

2021 Exempt Org. Return
prepared for:

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

PRESNELL GAGE, PLLC

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

	2021	2020	DIFF
REVENUE PER BOOKS			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	97	388	-291
DIVIDENDS & INTEREST FROM SECURITIES.....	601,269	509,234	92,035
NET GAIN (LOSS) - NONINV. ASSETS/DISP.....	1,593,805	103,220	1,490,585
TOTAL REVENUE.....	2,195,171	612,842	1,582,329
EXPENSES PER BOOKS			
LEGAL FEES.....	6,749	44,852	-38,103
ACCOUNTING FEES.....	8,500	9,100	-600
OTHER PROFESSIONAL FEES.....	131,178	138,770	-7,592
TAXES.....	8,897	12,592	-3,695
TRAVEL, CONFERENCES, AND MEETINGS.....	300	1,777	-1,477
OTHER EXPENSES.....	61,934	24,926	37,008
TOTAL OPERATING/ADMINISTRATIVE EXP.....	217,558	232,017	-14,459
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	1,120,913	1,123,794	-2,881
TOTAL EXPENSES.....	1,338,471	1,355,811	-17,340
EXCESS OF REVENUE OVER EXPENSES.....	856,700	-742,969	1,599,669
NET INVESTMENT REVENUE			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	97	388	-291
DIVIDENDS & INTEREST FROM SECURITIES.....	601,269	509,234	92,035
CAPITAL GAIN NET INCOME.....	1,593,805	103,220	1,490,585
TOTAL REVENUE.....	2,195,171	612,842	1,582,329
NET INVESTMENT EXPENSES			
ACCOUNTING FEES.....	4,250	4,550	-300
OTHER PROFESSIONAL FEES.....	64,375	60,163	4,212
TAXES.....	8,897	12,592	-3,695
OTHER EXPENSES.....	49,703	13,910	35,793
TOTAL OPERATING/ADMINISTRATIVE EXP.....	127,225	91,215	36,010
TOTAL EXPENSES.....	127,225	91,215	36,010
NET INVESTMENT INCOME.....	2,067,946	521,627	1,546,319
TAX COMPUTATION			
TAX ON NET INVESTMENT INCOME.....	28,744	7,251	21,493
TAX ON INVESTMENT INCOME.....	28,744	7,251	21,493
PAYMENTS AND CREDITS			
ESTIMATED TAX PAYMENTS.....	7,280	6,080	1,200
TOTAL PAYMENTS AND CREDITS.....	7,280	6,080	1,200
REFUND OR AMOUNT DUE			
TAX DUE.....	21,464	1,171	20,293
OVERPAYMENT.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	1.0%	1.0%	0.0%
EFFECTIVE TAX RATE.....	1.4%	1.4%	0.0%
ADJUSTED NET INCOME REVENUE			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	97	388	-291
DIVIDENDS & INTEREST FROM SECURITIES.....	601,269	509,234	92,035
NET SHORT-TERM CAPITAL GAIN.....	0	1,078	-1,078

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

	2021	2020	DIFF
ADJUSTED NET INCOME REVENUE			
TOTAL REVENUE.....	601,366	510,700	90,666
ADJUSTED NET INCOME EXPENSES			
TOTAL OPERATING/ADMINISTRATIVE EXP.....	0	0	0
TOTAL EXPENSES.....	0	0	0
ADJUSTED NET INCOME.....	601,366	510,700	90,666
CHARITABLE PURPOSES DISBURSEMENTS			
LEGAL FEES.....	6,749	44,852	-38,103
ACCOUNTING FEES.....	4,250	4,550	-300
OTHER PROFESSIONAL FEES.....	66,802	78,608	-11,806
TRAVEL, CONFERENCES, AND MEETINGS.....	300	1,777	-1,477
OTHER EXPENSES.....	12,231	11,016	1,215
TOTAL OPERATING/ADMINISTRATIVE EXP.....	90,332	140,803	-50,471
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	1,120,913	1,123,794	-2,881
TOTAL EXPENSES AND DISBURSEMENTS.....	1,211,245	1,264,597	-53,352
NET ASSETS OR FUND BALANCES			
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	23,844,177	24,587,146	-742,969
EXCESS OF REVENUE OVER EXPENSES.....	856,700	-742,969	1,599,669
NET ASSETS/FUND BAL. AT END OF YEAR.....	24,700,877	23,844,177	856,700

