

**2023 Exempt Org. Return**  
prepared for:

**LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION**  
C/O IDAHO TRUST 622 E SHERMAN AVE  
COEUR D'ALENE, ID 83814

**PRESNELL GAGE, PLLC**

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

	2023	2022	DIFF
<b>REVENUE PER BOOKS</b>			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	15,994	108	15,886
DIVIDENDS & INTEREST FROM SECURITIES.....	639,182	553,046	86,136
NET GAIN (LOSS) - NONINV. ASSETS/DISP.....	-359,088	-664,865	305,777
TOTAL REVENUE.....	296,088	-111,711	407,799
<b>EXPENSES PER BOOKS</b>			
LEGAL FEES.....	843	7,623	-6,780
ACCOUNTING FEES.....	7,750	7,750	0
OTHER PROFESSIONAL FEES.....	123,255	125,037	-1,782
TAXES.....	2,480	43,557	-41,077
OTHER EXPENSES.....	99,789	73,955	25,834
TOTAL OPERATING/ADMINISTRATIVE EXP.....	234,117	257,922	-23,805
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	1,184,813	1,271,424	-86,611
TOTAL EXPENSES.....	1,418,930	1,529,346	-110,416
EXCESS OF REVENUE OVER EXPENSES.....	-1,122,842	-1,641,057	518,215
<b>NET INVESTMENT REVENUE</b>			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	15,994	108	15,886
DIVIDENDS & INTEREST FROM SECURITIES.....	639,182	553,046	86,136
TOTAL REVENUE.....	655,176	553,154	102,022
<b>NET INVESTMENT EXPENSES</b>			
ACCOUNTING FEES.....	3,875	3,875	0
OTHER PROFESSIONAL FEES.....	60,464	61,376	-912
TAXES.....	2,480	43,557	-41,077
OTHER EXPENSES.....	86,695	62,880	23,815
TOTAL OPERATING/ADMINISTRATIVE EXP.....	153,514	171,688	-18,174
TOTAL EXPENSES.....	153,514	171,688	-18,174
NET INVESTMENT INCOME.....	501,662	381,466	120,196
<b>TAX COMPUTATION</b>			
TAX ON NET INVESTMENT INCOME.....	6,973	5,302	1,671
TAX ON INVESTMENT INCOME.....	6,973	5,302	1,671
<b>PAYMENTS AND CREDITS</b>			
OVERPAYMENT CREDITED FROM PRIOR YEAR.....	5,320	0	5,320
ESTIMATED TAX PAYMENTS.....	2,480	28,760	-26,280
TOTAL PAYMENTS AND CREDITS.....	7,800	28,760	-20,960
<b>REFUND OR AMOUNT DUE</b>			
TAX DUE.....	0	0	0
OVERPAYMENT.....	827	23,458	-22,631
OVERPAYMENT CREDITED TO NEXT YEAR.....	827	5,320	-4,493
REFUND.....	0	18,138	-18,138
<b>TAX RATES</b>			
MARGINAL TAX RATE.....	1.0%	1.0%	0.0%
EFFECTIVE TAX RATE.....	1.4%	1.4%	0.0%
<b>ADJUSTED NET INCOME REVENUE</b>			
INTEREST ON SAVINGS/TEMP CASH INVEST.....	15,994	108	15,886
DIVIDENDS & INTEREST FROM SECURITIES.....	639,182	553,046	86,136

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

	2023	2022	DIFF
<b>ADJUSTED NET INCOME REVENUE</b>			
TOTAL REVENUE.....	655,176	553,154	102,022
<b>ADJUSTED NET INCOME EXPENSES</b>			
TOTAL OPERATING/ADMINISTRATIVE EXP.....	0	0	0
TOTAL EXPENSES.....	0	0	0
ADJUSTED NET INCOME.....	655,176	553,154	102,022
<b>CHARITABLE PURPOSES DISBURSEMENTS</b>			
LEGAL FEES.....	843	7,623	-6,780
ACCOUNTING FEES.....	3,875	3,875	0
OTHER PROFESSIONAL FEES.....	62,791	63,661	-870
OTHER EXPENSES.....	13,094	11,075	2,019
TOTAL OPERATING/ADMINISTRATIVE EXP.....	80,603	86,234	-5,631
CONTRIBUTIONS, GIFTS, GRANTS PAID.....	1,184,813	1,271,424	-86,611
TOTAL EXPENSES AND DISBURSEMENTS.....	1,265,416	1,357,658	-92,242
<b>NET ASSETS OR FUND BALANCES</b>			
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	23,059,820	24,700,877	-1,641,057
EXCESS OF REVENUE OVER EXPENSES.....	-1,122,842	-1,641,057	518,215
NET ASSETS/FUND BAL. AT END OF YEAR.....	21,936,978	23,059,820	-1,122,842

