

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

	2019	2018	DIFF
<b>REVENUE PER BOOKS</b>			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	182	187	-5
DIVIDENDS & INTEREST FROM SECURITIES.....	676,054	693,805	-17,751
NET GAIN (LOSS) - NONINV. ASSETS/DISP....	18,472	-182,512	200,984
TOTAL REVENUE.....	694,708	511,480	183,228
<b>EXPENSES PER BOOKS</b>			
LEGAL FEES.....	26,436	72,879	-46,443
ACCOUNTING FEES.....	10,000	10,000	0
OTHER PROFESSIONAL FEES.....	141,375	170,394	-29,019
TAXES.....	3,187	11,354	-8,167
TRAVEL, CONFERENCES, AND MEETINGS.....	6,137	0	6,137
OTHER EXPENSES.....	32,091	21,065	11,026
TOTAL OPERATING/ADMINISTRATIVE EXP.....	219,226	285,692	-66,466
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	917,438	252,167	665,271
TOTAL EXPENSES.....	1,136,664	537,859	598,805
EXCESS OF REVENUE OVER EXPENSES.....	-441,956	-26,379	-415,577
<b>NET INVESTMENT REVENUE</b>			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	182	187	-5
DIVIDENDS & INTEREST FROM SECURITIES.....	676,054	693,805	-17,751
CAPITAL GAIN NET INCOME.....	18,472	0	18,472
TOTAL REVENUE.....	694,708	693,992	716
<b>NET INVESTMENT EXPENSES</b>			
ACCOUNTING FEES.....	5,000	0	5,000
OTHER PROFESSIONAL FEES.....	60,731	84,943	-24,212
TAXES.....	3,187	11,354	-8,167
OTHER EXPENSES.....	17,748	0	17,748
TOTAL OPERATING/ADMINISTRATIVE EXP.....	86,666	96,297	-9,631
TOTAL EXPENSES.....	86,666	96,297	-9,631
NET INVESTMENT INCOME.....	608,042	597,695	10,347
<b>TAX COMPUTATION</b>			
TAX ON NET INVESTMENT INCOME.....	6,080	5,977	103
TAX ON INVESTMENT INCOME.....	6,080	5,977	103
<b>PAYMENTS AND CREDITS</b>			
OVERPAYMENT CREDITED FROM PRIOR YEAR.....	5,743	0	5,743
ESTIMATED TAX PAYMENTS.....	257	11,720	-11,463
TOTAL PAYMENTS AND CREDITS.....	6,000	11,720	-5,720
<b>REFUND OR AMOUNT DUE</b>			
TAX DUE.....	80	0	80
OVERPAYMENT.....	0	5,743	-5,743
OVERPAYMENT CREDITED TO NEXT YEAR.....	0	5,743	-5,743
<b>TAX RATES</b>			
MARGINAL TAX RATE.....	1.0%	1.0%	0.0%
EFFECTIVE TAX RATE.....	1.0%	1.0%	0.0%
<b>ADJUSTED NET INCOME REVENUE</b>			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	182	187	-5

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	2019	2018	DIFF
<b>ADJUSTED NET INCOME REVENUE</b>			
DIVIDENDS & INTEREST FROM SECURITIES.....	676,054	693,805	-17,751
NET SHORT-TERM CAPITAL GAIN.....	115,491	0	115,491
TOTAL REVENUE.....	791,727	693,992	97,735
<b>ADJUSTED NET INCOME EXPENSES</b>			
TOTAL OPERATING/ADMINISTRATIVE EXP.....	0	0	0
TOTAL EXPENSES.....	0	0	0
ADJUSTED NET INCOME.....	791,727	693,992	97,735
<b>CHARITABLE PURPOSES DISBURSEMENTS</b>			
LEGAL FEES.....	26,436	72,879	-46,443
ACCOUNTING FEES.....	5,000	10,000	-5,000
OTHER PROFESSIONAL FEES.....	80,644	85,451	-4,807
TRAVEL, CONFERENCES, AND MEETINGS.....	6,137	0	6,137
OTHER EXPENSES.....	14,343	21,065	-6,722
TOTAL OPERATING/ADMINISTRATIVE EXP.....	132,560	189,395	-56,835
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	917,438	252,167	665,271
TOTAL EXPENSES AND DISBURSEMENTS.....	1,049,998	441,562	608,436
<b>NET ASSETS OR FUND BALANCES</b>			
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	25,029,102	25,055,481	-26,379
EXCESS OF REVENUE OVER EXPENSES.....	-441,956	-26,379	-415,577
NET ASSETS/FUND BAL. AT END OF YEAR.....	24,587,146	25,029,102	-441,956