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 %	1.4 %

CARRYOVERS TO 2022

NONE

UNDISTRIBUTED INCOME CARRYOVERS TO 2022

2021 UNDISTRIBUTED INCOME	1,301,722.
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FEDERAL ESTIMATES

FORM 990-PF

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
5/16/22	7,190.	0.	7,190.
6/15/22	7,190.	0.	7,190.
9/15/22	7,190.	0.	7,190.
12/15/22	7,190.	0.	7,190.
TOTAL	<u>\$ 28,760.</u>	<u>\$ 0.</u>	<u>\$ 28,760.</u>

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

2021

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 for instructions and the latest information.**

Open to Public Inspection

For calendar year 2021 or tax year beginning _____, **2021, and ending** _____, **20**

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

A	Employer identification number 82-1558798
B	Telephone number (see instructions) (208) 664-6448
C	If exemption application is pending, check here. ▶ <input type="checkbox"/>
D 1	Foreign organizations, check here. ▶ <input type="checkbox"/>
D 2	Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>
E	If private foundation status was terminated under section 507(b)(1)(A), check here. ▶ <input type="checkbox"/>
F	If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶ <input type="checkbox"/>

G Check all that apply:

<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change

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

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
▶ \$ _____

J Accounting method: Cash Accrual
 Other (specify) _____
 (Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule). . .				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	97.	97.	97.	
	4 Dividends and interest from securities.	601,269.	601,269.	601,269.	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,593,805.			
	b Gross sales price for all assets on line 6a.	13,208,499.			
	7 Capital gain net income (from Part IV, line 2)		1,593,805.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule).					
11 Other income (attach schedule).					
12 Total. Add lines 1 through 11.	2,195,171.	2,195,171.	601,366.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.			
	14 Other employee salaries and wages.				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) SEE ST. 1	6,749.			6,749.
	b Accounting fees (attach sch) SEE ST. 2	8,500.	4,250.		4,250.
	c Other professional fees (attach sch) SEE ST. 3	131,178.	64,375.		66,802.
	17 Interest.				
	18 Taxes (attach schedule)(see instrs). SEE STM 4	8,897.	8,897.		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy.				
	21 Travel, conferences, and meetings.	300.			300.
	22 Printing and publications.				
	23 Other expenses (attach schedule)				
	SEE STATEMENT 5	61,934.	49,703.		12,231.
	24 Total operating and administrative expenses. Add lines 13 through 23.	217,558.	127,225.		90,332.
25 Contributions, gifts, grants paid. PART XV	1,120,913.			1,120,913.	
26 Total expenses and disbursements. Add lines 24 and 25.	1,338,471.	127,225.	0.	1,211,245.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	856,700.				
b Net investment income (if negative, enter -0-)		2,067,946.			
c Adjusted net income (if negative, enter -0-)			601,366.		

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)	23,844,177.	24,700,877.		
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)	23,844,177.	24,700,877.	0.	
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	23,844,177.	24,700,877.	
29 Total net assets or fund balances (see instructions)	23,844,177.	24,700,877.		
30 Total liabilities and net assets/fund balances (see instructions)	23,844,177.	24,700,877.		

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	23,844,177.
2 Enter amount from Part I, line 27a	2	856,700.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	24,700,877.
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	24,700,877.

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	SECURITIES	P	VARIOUS	VARIOUS
b	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	10,366,169.	8,731,863.	1,634,306.	
b	2,842,330.	2,882,831.	-40,501.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) 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			1,634,306.	
b			-40,501.	
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 <input type="checkbox"/>	2	1,593,805.	
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	-40,501.	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)	1	28,744.
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	28,744.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	28,744.
6	Credits/Payments:		
a	2021 estimated tax pymts and 2020 overpayment credited to 2021	6 a	7,280.
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	7,280.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	21,464.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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Part VI-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
1 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 1 a or 1 b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
1 c Did the foundation file Form 1120-POL 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 ▶ \$ <u>0.</u> (2) On foundation managers ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If 'Yes,' attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		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 Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
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: • 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 XIV	X	
8 a Enter the states to which the foundation reports or with which it is registered. See instructions <u>ID</u>		
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If 'Yes,' complete Part XIII ..		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X
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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address:	X	
▶ <u>HTTPS://LEWISCLARKHEALTH.ORG</u>		
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 Form 1041 — check here. N/A. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. ▶ 15 N/A		
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶		