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-PF, 990-W, 2220

**TAX RATES**

<u>PRIVATE FOUNDATION</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	1.0 %	1.4 %

**CARRYOVERS TO 2024**

NONE

**UNDISTRIBUTED INCOME CARRYOVERS TO 2024**

2023 UNDISTRIBUTED INCOME 1,120,705.

**FEDERAL ESTIMATES**

FORM 990-PF

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
5/15/24	1,750.	827.	923.
6/17/24	1,750.	0.	1,750.
9/16/24	1,750.	0.	1,750.
12/16/24	1,750.	0.	1,750.
TOTAL	<u>\$ 7,000.</u>	<u>\$ 827.</u>	<u>\$ 6,173.</u>

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

2023

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

For calendar year 2023 or tax year beginning , 2023, and ending ,20

LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION
C/O IDAHO TRUST 622 E SHERMAN AVE
COEUR D'ALENE, ID 83814

A Employer identification number
82-1558798

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

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

C If exemption application is pending, check here

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)
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

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), with a total of 1,265,416.

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
<b>Assets</b>	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) .....	23,059,820.	21,936,978.		
14 Land, buildings, and equipment: basis .....				
Less: accumulated depreciation (attach schedule) .....				
15 Other assets (describe _____)				
16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I) .....	23,059,820.	21,936,978.	0.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable (attach schedule) .....			
	22 Other liabilities (describe _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) .....	0.	0.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <input type="checkbox"/>			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <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 .....	23,059,820.	21,936,978.	
29 <b>Total net assets or fund balances</b> (see instructions) .....	23,059,820.	21,936,978.		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .....	23,059,820.	21,936,978.		

**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	23,059,820.
2 Enter amount from Part I, line 27a. ....	2	-1,122,842.
3 Other increases not included in line 2 (itemize) .....	3	
4 Add lines 1, 2, and 3. ....	4	21,936,978.
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	21,936,978.

**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.)
1a	SECURITIES - SHORT TERM	P	VARIOUS	VARIOUS
b	SECURITIES - LONG TERM	P	VARIOUS	VARIOUS
c	ISHARES S&P GSCI COMMODITY-INDEXED TRUST	P	VARIOUS	VARIOUS
d	ISHARES S&P GSCI COMMODITY-INDEXED TRUST	P	VARIOUS	VARIOUS
e	ISHARES S&P GSCI COMMODITY-INDEXED TRUST	P	VARIOUS	VARIOUS
(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	1,519,427.	1,566,605.	-47,178.	
b	6,356,264.	6,652,514.	-296,250.	
c	6.		6.	
d		6,266.	-6,266.	
e		9,400.	-9,400.	
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			-47,178.	
b			-296,250.	
c			6.	
d			-6,266.	
e			-9,400.	
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	-359,088.
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	-53,438.

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 — see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here..... <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions)		
b	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	6,973.
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	6,973.
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	6,973.
6	Credits/Payments:		
a	2023 estimated tax pymts and 2022 overpayment credited to 2023.....	6a	7,800.
b	Exempt foreign organizations — tax withheld at source.....	6b	
c	Tax paid with application for extension of time to file (Form 8868).....	6c	
d	Backup withholding erroneously withheld.....	6d	
7	Total credits and payments. Add lines 6a through 6d.....	7	7,800.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" 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	0.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	10	827.
11	Enter the amount of line 10 to be: <b>Credited to 2024 estimated tax</b> 827.   <b>Refunded</b> .....	11	0.