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-PF, 990-W

**TAX RATES**

<u>PRIVATE FOUNDATION</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	1.0 %	1.0 %

**CARRYOVERS TO 2020**

NONE

**UNDISTRIBUTED INCOME CARRYOVERS TO 2020**

2019 UNDISTRIBUTED INCOME	1,199,994.
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**FEDERAL ESTIMATES**

FORM 990-PF

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
7/15/20	1,520.	0.	1,520.
7/15/20	1,520.	0.	1,520.
9/15/20	1,520.	0.	1,520.
12/15/20	1,520.	0.	1,520.
TOTAL	<u>\$ 6,080.</u>	<u>\$ 0.</u>	<u>\$ 6,080.</u>

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

**Open to Public Inspection**

**For calendar year 2019 or tax year beginning** \_\_\_\_\_, **2019, and ending** \_\_\_\_\_

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION  
PO BOX 1040  
LEWISTON, ID 83501

**A** Employer identification number  
82-1558798

**B** Telephone number (see instructions)  
(208) 664-6448

**C** If exemption application is pending, check here. ▶

**G** Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

**D 1** Foreign organizations, check here. . . . . ▶

**2** Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here. . . . . ▶

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
▶ \$ 25,797,027.

**J** Accounting method:  Cash  Accrual  
 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. . . . . ▶

<b>Part I Analysis of Revenue and Expenses</b> (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)
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<b>1</b> Contributions, gifts, grants, etc., received (attach schedule). . .				
<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
<b>3</b> Interest on savings and temporary cash investments . . . . .	182.	182.	182.	
<b>4</b> Dividends and interest from securities. . . . .	676,054.	676,054.	676,054.	
<b>5a</b> Gross rents . . . . .				
<b>b</b> Net rental income or (loss) . . . . .				
<b>6a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .	18,472.			
<b>b</b> Gross sales price for all assets on line 6a. . . . .	7,719,905.			
<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		18,472.		
<b>8</b> Net short-term capital gain . . . . .			115,491.	
<b>9</b> Income modifications . . . . .				
<b>10a</b> Gross sales less returns and allowances . . . . .				
<b>b</b> Less: Cost of goods sold . . . . .				
<b>c</b> Gross profit or (loss) (attach schedule). . . . .				
<b>11</b> Other income (attach schedule). . . . .				
<b>12 Total.</b> Add lines 1 through 11. . . . .	694,708.	694,708.	791,727.	
<b>13</b> Compensation of officers, directors, trustees, etc. . . . .	0.			
<b>14</b> Other employee salaries and wages. . . . .				
<b>15</b> Pension plans, employee benefits . . . . .				
<b>16a</b> Legal fees (attach schedule) . . . . . <b>SEE ST. 1</b>	26,436.			26,436.
<b>b</b> Accounting fees (attach sch) . . . . . <b>SEE ST. 2</b>	10,000.	5,000.		5,000.
<b>c</b> Other professional fees (attach sch) . . . . . <b>SEE ST. 3</b>	141,375.	60,731.		80,644.
<b>17</b> Interest. . . . .				
<b>18</b> Taxes (attach schedule)(see instrs). . . . . <b>SEE STM 4</b>	3,187.	3,187.		
<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
<b>20</b> Occupancy. . . . .				
<b>21</b> Travel, conferences, and meetings. . . . .	6,137.			6,137.
<b>22</b> Printing and publications. . . . .				
<b>23</b> Other expenses (attach schedule) . . . . . <b>SEE STATEMENT 5</b>	32,091.	17,748.		14,343.
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	219,226.	86,666.		132,560.
<b>25</b> Contributions, gifts, grants paid. . . . . <b>PART XV</b>	917,438.			917,438.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25. . . . .	1,136,664.	86,666.	0.	1,049,998.
<b>27</b> Subtract line 26 from line 12:				
<b>a Excess of revenue over expenses and disbursements</b> . . . . .	-441,956.			
<b>b Net investment income</b> (if negative, enter -0-) . . . . .		608,042.		
<b>c Adjusted net income</b> (if negative, enter -0-) . . . . .			791,727.	

