







GRAPHIC print - DO NOT PROCESS			As Filed Data -		DLN: 93491160006160		
Form 990-PF  Department of the Treasury Internal Revenue Service		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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.				OMB No. 1545-0052	
						2019 Open to Public Inspection	
For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019							
Name of foundation LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION				A Employer identification number 82-1558798			
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 1040			Room/suite	B Telephone number (see instructions) (208) 664-6448			
City or town, state or province, country, and ZIP or foreign postal code LEWISTON, ID 83501				C If exemption application is pending, 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				D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>			
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 25,797,027		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>			
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ▶ <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	182	182	182		
	4	Dividends and interest from securities	676,054	676,054	676,054		
	5a	Gross rents					
	b	Net rental income or (loss) _____					
	6a	Net gain or (loss) from sale of assets not on line 10	18,472				
	b	Gross sales price for all assets on line 6a _____ 7,719,905					
	7	Capital gain net income (from Part IV, line 2)		18,472			
	8	Net short-term capital gain			115,491		
	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	694,708	694,708	791,727			
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.					
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)	 26,436			26,436	
	b	Accounting fees (attach schedule)	 10,000	5,000		5,000	
	c	Other professional fees (attach schedule)	 141,375	60,731		80,644	
	17	Interest					
	18	Taxes (attach schedule) (see instructions)	 3,187	3,187			
	19	Depreciation (attach schedule) and depletion					
	20	Occupancy					
	21	Travel, conferences, and meetings	6,137			6,137	
	22	Printing and publications					
	23	Other expenses (attach schedule)	 32,091	17,748		14,343	
	24	Total operating and administrative expenses. Add lines 13 through 23	219,226	86,666		132,560	
	25	Contributions, gifts, grants paid	917,438			917,438	
	26	Total expenses and disbursements. Add lines 24 and 25	1,136,664	86,666		1,049,998	
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-441,956				
	b	Net investment income (if negative, enter -0-)		608,042			
	c	Adjusted net income (if negative, enter -0-)			791,727		
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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 schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	25,029,102	24,587,146	25,797,027
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	25,029,102	24,587,146	25,797,027	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	25,029,102	24,587,146	
	29 Total net assets or fund balances (see instructions)	25,029,102	24,587,146	
30 Total liabilities and net assets/fund balances (see instructions) .	25,029,102	24,587,146		

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

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY TRADED SECURITIES	P	2001-01-01	2019-01-01
b PUBLICLY TRADED SECURITIES	P	2019-01-01	2019-01-01
c			
d			
e			

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

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

2 Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	18,472
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	115,491

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	435,585	24,327,006	0.01791
2017	68,169	11,777,001	0.00579
2016			
2015			
2014			

2 Total of line 1, column (d)	2	0.023693
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.011847
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	24,704,982
5 Multiply line 4 by line 3	5	292,680
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	6,080
7 Add lines 5 and 6	7	298,760
8 Enter qualifying distributions from Part XII, line 4	8	1,049,998

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	6,080
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	6,080
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	6,080
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	6,000
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	6,000
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	80
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 2020 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
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?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ ID _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► https://lewisclarkhealth.org	13	Yes	
14	The books are in care of ► <u>IDAHO TRUST BANK</u> Telephone no. ► <u>(208) 664-6448</u>			

Located at ► 622 E SHERMAN AVE COEUR DALENE ID ZIP+4 ► 83714

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	1b	No
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	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.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	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		5b	
	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
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 during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, 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		
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.				