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**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
<b>b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. \$ <u>0.</u> <b>(2)</b> On foundation managers. \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
<b>2</b> 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.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		
<b>5</b> 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> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....		X
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <u>ID</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation. ....	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII.		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. ....		X
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address: .....	X	
<u>HTTPS://LEWISCLARKHEALTH.ORG</u>		
<b>14</b> 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>83814</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here. .... N/A. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. .... <b>15</b> N/A		
<b>16</b> At any time during calendar year 2023, 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
<b>1a</b> 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? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(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)? .....	1a(5)	X
(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.) .....	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. ....	1b	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here. .... <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years. ....	2a	X
20 __ , 20 __ , 20 __ , 20 __		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement – see instructions.) .....	2b	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ....		
20 __ , 20 __ , 20 __ , 20 __		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2023 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 2023.) .....	3b	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? .....	4b	X

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Form 990-PF (2023)

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities.....	<b>1a</b>	24,757,850.
<b>b</b>	Average of monthly cash balances.....	<b>1b</b>	
<b>c</b>	Fair market value of all other assets (see instructions).....	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).....	<b>1d</b>	24,757,850.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).....	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.....	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d.....	<b>3</b>	24,757,850.
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).....	<b>4</b>	371,368.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3.....	<b>5</b>	24,386,482.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5.....	<b>6</b>	1,219,324.

**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.)

<b>1</b>	Minimum investment return from Part IX, line 6.....	<b>1</b>	1,219,324.
<b>2a</b>	Tax on investment income for 2022 from Part V, line 5.....	<b>2a</b>	6,973.
<b>b</b>	Income tax for 2022. (This does not include the tax from Part V.).....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.....	<b>2c</b>	6,973.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.....	<b>3</b>	1,212,351.
<b>4</b>	Recoveries of amounts treated as qualifying distributions.....	<b>4</b>	
<b>5</b>	Add lines 3 and 4.....	<b>5</b>	1,212,351.
<b>6</b>	Deduction from distributable amount (see instructions).....	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.....	<b>7</b>	1,212,351.

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26.....	<b>1a</b>	1,265,416.
<b>b</b>	Program-related investments – total from Part VIII-B.....	<b>1b</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>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).....	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4.....	<b>4</b>	1,265,416.

BAA

Form 990-PF (2023)

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
<b>1</b> Distributable amount for 2023 from Part X, line 7 .....				1,212,351.
<b>2</b> Undistributed income, if any, as of the end of 2023:				
<b>a</b> Enter amount for 2022 only.....			1,173,770.	
<b>b</b> Total for prior years: 20 __, 20 __, 20 __		0.		
<b>3</b> Excess distributions carryover, if any, to 2023:				
<b>a</b> From 2018 .....				
<b>b</b> From 2019 .....				
<b>c</b> From 2020 .....				
<b>d</b> From 2021 .....				
<b>e</b> From 2022 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2023 from Part XI, line 4: \$ 1,265,416.				
<b>a</b> Applied to 2022, but not more than line 2a ..			1,173,770.	
<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 2023 distributable amount.....				91,646.
<b>e</b> Remaining amount distributed out of corpus.....	0.			
<b>5</b> Excess distributions carryover applied to 2023 (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 2022. Subtract line 4a from line 2a. Taxable amount – see instructions.....			0.	
<b>f</b> Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024.....				1,120,705.
<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 2018 not applied on line 5 or line 7 (see instructions).	0.			
<b>9</b> Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a.....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2019.....				
<b>b</b> Excess from 2020.....				
<b>c</b> Excess from 2021.....				
<b>d</b> Excess from 2022.....				
<b>e</b> Excess from 2023.....				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, 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) 2023	(b) 2022	(c) 2021	(d) 2020	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, 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 IX, 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 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				
<b>Total</b> .....				<b>3a</b> 1,184,813.
b <i>Approved for future payment</i>				
<b>Total</b> .....				<b>3b</b>







**Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2023**

Department of the Treasury  
Internal Revenue Service

Name <b>LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION</b>	Employer identification number <b>82-1558798</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....	1	6,973.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
c Credit for federal tax paid on fuels (see instructions) .....	2c	
d Total. Add lines 2a through 2c .....	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty. ....	3	6,973.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. ....	4	5,302.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	5,302.

**Part II Reasons for Filing** – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. ....	9	5/15/23	6/15/23	9/15/23	12/15/23
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	1,326.	2,161.	1,743.	1,743.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. ....	11	5,320.			2,480.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12		3,994.	1,833.	90.
13 Add lines 11 and 12 .....	13		3,994.	1,833.	2,570.
14 Add amounts on lines 16 and 17 of the preceding column .....	14				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	5,320.	3,994.	1,833.	2,570.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. ....	18	3,994.	1,833.	90.	

