
TIGARD, OR 97223				1,000.
CDOLUNIC CARDING	LIONE TO THE PROPERTY OF THE P	ma	DDOGDAY GEDYLANA	
GROWING GARDENS 2203 NE OREGON ST	NONE	PC	PROGRAM SERVICES - PLANTING PATHWAYS	
PORTLAND, OR 97232			FLANTING FAIRWAIS	2,200.
SHADOW PROJECT	NONE	PC	PROGRAM SERVICES	
2154 NE BROADWAY, STE 130				
PORTLAND, OR 97232				3,000.
JANUS YOUTH PROGRAMS INC	NONE	PC	PROGRAM SERVICES -	
707 NE COUCH STREET			VILLAGE GARDENS,	
PORTLAND, OR 97232			ADDRESSING YOUTH AND	
			COMMUNITY WELLNESS	1,500.
MIKE PROGRAM	NONE	PC	PROGRAM SERVICES	
9155 SW BARNES RD, SUITE 219				
PORTLAND, OR 97225-6629		<u> </u>		1,500.
Total from continuation sheets		··· ×		48,200.

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
THE LIVING ROOM	NONE	PC	PROGRAM SERVICES	
2036 SE JEFFERSON ST				2 222
MILWAUKIE, OR 97269		-		2,000.
MT SCOTT CHURCH	NONE	PC	WELLNESS	
10603 SE HENDERSON	NONE		NEDBINESS	
PORTLAND, OR 97266				1,000.
MUSIC WORKSHOP	NONE	PC	PROGRAM SERVICES	
8341 SW BEAVERTON HILLSDALE HWY				
PORTLAND, OR 97225				1,000.
,				
OREGON ENVIRONMENTAL COUNCIL	NONE	PC	PROGRAM SERVICES	
222 NW DAVIS ST, SUITE 309				
PORTLAND, OR 97209		<u> </u>		1,500.
VOZ WORKERS' RIGHTS EDUCATION	NONE	PC	PROGRAM SERVICES	
PROJECT				
1131 SE OAK				
PORTLAND, OR 97214				4,000.
PORTLAND MEET PORTLAND	NONE	PC	PROGRAM SERVICES	
1320 SE 122ND AVE				
PORTLAND, OR 97233				2,500.
PORTLAND STREET MEDICINE	NONE	PC	PROGRAM SERVICES	
825 NE MULTNOMAH STREET, SUITE 240				
PORTLAND, OR 97232				4,200.
SELF ENHANCEMENT INC	NONE	PC	PROGRAM SERVICES	
3920 N KERBY AVENUE				1 000
PORTLAND, OR 97227			 	1,000.
STORE TO DOOR	NONE	PC	PROGRAM SERVICES -	
7730 SW 31ST AVE			BRINGING NOURISHMENT,	
PORTLAND, OR 97219			WELLNESS, & CONNECTION	
			TO HOMEBOUND SENIORS	3,000.
TAKE ACTION INC	NONE	PC	PROGRAM SERVICES	
1170 OXFORD DRIVE PORTLAND, OR 97034				<u>3,</u> 000.
Total from continuation sheets				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
				

3 Grants and Contributions Paid During the Ye	ai (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
THE ROSEWOOD INITIATIVE	NONE	PC	PROGRAM SERVICES -	
16126 SE STARK ST			2019 MENTAL HEALTH	
PORTLAND, OR 97233			AWARENESS MONTH AT	
•	· · · · · · · · · · · · · · · · · · ·		ROSEWOOD	1,00
JRBAN GLEANERS	NONE	PC PC	PROGRAM SERVICES -	
PO BOX 6344		1	URBAN GLEANERS	
PORTLAND, OR 97228				1,50
WITH LOVE OREGON	NONE	PC	PROGRAM SERVICES	
3178 SW DURHAM RD				
rigard, or 97224				2,50
41SCELLANEOUS GRANTS PAID	NONE	PC	PROGRAM SERVICES	
				30
	<i>.</i>			
	_			
•				
		<u> </u>		-
	1		1	I

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
â			-		
b			ــــــ		
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash			1		
investments					
4 Dividends and interest from securities			14	5,719.	
5 Net rental income or (loss) from real estate	,		+==	, , , , ,	, _ ,
a Debt-financed property	-		+		
	<u> </u>		+		
b Not debt-financed property		<u></u>	+-		
8 Net rental income or (loss) from personal					
property		····	 		
7 Other investment income			+		
8 Gain or (loss) from sales of assets other			۱.,		
than inventory			18	247.	
9 Net income or (loss) from special events			<u></u>	<u> </u>	
10 Gross profit or (loss) from sales of inventory			↓		
11 Other revenue					
a			↓		
b			\perp		
c		<u> </u>			
d					
e					
12 Subtotal Add columns (b), (d), and (e)	. ,	0.	-	5,966.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	5,966.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Ex	emnt	Purposes	
Telediction by of Activities t		mphormork of Ex		- -	<u></u>
Line No Explain below how each activity for which inco			ontrit	outed importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than	by providing fur	ids for such purposes)			
	•				
					-
		·			
		· · · · · · · · · · · · · · · · · · ·			
					