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing			
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)	25,029,102.	24,587,146.	25,797,027.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	25,029,102.	24,587,146.	25,797,027.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	25,029,102.	24,587,146.	
29 Total net assets or fund balances (see instructions)	25,029,102.	24,587,146.		
30 Total liabilities and net assets/fund balances (see instructions)	25,029,102.	24,587,146.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	25,029,102.
2 Enter amount from Part I, line 27a	2	-441,956.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	24,587,146.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	24,587,146.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, 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.)
1 a PUBLICLY TRADED SECURITIES	P	VARIOUS	VARIOUS
b PUBLICLY TRADED SECURITIES	P	VARIOUS	VARIOUS
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 4,617,199.		4,714,218.	-97,019.
b 3,102,706.		2,987,215.	115,491.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-97,019.
b			115,491.
c			
d			
e			

2 Capital gain net income or (net capital loss) . . . . . <input type="checkbox"/> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	18,472.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . . <input type="checkbox"/>	3	115,491.

**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 doesn't qualify under section 4940(e). Do not complete this part.

(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))
2018	435,585.	24,327,006.	0.017905
2017	68,169.	11,777,001.	0.005788
2016			
2015			
2014			

2 Total of line 1, column (d) . . . . .	2	0.023693
3 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. . . . .	3	0.011847
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5. . . . .	4	24,704,982.
5 Multiply line 4 by line 3. . . . .	5	292,680.
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	6,080.
7 Add lines 5 and 6. . . . .	7	298,760.
8 Enter qualifying distributions from Part XII, line 4. . . . .	8	1,049,998.

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)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here. <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	6,080.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	6,080.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	6,080.
6 Credits/Payments:			
a 2019 estimated tax pymts and 2018 overpayment credited to 2019	6 a	6,000.	
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d		7	6,000.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	80.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b>			
	<b>Refunded</b>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ 0. (2) On foundation managers ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered. See instructions ID		
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	X	
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		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

BAA

Form 990-PF (2019)

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions.	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions.	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address: <u>HTTPS://LEWISCLARKHEALTH.ORG</u>	13	X
14 The books are in care of <u>IDAHO TRUST BANK</u> Telephone no. <u>(208) 664-6448</u> Located at <u>622 E SHERMAN AVE COEUR D'ALENE ID</u> ZIP + 4 <u>83714</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here. <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year. <u>15</u>		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, 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	16	X

**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.**

	Yes	No
1 a During the year, did the foundation (either directly or indirectly):		
(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 type="checkbox"/> Yes <input checked="" 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 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"/>	1 b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>		
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.)	2 b	N/A
c 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. <u>20__ , 20__ , 20__ , 20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3 b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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 2019?	4 b	X



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

<b>5 a</b> During the year, did the foundation pay or incur any amount to:		Yes	No
(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>5 b</b>	N/A
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? .....	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).			
<b>6 a</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>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		<b>6 b</b>	X
If 'Yes' to 6b, file Form 8870.			
<b>7 a</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>b</b> If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? .....	N/A	<b>7 b</b>	
<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(s) 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**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(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
THOMAS PROHASKA 888 W. BROAD ST. BOISE, ID 83702	TRUSTEE 5.00	0.	0.	0.
-----				
-----				
-----				
-----				