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Part VI-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?	1 a (1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1 a (2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 a (3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 a (4)	X
(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)?	1 a (5)	X
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1 a (6)	X
b If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1 b	
c Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/>		
d 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 2021?	1 d	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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2 a	X
If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3 a	X
b If 'Yes,' did it have excess business holdings in 2021 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 2021.)	3 b	
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 2021?	4 b	X

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Form 990-PF (2021)

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

	Yes	No
5 a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5 a (1)	X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5 a (2)	X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5 a (3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5 a (4)	X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5 a (5)	X
b If any answer is 'Yes' to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5 b	N/A
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).	5 d	N/A
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6 a	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870.	6 b	X
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7 a	X
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?	7 b	N/A
8 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?	8	X

Part VII 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 VII 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 ----- -----		
----- -----		
----- -----		
----- -----		
----- -----		
Total number of others receiving over \$50,000 for professional services		0

Part VIII-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 VIII-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 ----- -----		
Total. Add lines 1 through 3		0.

BAA

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.....	1 a	28,589,358.
b	Average of monthly cash balances.....	1 b	
c	Fair market value of all other assets (see instructions).....	1 c	
d	Total (add lines 1a, b, and c).....	1 d	28,589,358.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).....	1 e	0.
2	Acquisition indebtedness applicable to line 1 assets.....	2	0.
3	Subtract line 2 from line 1d.....	3	28,589,358.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).....	4	428,840.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.....	5	28,160,518.
6	Minimum investment return. Enter 5% (0.05) of line 5.....	6	1,408,026.

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

1	Minimum investment return from Part IX, line 6.....	1	1,408,026.
2a	Tax on investment income for 2021 from Part V, line 5.....	2 a	28,744.
b	Income tax for 2021. (This does not include the tax from Part V.).....	2 b	
c	Add lines 2a and 2b.....	2 c	28,744.
3	Distributable amount before adjustments. Subtract line 2c from line 1.....	3	1,379,282.
4	Recoveries of amounts treated as qualifying distributions.....	4	
5	Add lines 3 and 4.....	5	1,379,282.
6	Deduction from distributable amount (see instructions).....	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.....	7	1,379,282.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26.....	1 a	1,211,245.
b	Program-related investments – total from Part VIII-B.....	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).....	3 a	
b	Cash distribution test (attach the required schedule).....	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4.....	4	1,211,245.

BAA

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				1,379,282.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.....			1,133,685.	
b Total for prior years: 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>1,211,245.</u>				
a Applied to 2020, but not more than line 2a ..			1,133,685.	
b Applied to undistributed income of prior years (Election required – see instructions).....		0.		
c Treated as distributions out of corpus (Election required – see instructions).....	0.			
d Applied to 2021 distributable amount.....				77,560.
e Remaining amount distributed out of corpus.....	0.			
5 Excess distributions carryover applied to 2021 (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.	0.			
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 2020. Subtract line 4a from line 2a. Taxable amount – see instructions.....			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.....				1,301,722.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions).....	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a.....	0.			
10 Analysis of line 9:				
a Excess from 2017.....				
b Excess from 2018.....				
c Excess from 2019.....				
d Excess from 2020.....				
e Excess from 2021.....				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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 XIV 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 <i>Paid during the year</i> SEE STATEMENT 7				
Total ▶ 3 a				1,120,913.
b <i>Approved for future payment</i>				
Total ▶ 3 b				

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

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

d If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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

b If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer or trustee: _____ Date: _____ Title: **TRUSTEE**

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Print/Type preparer's name: **LINDSEY FREI** Preparer's signature: *Lindsey Frei* Date: **05/12/22** Check if self-employed PTIN: **P01532155**