- 					
	.				
		•			
				b	<u></u>
					

Form 990 Part)		ORTLAND CLI egarding Transfe		FOUNDATION and Transactions a	nd Relationsh		522940 haritable	Page 13
	Exempt Organ					·		
	the organization directly or indi er than section 501(c)(3) orgar					tion 501(c)		es No
•	isfers from the reporting found	•		· ·				
	Cash		•	-			1a(1)	X
(2)	Other assets						1a(2)	X
b Othe	er transactions							
(1)	Sales of assets to a noncharita	ble exempt organization					16(1)	<u> </u>
	Purchases of assets from a no		iization				1b(2)	<u> </u>
٠,	Rental of facilities, equipment,						1b(3)	X
	Reimbursement arrangements						1b(4)	$\frac{x}{x}$
, ,	Loans or loan guarantees Performance of services or me	embershin or fundraising	solicitatio	nne			1b(5) 1b(8)	X
• •	ring of facilities, equipment, ma						10	<u> </u>
	e answer to any of the above is		•	• •	Iwavs show the fair	market value of the go		
	ervices given by the reporting fo		_	• •		_		•
_ colu	mn (d) the value of the goods,	other assets, or services	received					
(a) Line no	(b) Amount involved	 		e exempt organization	(d) Description	in of transfers, transaction	s, and sharing arrang	ements
			N/A	 				
		<u> </u>						
					_			
		 						
								
					_ 			
								
				·				
						.=		
_								
		<u> </u>		 				
	e foundation directly or indirect ction 501(c) (other than section	•		or more tax-exempt organ	izations described		Yes	X No
b If "Ye	es," complete the following sch			T				
	(a) Name of org	anization		(b) Type of organization	 	(c) Description of rel	ationship	
	N/A		_		 			
					 	<u>-</u>		
					 			
					 	· -		
	Under penalties of perjury, I declare ti						May the IRS disc	usa thia
Sign	and belief, it is true, correct, and com	plete Declaration of preparer	(other than	taxpayer) is based on all information in 51520	ation of which preparer h		return with the pr shown below? S	eparer
Here	Mike Larson						X Yes	No
	Signature of officer or trustee			Date	Title		<u> </u>	
	Print/Type preparer's na	me Pre	parer's s	•	Date	ı	MITC	
Paid	MTGHA		M	ike larson L L LARSON	05/15/00	self- employed	D000000	. 7
Prepai	MICHAEL L			L L LARSON ON COMPANY P	05/15/20 C	Firm's EIN ► 30	P002858	
Use O	Thurs name -	MICHABL L	וכאמט	ON COMPANI P	C	FIRM'S EIN - 30	-021419	,
	·	65 MEADOWS	ROAD	. SUITE 310				
	I	KE OSWEGO,				Phone no (50	3) 968-	3152
				<u>-</u>			Form 990-	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2019

Employer identification number

TH	HE PORTLAND CLINIC FOUNDATION	93-0522940					
Organization type (check o							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions					
General Rule							
	n filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) a any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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.							
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo ne filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)	**					

Name of organization

Employer identification number

THE PORTLAND CLINIC FOUNDATION	93-0522940

THE P	ORTLAND CLINIC FOUNDATION	93	-0522940
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	RONALD W NAITO MD FOUNDATION 25 NW 23RD PLACE, SUITE 6-152 PORTLAND, OR 97210	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PACIFIC OFFICE AUTOMATION 14747 NW GREENBRIER PARKWAY BEAVERTON, OR 97006	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WALTER AND CAROL SMITH 1235 NW 116TH AVE PORTLAND, OR 97229	\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
4	JAMIE AND MICHAEL ANDERSON 1221 SW 10TH AVENUE, UNIT 1801 PORTLAND, OR 97205	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$	Person Payroll Oncash Occash Occash If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete Part II for noncash contributions)

Name of organization

Employer identification number

THE PORTLAND CLINIC FOUNDATION

93-0522940

Part II	Noncash Property (see instructions) Use duplicate copies of Part II i	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		-	
		_ \$	L_