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

(a) Name and address of each employee paid more than \$50,000	(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				
-----				
-----				
-----				
-----				

**Total** number of other employees paid over \$50,000 ..... 0

**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
1 N/A ----- -----	
2 ----- -----	
3 ----- -----	
4 ----- -----	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

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

BAA

**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>1 a</b>	25,081,200.
<b>b</b> Average of monthly cash balances.....	<b>1 b</b>	
<b>c</b> Fair market value of all other assets (see instructions).....	<b>1 c</b>	
<b>d Total</b> (add lines 1a, b, and c).....	<b>1 d</b>	25,081,200.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).....	<b>1 e</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>	25,081,200.
<b>4</b> Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions).....	<b>4</b>	376,218.
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.....	<b>5</b>	24,704,982.
<b>6 Minimum investment return.</b> Enter 5% of line 5.....	<b>6</b>	1,235,249.

**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>	1,235,249.
<b>2 a</b> Tax on investment income for 2019 from Part VI, line 5.....	<b>2 a</b>	6,080.
<b>b</b> Income tax for 2019. (This does not include the tax from Part VI.).....	<b>2 b</b>	
<b>c</b> Add lines 2a and 2b.....	<b>2 c</b>	6,080.
<b>3</b> Distributable amount before adjustments. Subtract line 2c from line 1.....	<b>3</b>	1,229,169.
<b>4</b> Recoveries of amounts treated as qualifying distributions.....	<b>4</b>	
<b>5</b> Add lines 3 and 4.....	<b>5</b>	1,229,169.
<b>6</b> Deduction from distributable amount (see instructions).....	<b>6</b>	
<b>7 Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.....	<b>7</b>	1,229,169.

**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>1 a</b>	1,049,998.
<b>b</b> Program-related investments — total from Part IX-B.....	<b>1 b</b>	
<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>3 a</b>	
<b>b</b> Cash distribution test (attach the required schedule).....	<b>3 b</b>	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4.....	<b>4</b>	1,049,998.
<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>	6,080.
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4.....	<b>6</b>	1,043,918.

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7 .....				1,229,169.
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only.....			1,020,823.	
<b>b</b> Total for prior years: 20 __, 20 __, 20 __ .....		0.		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014 .....				
<b>b</b> From 2015 .....				
<b>c</b> From 2016 .....				
<b>d</b> From 2017 .....				
<b>e</b> From 2018 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ <u>1,049,998.</u>				
<b>a</b> Applied to 2018, but not more than line 2a ..			1,020,823.	
<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 2019 distributable amount.....				29,175.
<b>e</b> Remaining amount distributed out of corpus.....	0.			
<b>5</b> Excess distributions carryover applied to 2019..... (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.....	0.			
<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 2018. Subtract line 4a from line 2a. Taxable amount – see instructions.....			0.	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.....				1,199,994.
<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 2014 not applied on line 5 or line 7 (see instructions).....	0.			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015.....				
<b>b</b> Excess from 2016.....				
<b>c</b> Excess from 2017.....				
<b>d</b> Excess from 2018.....				
<b>e</b> Excess from 2019.....				

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<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.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
 NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
 NONE

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

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

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
 SEE STATEMENT 6

**b** The form in which applications should be submitted and information and materials they should include:  
 SEE STATEMENT FOR LINE 2A

**c** Any submission deadlines:  
 SEE STATEMENT FOR LINE 2A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
 SEE STATEMENT FOR LINE 2A

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE STATEMENT 7				
<b>Total</b> ..... ▶ <b>3 a</b>				917,438.
b Approved for future payment				
<b>Total</b> ..... ▶ <b>3 b</b>				







## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 16A**  
**LEGAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES.....	\$ 26,436.			\$ 26,436.
TOTAL	<u>\$ 26,436.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 26,436.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES.....	\$ 10,000.	\$ 5,000.		\$ 5,000.
TOTAL	<u>\$ 10,000.</u>	<u>\$ 5,000.</u>	<u>\$ 0.</u>	<u>\$ 5,000.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING.....	\$ 17,850.			\$ 17,850.
FIDUCIARY FEES.....	123,525.	\$ 60,731.		62,794.
TOTAL	<u>\$ 141,375.</u>	<u>\$ 60,731.</u>	<u>\$ 0.</u>	<u>\$ 80,644.</u>

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX ON INVESTMENT INCOME....	\$ 3,187.	\$ 3,187.		
TOTAL	<u>\$ 3,187.</u>	<u>\$ 3,187.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 5  
FORM 990-PF, PART I, LINE 23  
OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMMUNICATIONS.....	\$ 10,171.			\$ 10,171.
DUES.....	3,674.			3,674.
INVESTMENT EXPENSES.....	17,748.	\$ 17,748.		
OFFICE & ADMINISTRATIVE.....	498.			498.
<b>TOTAL</b>	<b>\$ 32,091.</b>	<b>\$ 17,748.</b>	<b>\$ 0.</b>	<b>\$ 14,343.</b>

**STATEMENT 6  
FORM 990-PF, PART XV, LINE 2A-D  
APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM: LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION  
 NAME: LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION  
 CARE OF:  
 STREET ADDRESS: PO BOX 1040  
 CITY, STATE, ZIP CODE: LEWISTON, ID 83501  
 TELEPHONE: (208) 664-6448  
 E-MAIL ADDRESS: INFO@LEWISCLARKHEALTH.ORG  
 FORM AND CONTENT: A GRANT REQUEST LETTER OF INQUIRY SHOULD BE SUBMITTED  
 DETAILING THE INFORMATION ABOUT THE ORGANIZATION  
 REQUESTING A GRANT, AND A SUMMARY OF THE PROJECT THEY ARE  
 SEEKING TO FUND. A COPY OF THE LETTER AND THE APPLICATION  
 PROCESS CAN BE FOUND ON THE FOUNDATION'S WEBSITE. IF IT IS  
 DETERMINED THAT THE GRANT REQUEST FITS THE AWARD CRITERIA,  
 THE REQUESTING ORGANIZATION WILL BE REQUIRED TO COMPLETE A  
 MORE DETAILED APPLICATION FOR GRANT.  
 SUBMISSION DEADLINES: GRANT REQUEST LETTERS MUST BE RECEIVED BY JUNE 30TH.  
 RESTRICTIONS ON AWARDS: AWARDS WILL BE GRANTED TO BENEFIT THE HEALTHCARE NEEDS OF  
 THE PEOPLE WITHIN THE NINE COUNTIES THAT ST. JOSEPH  
 REGIONAL MEDICAL CENTER ONCE SERVED.

**STATEMENT 7  
FORM 990-PF, PART XV, LINE 3A  
RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SNAKE RIVER COMMUNITY CLINIC P.O. BOX 6 LEWISTON ID 83501		PC	DIAGNOSTIC LAB OVERAGES	\$ 4,992.