Firm's name: **PRESNELL GAGE, PLLC** Firm's EIN: **20-1943775**

Firm's address: **1216 IDAHO STREET**

LEWISTON, ID 83501 Phone no. **(208) 746-8281**

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.....	\$ 6,749.			\$ 6,749.
TOTAL	<u>\$ 6,749.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 6,749.</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.....	\$ 8,500.	\$ 4,250.		\$ 4,250.
TOTAL	<u>\$ 8,500.</u>	<u>\$ 4,250.</u>	<u>\$ 0.</u>	<u>\$ 4,250.</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.....	\$ 240.			\$ 240.
FIDUCIARY FEES.....	130,938.	\$ 64,375.		66,562.
TOTAL	<u>\$ 131,178.</u>	<u>\$ 64,375.</u>	<u>\$ 0.</u>	<u>\$ 66,802.</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....	\$ 8,897.	\$ 8,897.		
TOTAL	<u>\$ 8,897.</u>	<u>\$ 8,897.</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.....	\$ 6,189.			\$ 6,189.
DUES.....	3,250.			3,250.
INVESTMENT EXPENSES.....	49,703.	\$ 49,703.		
OFFICE & ADMINISTRATIVE.....	2,792.			2,792.
TOTAL	\$ 61,934.	\$ 49,703.	\$ 0.	\$ 12,231.

**STATEMENT 6
FORM 990-PF, PART XIV, 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 APPLICATION IS REQUIRED TO BE SUBMITTED. A COPY OF THE APPLICATION AND THE APPLICATION PROCESS CAN BE FOUND ON THE FOUNDATION'S WEBSITE. THE FOUNDATION HAS TWO TYPES OF GRANTS. THERE IS THE FAST-TRACK GRANT WHICH GRANT APPLICATIONS ARE ACCEPTED BETWEEN MARCH 1 AND MAY 31. THE OTHER TYPE OF GRANT IS IMPACT GRANTS WHICH THE APPLICATIONS ARE ACCEPTED BETWEEN JUNE 1 AND JULY 31.
 SUBMISSION DEADLINES: FOUNDATION HAS TWO DEADLINES BASED UPON THE GRANT REQUEST.
 RESTRICTIONS ON AWARDS: AWARDS WILL BE GRANTED TO BENEFIT THE HEALTH WELLNESS OR DISEASE PREVENTION NEEDS OF THE PEOPLE WITHIN THE FOUNDATION'S NINE COUNTY SERVICE AREA.