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	

Part X 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.	1a	25,081,200
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	25,081,200
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	25,081,200
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	376,218
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,704,982
6	Minimum investment return. Enter 5% of line 5.	6	1,235,249

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

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

Part XII 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.	1a	1,049,998
b	Program-related investments—total from Part IX-B.	1b	
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).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,049,998
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	6,080
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,043,918

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

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

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, 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 X, line 6 for each year listed. . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)	
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.	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: Lewis-Clark Valley Healthcare Found PO Box 1040 Lewiston, ID 83501 (208) 664-6448 info@lewisclarkhealth.org	
b The form in which applications should be submitted and information and materials they should include: A Grant Request Letter of Inquiry should be submitted detailing the information about the organization requesting a grant, and a summary of the project they are seeking to fund. A copy of the letter and the application process can be found on the foundation's website. If it is determined that the grant request fits the award criteria, the requesting organization will be required to complete a more detailed application for grant.	
c Any submission deadlines: Grant request letters must be received by June 30th.	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: Awards will be granted to benefit the healthcare needs of the people within the nine counties that St. Joseph Regional Medical Center once served.	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	182	
4 Dividends and interest from securities.			14	676,054	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			14	18,472	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).				694,708	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		694,708

[illegible]

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Snake River Community ClinicPO Box 6 Lewiston, ID 83501		PC	Diagnostic Lab overages	4,992
Snake River Community ClinicPO Box 6 Lewiston, ID 83501		PC	Nurse Practitioner	44,485
Valley Meals on Wheels IncPO Box 1711 Lewiston, ID 83501		PC	Valley Meals on Wheels	20,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Prairie Mountain Nutrition IncPO Box 37 Cottonwood, ID 83522		PC	General operations	5,000
Lewis Clark Dist Council of St Vinc 604 2nd Street Lewiston, ID 83501		PC	Feed the Kids program	8,500
CHAS Lewis Clark Health Center 1203 Idaho Street Lewiston, ID 83501		PC	LC Valley Prescription Voucher Program	25,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Friendly Neighbors Senior Citizens 412 East Third Street Moscow, ID 83843		PC	Purchase of refrigerator	4,000
Whitman County Health Department 310 N Main St Ste 108 Colfax, WA 99111		GOV	FOR ACCESS TO ADULT IMMUNIZATIONS PROJECT	20,000
Snake River Community ClinicPO Box 6 Lewiston, ID 83501		PC	Day Clinic Medical Assistant	8,087
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Interlink Inc817A 6th Street Clarkston, WA 99403		PC	Temporary Ramp Program	4,606
Innovia Foundation 421 W Riverside Ave STE 606 Spokane, WA 99201		PC	Regional Needs Assessment	88,500
1st Step for Life SRCC1002 Idaho St Lewiston, ID 83501		PC	FOOT CLINIC FOR HOMELESS 2020	4,800
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
2nd Judicial District CASA 504 Main St 436 LEWISTON, ID 83501		PC	CASA PROGRAM TRAINING PROGRAM	5,000
AbbaDaddy House IncPO Box 506 COTTONWOOD, ID 83522		PC	ABBADADDY HOUSE COUNSELING	5,000
Backyard HarvestPO Box 9783 MOSCOW, ID 83843		PC	FOR BACKYARD HARVEST	38,250
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Camas Prairie Food Bank Inc 411 E North St GRANGEVILLE, ID 83530		PC	FOR CAMAS PRAIRIE FOOD BANK BLDG FUND	75,000
Centennial Elementary School 815 Burrell Ave LEWISTON, ID 83501		GOV	PLAY STRUCTURE ADDITION	5,000
City of Deary RecreationPO BOX 236 DEARY, ID 83823		GOV	PARK ASPHALT RESURFACING AND PATH	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Clarkston Community GardenPO Box 53 CLARKSTON, WA 99403		PC	SOIL AMENDMENT/UPDATED IRRIGATION PROJECT	5,000
Clearwater County Ambulance 1195 Riverside Ave OROFINO, ID 83544		GOV	FOR CARDIAC MONITORS FOR EARLY ACTIVATION	44,293
Communities Creating Connections PO BOX 100 KOOSKIA, ID 83539		PC	FOR DISCOVERY CENTER AFTER-SCHOOL PROGRAM	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Community Action Partnership 124 New 6th St LEWISTON, ID 83501		PC	FOR COMMUNITY ACTION PARTNERSHIP	25,000