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
SNAKE RIVER COMMUNITY CLINIC P.O. BOX 6 LEWISTON ID 83501		PC	NURSE PRACTITIONER	\$ 44,485.
VALLEY MEALS ON WHEELS, INC. P.O. BOX 1711 LEWISTON ID 83501		PC	VALLEY MEALS ON WHEELS	20,000.
PRAIRIE MOUNTAIN NUTRITION, INC. P.O. BOX 37 COTTONWOOD ID 83522		PC	GENERAL OPERATIONS	5,000.
LEWIS CLARK DIST. COUNCIL OF ST. VINCENT 604 2ND STREET LEWISTON ID 83501		PC	FEED THE KIDS PROGRAM	8,500.
CHAS LEWIS & CLARK HEALTH CENTER 1203 IDAHO STREET LEWISTON ID 83501		PC	LC VALLEY PRESCRIPTION VOUCHER PROGRAM	25,000.
FRIENDLY NEIGHBORS SENIOR CITIZENS, INC. 412 EAST THIRD STREET MOSCOW ID 83843		PC	PURCHASE OF REFRIGERATOR	4,000.
WHITMAN COUNTY HEALTH DEPARTMENT 310 N MAIN ST, STE 108 COLFAX WA 99111		GOV	FOR ACCESS TO ADULT IMMUNIZATIONS PROJECT	20,000.
SNAKE RIVER COMMUNITY CLINIC P.O. BOX 6 LEWISTON ID 83501		PC	DAY CLINIC MEDICAL ASSISTANT	8,087.
INTERLINK, INC. 817A 6TH STREET CLARKSTON WA 99403		PC	TEMPORARY RAMP PROGRAM	4,606.
INNOVIA FOUNDATION 421 W RIVERSIDE AVE, STE 606 SPOKANE WA 99201		PC	REGIONAL NEEDS ASSESSMENT	88,500.
1ST STEP FOR LIFE & SRCC 1002 IDAHO ST LEWISTON ID 83501		PC	FOOT CLINIC FOR HOMELESS 2020	4,800.

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
2ND JUDICIAL DISTRICT CASA 504 MAIN ST #436 LEWISTON ID 83501		PC	CASA PROGRAM TRAINING PROGRAM	\$ 5,000.
ABBADADDY HOUSE, INC. PO BOX 506 COTTONWOOD ID 83522		PC	ABBADADDY HOUSE COUNSELING	5,000.
BACKYARD HARVEST P.O. BOX 9783 MOSCOW ID 83843		PC	FOR BACKYARD HARVEST	38,250.
CAMAS PRAIRIE FOOD BANK, INC. 411 E NORTH ST GRANGEVILLE ID 83530		PC	FOR CAMAS PRAIRIE FOOD BANK BLDG FUND	75,000.
CENTENNIAL ELEMENTARY SCHOOL 815 BURRELL AVE LEWISTON ID 83501		GOV	PLAY STRUCTURE ADDITION	5,000.
CITY OF DEARY RECREATION PO BOX 236 DEARY ID 83823		GOV	PARK ASPHALT RESURFACING AND PATH	5,000.
CLARKSTON COMMUNITY GARDEN P.O. BOX 53 CLARKSTON WA 99403		PC	SOIL AMENDMENT/UPDATE D IRRIGATION PROJECT	5,000.
CLEARWATER COUNTY AMBULANCE 1195 RIVERSIDE AVE OROFINO ID 83544		GOV	FOR CARDIAC MONITORS FOR EARLY ACTIVATION	44,293.
COMMUNITIES CREATING CONNECTIONS PO BOX 100 KOOSKIA ID 83539		PC	FOR DISCOVERY CENTER AFTER-SCHOOL PROGRAM	5,000.
COMMUNITY ACTION PARTNERSHIP 124 NEW 6TH ST LEWISTON ID 83501		PC	FOR COMMUNITY ACTION PARTNERSHIP	25,000.
COMMUNITY HEALTH ACTION TEAM 301 CEDAR OROFINO ID 83544		PC	FOR SUICIDE AWARENESS SPEAKER	3,500.