**STATEMENT 7
FORM 990-PF, PART XIV, 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	HEALER PROJECT: INTEGRATED HEALTH FOR THE UNDERSERVED	\$ 69,950.
FRIENDLY NEIGHBORS SENIOR CITIZENS, INC. 412 EAST THIRD STREET MOSCOW ID 83843		PC	KITCHEN UPGRADES FOR MEAL PROGRAM	4,747.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART XIV, 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>
INTERLINK, INC. 817A 6TH STREET CLARKSTON WA 99403		PC	VACCINE TELEPHONE OUTREACH	\$ 6,500.
CLARKSTON COMMUNITY GARDENS P.O. BOX 53 CLARKSTON WA 99403		GOV	COVID-19 RELIEF	5,000.
CORNERSTONE TEEN CENTER 1701 RIGGERS RD NEZPERCE ID 83543		PC	TEEN CENTER FOOD SERVICE	6,000.
LIFE CHOICES CLINIC P.O. BOX 1107 LEWISTON ID 83501		PC	OPERATING FUNDS	10,000.
RELIANCE CENTER 102 NEW 6TH STREET MEZZANINE 2ND FL LEWISTON ID 83501		PC	STD TESTING AND TREATMENT LAB FEES	10,000.
THE SALVATION ARMY LEWISTON CORPS PO BOX 773 LEWISTON ID 83501		PC	WARMING CENTER	75,000.
THE WILLOW CENTER, INC. P.O. BOX 1361 LEWISTON ID 83501		PC	GRIEF PEER SUPPORT GROUPS AND FREE COMMUNITY RESOURCES	10,000.
FIRST STEP 4 LIFE RECOVERY CENTER LTD 903 D STREET, SUITE 2001 LEWISTON ID 83501		PC	RUINS TO RECOVERY	10,000.
LC VALLEY YOUTH RESOURCE CENTER, INC. 1633 10TH AVENUE LEWISTON ID 83501		PC	DROP-IN CENTER	10,000.
6TH STREET SENIOR CENTER 832 6TH STREET CLARKSTON WA 99403		PC	FACILITY UPGRADES	10,000.
CLARKSTON LION'S CLUB 615 1/2 SYCAMORE STREET CLARKSTON WA 99403		PC	OPERATING FUNDS	5,000.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART XIV, 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>
DIVIDE CAMP PO BOX 49 JOSEPH OR 97846		PC	OPERATING SUPPORT FOR DIVIDE CAMP SERVICES	\$ 8,000.
GARFIELD COUNTY SUPERCITIZENS PO BOX 23 POMEROY WA 99347		PC	EMERGENCY PREPAREDNESS	2,500.
GINA QUESENBERRY FOUNDATION PO BOX 506 LEWISTON ID 83501		PC	TRAVEL ASSISTANCE PROGRAM	10,000.
LC CREW PO BOX 1863 LEWISTON ID 83501		PC	LC CREW SHOE DRIVE	10,000.
LC VALLEY YOUTH RESOURCE CENTER 1633 10TH AVENUE LEWISTON ID 83501		PC	OPENING RESOURCE CENTER FOR DISPLACED LOCAL YOUTH	75,000.
LC-VALLEY KIWANIS CLUB PO BOX 123 LEWISTON ID 83501		PC	SUMMER BACK-PACK PROGRAM	2,000.
LEWISTON HS HEALTH & PHYSICAL ED. DEPT. 3201 CECIL ANDRUS WAY LEWISTON ID 83501		GOV	MOBILE TECHNOLOGY INTEGRATION IN PHYSICAL EDUCATION	10,000.
OPPORTUNITIES UNLIMITED INC. 325 SNAKE RIVER AVE. LEWISTON ID 83501		PC	AUTOMATIC DOORS	4,000.
ROTARY FOUNDATION OF WALLOWA COUNTY PO BOX 242 ENTERPRISE OR 97828		PC	PLACE AND SUPPORT AEDS AND CONTINUED SUPPORT OF IMNAHA RESPONDERS	9,418.
UPRIVER YOUTH LEADERSHIP COUNCIL INC. PO BOX 625 KAMIAH ID 83536		PC	UYLC PROFESSIONAL PRINTER	7,610.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART XIV, 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>
VALLEY COMMUNITY CENTER 549 5TH STREET, SUITE F CLARKSTON WA 99403		PC	OPERATING EXPENSES	\$ 6,000.
THE COUNCIL ON AGING AND HUMAN SERVICES PO BOX 107 COLFAX WA 99111		PC	SENIOR NUTRITION	10,000.
HOMES OF HOPE PO BOX 464 CLARKSTON WA 99403		PC	OPERATING FUNDS	10,000.
J K SENIOR MEALSITE PO BOX 38 KENDRICK ID 83537		PC	KITCHEN CABINETS	7,500.
CREATING MEMORIES FOR DISABLED CHILDREN PO BOX 586 ENTERPRISE OR 97828		PC	WHEELCHAIR ACCESSIBLE CABIN AT CREATING MEMORIES	10,000.