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 – no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions.....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19.....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023.....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 7% (0.07)	<b>22</b>			
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023.....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 7% (0.07)	<b>24</b>			
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024.....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 8% (0.08)	<b>26</b>			
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024.....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 8% (0.08)	<b>28</b>			
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024.....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x ____ %...	<b>30</b>			
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024.....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x ____ %...	<b>32</b>			
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025.....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x ____ %...	<b>34</b>			
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025.....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x ____ %...	<b>36</b>			
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	<b>37</b>			
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.....	<b>38</b>			0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

## 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.....	\$ 843.			\$ 843.
TOTAL	<u>\$ 843.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 843.</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.....	\$ 7,750.	\$ 3,875.		\$ 3,875.
TOTAL	<u>\$ 7,750.</u>	<u>\$ 3,875.</u>	<u>\$ 0.</u>	<u>\$ 3,875.</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.....	\$ 272.			\$ 272.
FIDUCIARY FEES.....	122,983.	\$ 60,464.		62,519.
TOTAL	<u>\$ 123,255.</u>	<u>\$ 60,464.</u>	<u>\$ 0.</u>	<u>\$ 62,791.</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....	\$ 2,480.	\$ 2,480.		
TOTAL	<u>\$ 2,480.</u>	<u>\$ 2,480.</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
BANQUET.....	\$ 1,958.			\$ 1,958.
COMMUNICATIONS.....	6,251.			6,251.
DUES.....	3,325.			3,325.
FOREIGN TAXES PAID.....	23,457.	\$ 23,457.		
INVESTMENT EXPENSES.....	63,238.	63,238.		
OFFICE & ADMINISTRATIVE.....	1,560.			1,560.
<b>TOTAL</b>	<b>\$ 99,789.</b>	<b>\$ 86,695.</b>	<b>\$ 0.</b>	<b>\$ 13,094.</b>

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

NAME OF GRANT PROGRAM:  
 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
LEWIS CLARK DIST. COUNCIL OF ST. VINCENT 604 2ND STREET LEWISTON ID 83501		PC	HELP IDAHO FAMILIES PROGRAM	\$ 65,000.

## 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>
FRIENDLY NEIGHBORS SENIOR CITIZENS, INC. 412 EAST THIRD STREET MOSCOW ID 83843		PC	OPERATING FUNDS	\$ 5,000.
INTERLINK, INC. 817A 6TH STREET CLARKSTON WA 99403		PC	SAFETY MATERIALS SUPPORT	10,000.
CLARKSTON COMMUNITY GARDEN P.O. BOX 53 CLARKSTON WA 99403		PC	ADDITIONAL RAISED BEDS TO GROW FOOD FOR ASOTIN FOOD BANK WITH IRRIGATION, WEED CONTROL AND CHIPPER/SHREDDER	5,000.
THE GREEN APPLE PROJECT 613 BRYDEN AVE STE. C #248 LEWISTON ID 83501		PC	SCHOLARSHIPS AND SENSORY FRIENDLY AUTISM SUPPORT GROUPS	10,000.
THE WILLOW CENTER, INC. P.O. BOX 1361 LEWISTON ID 83501		PC	GRIEF PEER SUPPORT GROUPS AND FREE COMMUNITY RESOURCES	10,000.
COMMUNITY ON CALL PO BOX 225 CLARKSTON WA 99403		PC	CLARKSTON FOOD DISTRIBUTION PROGRAM	10,000.
FIRST CHRISTIAN CHURCH 840 TENTH ST. CLARKSTON WA 99403		PC	RED DOOR KITCHEN	10,000.
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	5,000.
ROTARY FOUNDATION OF WALLOWA COUNTY PO BOX 242 ENTERPRISE OR 97828		PC	PLACE AND SUPPORT AEDS IN WALLOWA COUNTY	9,830.
VALLEY COMMUNITY CENTER 549 5TH STREET, SUITE F CLARKSTON WA 99403		PC	REPLACEMENT PROJECT	7,500.