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
CORNERSTONE TEEN CENTER 505 5TH AVE NEZPERCE ID 83543		PC	CAPITAL EXPENSES	\$ 5,000.
COTTONWOOD SCHOOL DISTRICT PO BOX 540 COTTONWOOD ID 83522		GOV	REGION II PROFESSIONAL TECHNICAL ACADEMY CNA PGRM	10,000.
COUNCIL ON AGING & HUMAN SERVICES 210 S MAIN ST COLFAX WA 99111		PC	2019 FARM-TO-FOOD PANTRY	4,000.
DEARY COMMUNITY FOOD BANK 405 MAIN ST DEARY ID 83823		PC	AIR CONDITIONING COOLING SYSTEM	3,500.
ELK CITY AMBULANCE, INC PO BOX 206 ELK CITY ID 83525		PC	ELK CITY AMBULANCE	5,000.
ELK RIVER VOLUNTEER FIRE DEPARTMENT 114 S FRONT ST ELK RIVER ID 83827		PC	BACK-UP GENERATOR AND REPLACE LEAKY FIREHOSE	5,000.
FRIENDS OF WALLOWA PUBLIC LIBRARY INC 201 EAST FIRST ST WALLOWA OR 97885		PC	UPDATE NON-FICTION HEALTH SECTION BOOKS	1,150.
FRIENDS OF WALLOWA SCHOOL DISTRICT 315 E 1ST ST WALLOWA OR 97885		PC	"HANDS ON" PARTNERSHIP W/PROVIDERS	4,987.
GARFIELD COUNTY FOOD BANK 865 W MAIN ST POMEROY WA 99347		PC	FOR GARFIELD COUNTY FOOD BANK	19,394.
GARFIELD COUNTY PUBLIC HOSPITAL DISTRICT 66 6TH ST POMEROY WA 99347		GOV	PHYSICAL THERAPY EQUIPMENT	5,000.
GRANTHAM ELEMENTARY SCHOOL 1253 POPLAR ST CLARKSTON WA 99403		GOV	FOR SCHOOL SAFETY	1,500.

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
HOMES OF HOPE, INC. P.O. BOX 464 CLARKSTON WA 99403		PC	TBRI TRAINING	\$ 5,000.
INLAND OASIS PO BOX 8205 MOSCOW ID 83843		PC	HIV PREVENTION & INTERVENTION	3,600.
INTERLINK, INC. 817A 6TH STREET CLARKSTON WA 99403		PC	FOR MATCHING FUNDS FOR FEDERAL PROGRAM GRANT	23,400.
J-K GOOD SAMARITAN FOOD BANK 614 MAIN ST KENDRICK ID 83537		PC	PURCHASING FOOD FOR FOOD BANK	3,000.
KAMIAH SENIOR CITIZENS SOCIETY PO BOX 551 KAMIAH ID 83536		PC	SENIOR MEAL SITE & HOME DELIV. MEALS	5,000.
LACROSSE COMMUNITY OUTREACH & FOODBANK 204 N MAIN LACROSSE WA 99143		PC	OUTREACH THRIFT STORE & FOOD BANK CTR	5,000.
LATAH ALLIANCE ON MENTAL ILLNESS P.O. BOX 8654 MOSCOW ID 83843		PC	FOR ALLIANCE HOUSE, WRAP & FAMILY SUPPORT GROUP	12,500.
LC VALLEY RESILIENCE COALITION 1470 BRIDGE ST CLARKSTON WA 99403		PC	LC VALLEY RESILIENCE CONFERENCE	5,000.
LEWISTON FIRE DEPARTMENT 1245 IDAHO ST LEWISTON ID 83501		GOV	ACTIVE SHOOTER RESPONSE KITS	3,650.
LIFE CHOICES CLINIC 2020 12TH AVE LEWISTON ID 83501		PC	CLIENT SERVICES PROGRAM	5,000.
MARINES OF THE PALOUSE PO BOX 8096 MOSCOW ID 83843		PC	VETERAN ADVOCACY	5,000.