ROSALIA VOLUNTEER FIREFIGHTERS ASSOCIATI PO BOX 291 ROSALIA WA 99170		PC	CPR TRAINING PROGRAM	3,000.
JOSEPH VOLUNTEER FIRE DEPARTMENT PO BOX 586 JOSEPH OR 97846		PC	EMERGENCY MEDICAL SERVICES PROGRAM	10,000.
NAMI IDAHO 1118 F ST. LEWISTON ID 83501		PC	REGION 2 CIT ACADEMY	10,000.
ABBADADDY HOUSE, INC. PO BOX 506 COTTONWOOD ID 83522		PC	COUNSELING	10,000.
CITY OF LEWISTON PARKS AND RECREATION 1424 MAIN STREET LEWISTON ID 83501		NC	SKINNER CANYON TRAIL DEVELOPMENT AT COMMUNITY PARK	10,000.
JULIAETTA/KENDRICK GOOD SAMARITAN FOODBA P.O. BOX 61 KENDRICK ID 83537		PC	JULIAETTA/KENDRI CK GOOD SAMARITAN FOODBANK	1,500.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART XIV, 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>
CHIEF JOSEPH SUMMER CAMP P.O. BOX 147 ENTERPRISE OR 97828		PC	OPERATING FUNDS FOR THE SUMMER CAMP	\$ 10,000.
JULIAETTA COMMUNITY IMPROVEMENT ASSOCIAT P.O. BOX 222 JULIETTA ID 83535		PC	JULIAETTA COMMUNITY CENTER REFURB PROJECT	10,000.
COMMUNITY ON CALL P.O. BOX 225 CLARKSTON WA 99403		PC	PARTNERS FOR FOOD SECURITY ASOTIN COUNTY	10,000.
NEZ PERCE COUNTY BOARD OF COMMUNITY GUAR P.O. BOX 896 LEWISTON ID 83501		PC	NEZ PERCE COUNTY BOARD OF COMMUNITY GUARDIANS	5,000.
LACROSSE COMMUNITY OUTREACH P.O. BOX 45 LACROSSE WA 99143		PC	LACROSSE COMMUNITY OUTREACH	10,000.
WHITMAN COUNTY FIRE DISTRICT 14 P.O. BOX 141 COLTON WA 99113		PC	QUICK RESPONSE EMERGENCE MEDICAL SERVICES	9,100.
LEWISTON CITY LIBRARY 411 D STREET LEWISTON ID 83501		PC	LIBRARY ACCESS FOR ALL	4,764.
LOWELL QUICK RESPONSE UNIT P.O. BOX 205 KOOSKIA ID 83539		PC	ZOLL 12-LEAD HEART MONITOR	9,500.
BACKYARD HARVEST 510 W. PALOUSE RIVER DR. MOSCOW ID 83843		PC	FARM TO FOOD BANK: BRINGING LOCAL PRODUCE AND NUTRITION EDUCATION TO RURAL FOOD PANTRIES	8,000.
CITY OF DEARY P.O. BOX 236 DEARY ID 83823		PC	NEW CITY PARK ACTIVITY CENTERS, EQUIPMENT, AND UPDATED BASKETBALL COURT	10,000.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART XIV, 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>
TAHOE COMMUNITY FIRST RESPONDERS DBA TAH 786 LEITCH CREEK ROAD KOOSKIA ID 83539		PC	DAILY OPERATIONS, TRAINING AND MEDICAL SUPPLY PURCHASES FOR TAHOE QRU	\$ 10,000.
GLENWOOD-CARIBEL VOLUNTEER FIRE DISTRICT P.O. BOX 333 KAMIAH ID 83536		PC	BETTER EQUIPMENT FOR EMERGENCY MEDICAL RESPONSE	4,500.
LEWIS CLARK NEPTUNE SWIM TEAM 1603 DUSTIN LOOP CLARKSTON WA 99403		PC	LEWIS CLARK NEPTUNE SWIM BOOSTERS	10,000.
AARC 3535 13TH ST C LEWISTON ID 83501		PC	ANUAL OPERATING COSTS TO ASSIST 60 PEOPLE WITG 100% VOLUNTEER STAFF	10,000.
FAMILIES TOGETHER 260 NW GOLDEN HILLS DR., SPC #20 PULLMAN WA 99163		PC	BRINGING FAMILIES TOGETHER-MIND, BODY, SOUL	10,000.
ALZHEIMER'S ASSOCIATION 19031 33RD AVE. W., SUITE #301 LYNNWOOD WA 98036		PC	QUAD CITIES WALK TO END ALZHEIMERS	5,000.
VFW POST 1443, VETERANS OF FOREIGN WARS 829 15TH STREET CLARKSTON WA 99403		PC	VETERANS CENTER COMPUTER SERVICES	10,000.
SPIN 523 AIRWAY DRIVE LEWISTON ID 83501		PC	7 COUNTY DEDICATED OUTREACH	10,000.
LATAH RECOVERY CENTER 531 S MAIN MOSCOW ID 83843		PC	RECOVERY COMMUNITY CENTER REMODEL	2,500.