## 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>
HOMES OF HOPE PO BOX 464 CLARKSTON WA 99403		PC	OPERATING FUNDS	\$ 40,865.
ROSALIA VOLUNTEER FIREFIGHTERS ASSOCIATI PO BOX 291 ROSALIA WA 99170		PC	STOP THE BLEED TRAINING PROGRAM	10,000.
JULIAETTA/KENDRICK GOOD SAMARITAN FOODBA P.O. BOX 61 KENDRICK ID 83537		PC	JULIAETTA/KENDRI CK GOOD SAMARITAN FOODBANK	3,000.
CHIEF JOSEPH SUMMER CAMP P.O. BOX 147 ENTERPRISE OR 97828		PC	OUTDOOR SPORTS EQUIPMENT	2,900.
LACROSSE COMMUNITY OUTREACH P.O. BOX 45 LACROSSE WA 99143		PC	LACROSSE COMMUNITY OUTREACH	10,000.
LOWELL QUICK RESPONSE UNIT P.O. BOX 205 KOOSKIA ID 83539		PC	OPERATING FUNDS FOR THE AMBULANCE WHO SERVES AN UNDERSERVED RURAL DISTRICT	8,500.
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.
ALZHEIMERS ASSOCIATION 19031 33RD AVE. W., SUITE #301 LYNNWOOD WA 98036		PC	CARE FOR NORTH IDAHO AND EASTER WASHINGTON	8,000.
SALMON RIVER SENIOR CITIZENS INC. P.O. BOX 1285 RIGGINS ID 83549		PC	CONGREGATE MEALSITE	6,000.
TOUGH AS NAILS PO BOX 4 ROSALIA WA 99170		PC	TO SUSTAIN AND MAINTAIN	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>
FAMILY PROMISE OF THE LC VALLEY 921 9TH AVE LEWISTON ID 83501		PC	FOUNDATION SHELTER PROGRAM	\$ 35,000.
CLEARWATER BASIN YOUTH CONSERVATION CORP 1626 6TH AVE N LEWISTON ID 83501		PC	YCC FIRST AID, CPR AND HELMET UPGRADES	2,600.
WALLOWA MOUNTAINS HELLS CANYON TRAILS 401 NE 1ST ST ENTERPRISE OR 97828		PC	WALLOWA MOUNTAINS EXERCISE TRAILS PROJECT	6,000.
STONE BRIDGE REENTRY SERVICES 910 3RD ST CLARKSTON WA 99403		PC	REENTRY RESOURCES	10,000.
ST VINCENT DE PAUL SOCIETY 618 E 1ST ST MOSCOW ID 83843		PC	EMERGENCY HOUSING AND MEDICAL CARE	30,000.
COMMUNITY HEALTH ASSOCIATION OF SPOKANE 611 N. IRON BRIDGE WAY SPOKANE WA 99202		PC	PATIENT ASSISTANCE PROGRAM	40,000.
THE IDAHO FOODBANK 3331 10TH ST LEWISTON ID 83501		PC	MOBILE PANTRIES IN NORTH CENTRAL REGION	75,000.
WINDING WATERS MEDICAL CLINIC 603 MEDICAL PKWY ENTERPRISE OR 97828		PC	COMMUNITY PHARMACY	50,000.
INTERLINK, INC. 817A 6TH STREET CLARKSTON WA 99403		PC	ELDER HEALTH HOME VISITOR PROGRAM	71,600.
PULLMAN REGIONAL HOSPITAL FOUNDATION 840 SE BISHOP BLVD, SUITE 200 PULLMAN WA 99163		POF	PRACTICE IN & MEET CLINICAL NEEDS OF POPULATIONS IN RURAL COMMUNITIES	75,000.



## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XIV, LINE 3A**  
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<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
SUICIDE PREVENTION OF THE INLAND NORTHWE 1158 IDAHO ST LEWISTON ID 83501		PC	GENERAL OPERATIONS	\$ 80,000.
LCSC - NURSING AND HEALTH SVS 500 8TH AVENUE LEWISTON ID 83501		NC	CLINICAL RESOURCE CENTER SKILLS LAB EQUIPMENT UPDATES	50,000.
HELPING HEARTS CHILD ADVOCACY CENTER 401 NE 1ST STREET ENTERPRISE OR 97828		PC	WALLOWA COUNTY CHILD ABUSE INTERVENTION AND YOUTH EMPOWERMENT PROJECT	30,000.
SYRINGA HOSPITAL FOUNDATION 607 W MAIN STREET GRANGEVILLE ID 83530		PC	MOTHER AND BABY, LABOR AND DELIVER SAFETY IN IDAHO PROGRAM	97,776.
SOJOURNERS ALLIANCE 627 N VAN BUREN ST MOSCOW ID 83843		PC	HOUSING VOUCHERS PROGRAM	50,000.
LC VALLEY YOUTH RESOURCE CENTER 1633 10TH AVENUE LEWISTON ID 83501		PC	YOUTH RESOURCE CENTER DROP-IN AND OVERNIGHT PROGRAM	85,000.
WHITMAN HOSPITAL & MEDICAL CENTER 1200 W FAIRVIEW ST COLFAX WA 99111		PC	COMMUNITY WELLNESS INCLUDING FALL PREVENTION, MOVE IT OR LOSE IT	10,000.
LACROSSE PARKS & RECREATION 107 S MAIN LACROSSE WA 99143		PC	PUMP REPLACEMENT AT CITY POOL	8,955.
FRIENDS OF JOSEPH FIREFIGHTERS 63674 HURRICANE CREEK RD JOSEPH OR 97828		PC	MASS CASUALTY RESPONSE KITS	5,000.
CLEARWATER COUNTY FREE LIBRARY DISTRICT 204 WOOD ST WEIPPE ID 83553		PC	MOVE ON IN LIBRARIES	2,500.

## LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION

82-1558798

**STATEMENT 7 (CONTINUED)**  
**FORM 990-PF, PART XIV, LINE 3A**  
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<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
KOOSKIA EMERGENCY SERVICES 401 FRONT ST KOOSKIA ID 83539		PC	STOKES BASKET	\$ 4,511.
FRIENDS OF THE WALLOWA SCHOOL DISTRICT PO BOX 229 WALLOWA OR 97885		PC	WEIGHT/STRENGTH TRAINING FACILITY	10,000.
GLENWOOD CARIBEL VOLUNTEER FIRE DISTRICT 402 CARIBEL ROAD KAMIAH ID 83536		PC	EQUIPMENT UPGRADE	10,000.
ECHO HILLS CHURCH 3215 ECHO HILLS DR LEWISTON ID 83501		PC	PROCUREMENT	5,400.
FIRST STEP 4 LIFE RECOVERY CENTER 903 D ST #101 LEWISTON ID 83501		PC	RUINS 2 RECOVERY PROGRAM	10,000.
CLEARWATER COUNTY SENIOR CITIZENS INC. PO BOX 93 OROFINO ID 83544		PC	WALK-IN FREEZER CAMPAIGN	10,000.
FRIENDLY SENIOR CITIZENS OF TROY 4155 S MAIN ST TROY ID 83871		PC	GAS FOR HELPERS & COOKS. SUPPLIES FOR SENIORS.	6,000.
ELK CITY AMBULANCE, INC. 65 AMERICAN RIVER ROAD ELK CITY ID 83525		PC	LUCAS 3, V3.1 CHEST COMPRESSION SYSTEM	10,000.
LEWISTON CLARKSTON LIONS CLUB 1205 8TH AVE LEWISTON ID 83501		PC	PURCHASE OF EYESIGHT AND HEARING EQUIPMENT FOR SCHOOL SCREENINGS	9,615.
CLEARWATER MOUNTAIN BIKING CLUB 217 1ST STREET OROFINO ID 83544		PC	TRAIL DEVELOPMENT FOR CLEARWATER MOUNTAIN BIKING CLUB	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>
LEWISTON CITY LIBRARY 411 D ST LEWISTON ID 83501		GOV	YOUTH MENTAL HEALTH SUPPORT STRATEGIES, YOGA AND MINDFULNESS FOR TEENS AND FAMILIES	\$ 5,261.
PULLMAN COMMUNITY GARDENS CORNER OF PRO MALL BLVD & DERBY ST PULLMAN WA 99163		PC	CAPITAL CAMPAIGN	10,000.
WSU MASTER GARDENER FDN 255 E. MAIN STREET PULLMAN WA 99164		PC	GARDENING AND NUTRITION PROGRAMS IN ASOTIN AND GARFIELD COUNTIES	3,000.
MOSCOW AREA MOMS ALLIANCE INC. 2221 ITANI DRIVE MOSCOW ID 83843		PC	COMMUNITY BABY SHOWER AND FAMILY MENTORSHIP	10,000.
TOTAL				<u>\$ 1,184,813.</u>