Community Health Action Team 301 Cedar Orofino, ID 83544		PC	FOR SUICIDE AWARENESS SPEAKER	3,500
Cornerstone Teen Center505 5th Ave NEZPERCE, ID 83543		PC	CAPITAL EXPENSES	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Cottonwood School District PO Box 540 COTTONWOOD, ID 83522		GOV	Region II Professional Technical Academy CNA Pgrm	10,000
Council on Aging Human Services 210 S Main St COLFAX, WA 99111		PC	2019 FARM-TO-FOOD PANTRY	4,000
Deary Community Food Bank 405 Main St DEARY, ID 83823		PC	AIR CONDITIONING COOLING SYSTEM	3,500
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Elk City Ambulance IncPO Box 206 ELK CITY, ID 83525		PC	ELK CITY AMBULANCE	5,000
Elk River Volunteer Fire Department 114 S Front St ELK RIVER, ID 83827		PC	BACK-UP GENERATOR AND REPLACE LEAKY FIREHOSE	5,000
Friends of Wallowa Public Library i 201 EAST FIRST ST WALLOWA, OR 97885		PC	UPDATE NON-FICTION HEALTH SECTION BOOKS	1,150
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Friends of Wallowa School District 315 E 1st St WALLOWA, OR 97885		PC	"HANDS ON" PARTNERSHIP W/PROVIDERS	4,987
Garfield County Food Bank 865 W Main St POMEROY, WA 99347		PC	FOR GARFIELD COUNTY FOOD BANK	19,394
Garfield County Public Hospital Dis 66 6th St POMEROY, WA 99347		GOV	PHYSICAL THERAPY EQUIPMENT	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Grantham Elementary School 1253 Poplar St CLARKSTON, WA 99403		GOV	FOR SCHOOL SAFETY	1,500
Homes of Hope IncPO Box 464 CLARKSTON, WA 99403		PC	TBRI TRAINING	5,000
Inland OasisPO BOX 8205 MOSCOW, ID 83843		PC	HIV PREVENTION & INTERVENTION	3,600
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Interlink Inc817A 6th Street CLARKSTON, WA 99403		PC	FOR MATCHING FUNDS FOR FEDERAL PROGRAM GRANT	23,400
J-K Good Samaritan Food Bank 614 Main St KENDRICK, ID 83537		PC	PURCHASING FOOD FOR FOOD BANK	3,000
Kamiah Senior Citizens Society PO BOX 551 KAMIAH, ID 83536		PC	SENIOR MEAL SITE & HOME DELIV. MEALS	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LaCrosse Community Outreach Foodban 204 N Main LACROSSE, WA 99143		PC	OUTREACH THRIFT STORE & FOOD BANK CTR	5,000
Latah Alliance on Mental Illness PO Box 8654 MOSCOW, ID 83843		PC	FOR ALLIANCE HOUSE, WRAP & FAMILY SUPPORT GROUP	12,500
LC Valley Resilience Coalition 1470 BRIDGE ST CLARKSTON, WA 99403		PC	LC VALLEY RESILIENCE CONFERENCE	5,000
Total ► 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Lewiston Fire Department1245 Idaho St LEWISTON, ID 83501		GOV	ACTIVE SHOOTER RESPONSE KITS	3,650
Life Choices Clinic2020 12th Ave LEWISTON, ID 83501		PC	CLIENT SERVICES PROGRAM	5,000
Marines of the PalousePO Box 8096 MOSCOW, ID 83843		PC	VETERAN ADVOCACY	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Moscow Central Lions ClubPO Box 8655 MOSCOW, ID 83843		PC	COMMUNITY SIGHT & HEARING PROGRAM	3,000
Nimiipuu Health111 Bever Grade LAPWAI, ID 83540		GOV	FOR NIMIIPUU HEALTH	28,000
North Idaho Central Health District 215 10th Street LEWISTON, ID 83501		GOV	BEHAVIORAL HEALTH TRAINING	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Palouse Alliance for Healthy Indivi PO BOX 874 PULLMAN, WA 99163		PC	FAMILY FAIR AND PALOUSE NETWORKING BREAKFAST	1,500
Prairie Community Library506 King St COTTONWOOD, ID 83522		GOV	HEALTH-RELATED BOOKS	700
Public Health Idaho North Central D 215 10th St LEWISTON, ID 83501		GOV	FOR JAIL AFTERCARE TRAINING & REFERRALS	44,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Public Health Idaho North Central D 215 10th St LEWISTON, ID 83501		GOV	FOR SENIOR QUALITY OF LIFE & COGNITIVE HEALTH INITIATIVE	40,000
Pullman Regional Hospital Foundatio 840 SE Bishop Blvd Ste 200 PULLMAN, WA 99163		PC	FOR RURAL FAMILY MEDICINE RESIDENCY PROGRAM	75,000
Pullman Schools Pantry Program 1150 NW Bryant PULLMAN, WA 99163		PC	WEEKEND FOOD PANTRY	2,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Reliance Center 102 New 6th Street Mezzanine 2nd Fl LEWISTON, ID 83501		PC	STD TESTING AND TREATMENT LAB FEES	4,800
Salmon River Senior Citizens Inc 121 S Lodge St RIGGINS, ID 83549		PC	SALMON RIVER TRANSIT- OPERATING EXPENSE	4,000
Snake River Community ClinicPO Box 6 LEWISTON, ID 83501		PC	FOR OPERATING FUNDS	13,764
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The Green Apple Project 613 Bryden Ave Ste C 148 LEWISTON, ID 83501		PC	OPERATING FUNDS TO EXPAND & GROW	5,000
The Idaho Food Bank3562 S Tk Ave BOISE, ID 83705		PC	FOR THE IDAHO FOODBANK	35,000
The Salvation Army Lewiston Corps 1220 21st St LEWISTON, ID 83501		PC	EMERGENCY GRANT FOR SOCIAL SERVICES DEPARTMENT	7,480
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The Salvation Army Lewiston Corps 1220 21st St LEWISTON, ID 83501		PC	SOCIAL SERVICES DEPARTMENT	5,000
The Willow Center Inc309 2nd St LEWISTON, ID 83501		PC	EMERGENCY GRANT FOR CAMP ERIN	5,000
The Willow Center Inc309 2nd St LEWISTON, ID 83501		PC	OPERATING FUNDS	5,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Tri-State Memorial Hospital 1221 Highland Ave CLARKSTON, WA 99403		PC	FOR PENICILLIN TESTING PROGRAM	5,000
Troy Community Food Bank106 E 6th St TROY, ID 83871		PC	TROY COMMUNITY FOOD BANK	3,500
Wallowa Valley Health Care District 601 Medical Parkway ENTERPRISE, OR 97828		GOV	FOR WALLOWA VALLEY HEALTH CARE DISTRICT	20,000
Total ▶ 3a				917,438