CLEARWATER COUNTY AMBULANCE P.O. BOX 1347 OROFINO ID 83544		PC	ZOLL CARDIAC MONITOR MOUNTING	9,800.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART XIV, 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>
FRIENDS OF NEILL PUBLIC LIBRARY 210 N. GRAND AVENUE PULLMAN WA 99163		PC	HOTSPOT LOAN PROGRAM	\$ 7,500.
OFFICE MOMS & DADS 806 MAIN STREET VANCOUVER WA 98660		PC	SUPPORTING CHILDREN ENTERING FOSTER CARE IN THE LEWIS CLARK VALLEY	5,000.
SALMON RIVER SENIOR CITIZENS INC. P.O. BOX 1285 RIGGINS ID 83549		PC	BUILDING EXPANSION-EQUIPM ENT	3,300.
COLFAX ROTARY CLUB P.O. BOX 362 COLFAX WA 99111		PC	SOFTBALL FIELD FENCING	2,750.
UNION GOSPEL MISSION ASSOCIATION OF SPOK P.O. BOX 4066 SPOKANE WA 99220		PC	UGM CRISIS SHELTER IN LEWISTON	7,500.
CLEARWATER-POTLATCH TIMBER PROTECTIVE AS 10250 HWY 12 OROFINO ID 83544		PC	PURCHASE OF AEDS FOR C-PTPA CAMPS AND VEHICLES	10,000.
WHITMAN COMMUNITY HOSPITAL AUXILARY 1200 W FAIRVIEW ST COLFAX WA 99111		PC	EASE THE SQUEEZE	5,000.
PULLMAN SENIOR CITIZENS ASSOCIATION 190 SE CRESTVIEW ST. BLDG. B PULLMAN WA 99163		PC	GENERAL OPERATIONS: VAN LEASE AND PRODUCTION OF NEWSLETTER	9,000.
CLEARWATER ECONOMIC DEVELOPMENT ASSOCIAT 1626 6TH AVE N LEWISTON ID 83501		PC	CBYCC 2021 FIRST AID/CPR CERTIFICATIONS	2,925.
CITY OF ASOTIN FIRE DEPARTMENT P.O. BOX 517 ASOTIN WA 99402		PC	AED UPDATE AND REPLACEMENT	9,000.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART XIV, 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>
CLEARWATER ORU 688 SALLY ANN RD CLEARWATER ID 83552		PC	NEW EQUIPMENT TO ASSIST WITH PATIENT SAFETY AS WELL AS THE SAFETY OF CREW	\$ 1,549.
NORTHWEST INFANT SURVIVAL AND SIDS ALLIA 1130 NORTH 4TH STREET COEUR D'ALENE ID 83814		PC	SAFE START, SAFE SLEEP FOR NORTHWEST BABIES	7,500.
GARFIELD COUNTY CHRISTIAN YOUTH PROGRAM P.O. BOX 264 POMEROY WA 99347		PC	SAFETY IMPROVEMENTS PROJECT	4,500.
FRIENDS OF PHILLIPS FARM, INC. 1018 E. E STREET MOSCOW ID 83843		PC	THE "WALK IN THE WOODS FOR WELLNESS" PROJECT	6,000.
FRIENDS OF THE PARKS 6661 SR 194 COLFAX WA 99111		PC	FRISBEE GOLF COURSE PROJECT	5,000.
LATAH ALLIANCE ON MENTAL HEALTH P.O. BOX 8654 MOSCOW ID 83843		PC	MENTAL HEALTH ADVOCACY	6,500.
COMMUNITY HEALTH ASSOCIATION OF SPOKANE 611 N. IRON BRIDGE WAY SPOKANE WA 99202		PC	PATIENT VOUCHER PROGRAM	39,000.
UPPER CLEARWATER COMMUNITY FOUNDATION P.O. BOX 73 KAMIAH ID 83536		PC	KAMIAH COMMUNITY POOL RENOVATION	75,000.
WSU FOUNDATION FOR ELSON S FLOYD COLLEGE P.O. BOX 641925 PULLMAN WA 99164		PC	RANGE COMMUNITY CLINIC MOBILE HEALTH UNIT	75,000.
TWIN COUNTY UNITED WAY P.O. BOX 1660 LEWISTON ID 83501		PC	KINDERGARTEN READINESS	30,000.

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

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STATEMENT 7 (CONTINUED)
 FORM 990-PF, PART XIV, 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>
GARFIELD COUNTY FIRE DISTRICT 1 P.O. BOX 69 POMEROY WA 99347		PC	GARFIELD COUNTY FIRE DISTRICT REPLACEMENT OF CARDIAC MONITOR	\$ 32,000.
LEWISTON HIGH SCHOOL HEALTH & PHYSICAL E 3201 CECIL ANDRUS WAY LEWISTON ID 83501		PC	GET OUTSIDE! MODERNIZING OUTDOOR RECREATION AND PHYSICAL FITNESS ACTIVITY	75,000.
WSU FOR NORTHWEST PUBLIC BROADCASTING P.O. BOX 642530 PULLMAN WA 99164		PC	LC VALLEY HEALTHCARE REPORTING FELLOWSHIP	75,000.
TOTAL				\$ <u>1,120,913.</u>