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
MOSCOW CENTRAL LIONS CLUB P.O. BOX 8655 MOSCOW ID 83843		PC	COMMUNITY SIGHT & HEARING PROGRAM	\$ 3,000.
NIMIIPUU HEALTH 111 BEVER GRADE LAPWAI ID 83540		GOV	FOR NIMIIPUU HEALTH	28,000.
NORTH IDAHO CENTRAL HEALTH DISTRICT 215 10TH STREET LEWISTON ID 83501		GOV	BEHAVIORAL HEALTH TRAINING	5,000.
PALOUSE ALLIANCE FOR HEALTHY INDIVIDUALS PO BOX 874 PULLMAN WA 99163		PC	FAMILY FAIR AND PALOUSE NETWORKING BREAKFAST	1,500.
PRAIRIE COMMUNITY LIBRARY 506 KING ST COTTONWOOD ID 83522		GOV	HEALTH-RELATED BOOKS	700.
PUBLIC HEALTH IDAHO NORTH CENTRAL DIST 215 10TH ST LEWISTON ID 83501		GOV	FOR JAIL AFTERCARE TRAINING & REFERRALS	44,000.
PUBLIC HEALTH IDAHO NORTH CENTRAL DIST 215 10TH ST LEWISTON ID 83501		GOV	FOR SENIOR QUALITY OF LIFE & COGNITIVE HEALTH INITIATIVE	40,000.
PULLMAN REGIONAL HOSPITAL FOUNDATION 840 SE BISHOP BLVD. STE 200 PULLMAN WA 99163		PC	FOR RURAL FAMILY MEDICINE RESIDENCY PROGRAM	75,000.
PULLMAN SCHOOLS PANTRY PROGRAM 1150 NW BRYANT PULLMAN WA 99163		PC	WEEKEND FOOD PANTRY	2,000.
RELIANCE CENTER 102 NEW 6TH STREET MEZZANINE 2ND FL LEWISTON ID 83501		PC	STD TESTING AND TREATMENT LAB FEES	4,800.
SALMON RIVER SENIOR CITIZENS INC 121 S. LODGE ST RIGGINS ID 83549		PC	SALMON RIVER TRANSIT-OPERATIN G EXPENSE	4,000.

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
SNAKE RIVER COMMUNITY CLINIC P.O. BOX 6 LEWISTON ID 83501		PC	FOR OPERATING FUNDS	\$ 13,764.
THE GREEN APPLE PROJECT 613 BRYDEN AVE STE. C #148 LEWISTON ID 83501		PC	OPERATING FUNDS TO EXPAND & GROW	5,000.
THE IDAHO FOOD BANK 3562 S TK AVE BOISE ID 83705		PC	FOR THE IDAHO FOODBANK	35,000.
THE SALVATION ARMY LEWISTON CORPS 1220 21ST ST LEWISTON ID 83501		PC	EMERGENCY GRANT FOR SOCIAL SERVICES DEPARTMENT	7,480.
THE SALVATION ARMY LEWISTON CORPS 1220 21ST ST LEWISTON ID 83501		PC	SOCIAL SERVICES DEPARTMENT	5,000.
THE WILLOW CENTER, INC. 309 2ND ST LEWISTON ID 83501		PC	EMERGENCY GRANT FOR CAMP ERIN	5,000.
THE WILLOW CENTER, INC. 309 2ND ST LEWISTON ID 83501		PC	OPERATING FUNDS	5,000.
TRI-STATE MEMORIAL HOSPITAL 1221 HIGHLAND AVE CLARKSTON WA 99403		PC	FOR PENICILLIN TESTING PROGRAM	5,000.
TROY COMMUNITY FOOD BANK 106 E 6TH ST. TROY ID 83871		PC	TROY COMMUNITY FOOD BANK	3,500.
WALLOWA VALLEY HEALTH CARE DISTRICT 601 MEDICAL PARKWAY ENTERPRISE OR 97828		GOV	FOR WALLOWA VALLEY HEALTH CARE DISTRICT	20,000.
WHITMAN HOSPITAL AND MEDICAL CENTER 1200 W FAIRVIEW ST #9579 COLFAX WA 99111		PC	FOR COMMUNITY WELLNESS PROGRAMMING	5,000.
WSU MASTER GARDENER FDN, ASOTIN CTY CHAP 135 2ND ST ASOTIN WA 99402		PC	SCHOOL GARDENING & NUTRITION PROGRAMS	5,000.

TOTAL \$ 917,438.