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Whitman Hospital and Medical Center 1200 W Fairview St 9579 COLFAX, WA 99111		PC	FOR COMMUNITY WELLNESS PROGRAMMING	5,000
WSU Master Gardener Fdn Asotin Cty 135 2nd St ASOTIN, WA 99402		PC	SCHOOL GARDENING & NUTRITION PROGRAMS	5,000
Total ▶ 3a				917,438

TY 2019 Accounting Fees Schedule**Name:** LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION**EIN:** 82-1558798**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	10,000	5,000	0	5,000

TY 2019 Legal Fees Schedule**Name:** LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION**EIN:** 82-1558798**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	26,436	0	0	26,436

TY 2019 Other Expenses Schedule**Name:** LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION**EIN:** 82-1558798**Software ID:** 19009920**Software Version:** 2019v5.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMMUNICATIONS	10,171			10,171
DUES	3,674			3,674
INVESTMENT EXPENSES	17,748	17,748		
OFFICE & ADMINISTRATIVE	498			498

TY 2019 Other Professional Fees Schedule**Name:** LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION**EIN:** 82-1558798**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Consulting	17,850	0	0	17,850
Fiduciary fees	123,525	60,731	0	62,794

TY 2019 Taxes Schedule**Name:** LEWIS-CLARK VALLEY HEALTHCARE FOUNDATION**EIN:** 82-1558798**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise tax on investment income	3,187	3,187		