Page	4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization 93-0522940 THE PORTLAND CLINIC FOUNDATION 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 Part III 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 info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECU	RITIES S'	ratement 1		
SOURCE	GROSS .	CAPITAL GAINS DIVIDEND					
CHARLES SCHWAB #6399 - DIVIDENDS CHARLES SCHWAB	5,620.		0. 5,620	. 0.	5,620.		
#6399 - INTEREST	99.		0. 99	. 0.	99.		
TO PART I, LINE 4	5,719.		0. 5,719	. 0.	5,719.		
FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 2							
DESCRIPTION		(A) EXPENSES PER BOOKS	NET INVEST-	(C) ADJUSTED NET INCOME	CHARITABLE		
ADVISORY FEES		257.	257.	0.	0.		
TO FORM 990-PF, PG 1,	LN 16C	257.	257.	0.	0.		
FORM 990-PF		TAX	es ————————————————————————————————————	S	ratement 3		
DESCRIPTION				(C) ADJUSTED NET INCOME	CHARITABLE		
FOREIGN TAXES PAID	_	153.	153.	0.	0.		
TO FORM 990-PF, PG 1,	LN 18	153.	153.	0.	0.		

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ISHARES INTERMEDIATE-TERM CORPORA	TE COST	13,786.	14,495.
ISHARES INTERMEDIATE-TERM CORPORA		14,640.	15,365
ISHARES INTERMEDIATE-TERM CORPORA		16,671.	17,394
ISHARES INTERMEDIATE-TERM CORPORA		289.	290
ISHARES 1-3 YEAR TREASURY BOND ET		19,780.	19,888
ISHARES 1-3 YEAR TREASURY BOND ET		15,565.	15,656
ISHARES 1-3 YEAR TREASURY BOND ET		17,707.	17,772
ISHARES 1-3 YEAR TREASURY BOND ET		1,696.	1,693
VANGUARD FTSE DEVELOPED MARKETS E		17,451.	18,285
VANGUARD FTSE DEVELOPED MARKETS E		17,010.	18,505
VANGUARD FTSE DEVELOPED MARKETS E		18,386.	19,607
VANGUARD FTSE EMERGING MARKETS ET		5,042.	5,114
VANGUARD FTSE EMERGING MARKETS ET		5,052.	5,336
VANGUARD FTSE EMERGING MARKETS ET		5,594.	6,003
VANGUARD TOTAL STOCK MARKET ETF	COST	27,704.	30,270
VANGUARD TOTAL STOCK MARKET ETF	COST	27,864.	31,088
VANGUARD TOTAL STOCK MARKET ETF	COST	27,972.	31,088
TOTAL TO FORM 990-PF, PART II, LI	NE 13	252,209.	267,849
FORM 990-PF	OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OTHER RECEIVABLE	5,708.	1,500.	1,500
ACCRUED INVESTMENT INCOME	0.	3,218.	3,218
TO FORM 990-PF, PART II, LINE 15	5,708.	4,718.	4,718

FORM 990-PF		OF OFFICERS, D FOUNDATION MANA		-	STAT	емент 6
NAME AND ADDRESS		TITLE AND AVRG HRS/WK			EMPLOYEE BEN PLAN CONTRIB	EXPENSE
OANA ENEA 800 SW 13TH AVE PORTLAND, OR 97205	5	PRESIDENT 0.00		0.	0.	0.
MIKE LARSON 800 SW 13TH AVE PORTLAND, OR 97205	5	VICE PRESIDENT 0.00	•	0.	0.	0.
DOUG CAPPS 800 SW 13TH AVE PORTLAND, OR 97205	5	SECRETARY 0.00		0.	0.	0.
ALYSSA MCLEAN 800 SW 13TH AVE PORTLAND, OR 97205	5	TREASURER 0.00		0.	0.	0.
JESSICA BINKLEY 800 SW 13TH AVE PORTLAND, OR 97205	5	BOARD RECRUITM 0.00	ENT/DEIA	СН <i>А</i> 0.	0.	0.
IAN HORNER 800 SW 13TH AVE PORTLAND, OR 97205	5	DEVELOPMENT CH	AIR	0.	0.	0.
LIZ SIZE 800 SW 13TH AVE PORTLAND, OR 97205	5	OUTREACH CHAIR 0.00		0.	0.	0.
ROGER ALBERTY 800 SW 13TH AVE PORTLAND, OR 97205	5	DIRECTOR 0.00		0.	0.	0.
DICK CLARK 800 SW 13TH AVE PORTLAND, OR 97205	5	DIRECTOR 0.00		0.	0.	0.
KRISTIN ANDERSON 800 SW 13TH AVE PORTLAND, OR 97205	;	EXEC DIRECTOR 0.00	EX OFFICI	0.	0.	0.

THE PORTLAND CLINIC FOUNDATION			93	-0522940
WALT SMITH 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
TINA MONDRAGON 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
ALBERT KHINE 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
MARVIN KAISER 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
JANSON HOLM 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
SHANNON DIEDE 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
BOB DERNEDDE 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
ELMA MONACO 800 SW 13TH AVE PORTLAND, OR 97205	DIRECTOR 0.00	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.