

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
INNOVIA FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
421 W RIVERSIDE NO 606

City or town, state or province, country, and ZIP or foreign postal code
SPOKANE, WA 99201

D Employer identification number
91-0941053

E Telephone number
(509) 624-2606

G Gross receipts \$ 68,716,033

F Name and address of principal officer:
SHELLY O'QUINN
421 W RIVERSIDE NO 606
SPOKANE, WA 99201

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.INNOVIA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1974

M State of legal domicile:
WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IGNITE GENEROSITY THAT TRANSFORMS LIVES AND COMMUNITIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	22
6 Total number of volunteers (estimate if necessary)	6	200
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,940,608	22,410,748
9 Program service revenue (Part VIII, line 2g)	40,183	63,117
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,545,846	4,853,624
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,526,637	27,327,489
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,142,686	11,167,189
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,280,334	1,562,117
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶184,104		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,066,410	959,547
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,489,430	13,688,853
19 Revenue less expenses. Subtract line 18 from line 12	5,037,207	13,638,636
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	136,023,236	144,834,629
21 Total liabilities (Part X, line 26)	20,433,110	20,291,700
22 Net assets or fund balances. Subtract line 21 from line 20	115,590,126	124,542,929

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2021-03-25

SHELLY O'QUINN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-03-25 Check if self-employed PTIN: P00064814

Firm's name ▶ EIDE BAILLY LLP Firm's EIN ▶ 45-0250958

Firm's address ▶ 999 W RIVERSIDE AVE STE 101 SPOKANE, WA 992011005 Phone no. (509) 747-6154

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

INNOVIA IS A COMMUNITY FOUNDATION FORMED FOR THE BENEFIT OF THE COMMUNITIES WITHIN THEIR REGION OF OPERATION. INNOVIA SEEKS TO PARTNER WITH PEOPLE AND OTHER ORGANIZATIONS WHO WANT TO MAKE THE WORLD BETTER BY ADDRESSING OUR REGION'S PROBLEMS, HELPING THOSE IN NEED, AND IDENTIFYING AND RESPONDING TO OUR REGION'S GREATEST OPPORTUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,280,103 including grants of \$ 1,988,423) (Revenue \$ 63,117)
See Additional Data

4b (Code:) (Expenses \$ 4,590,929 including grants of \$ 4,581,685) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 5,021,772 including grants of \$ 4,339,380) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 280,410 including grants of \$ 257,701) (Revenue \$)
SCHOLARSHIPS: THESE FUNDS SUPPORT STUDENT EDUCATIONAL ACHIEVEMENT. OVER 40 FUNDS ARE USED TO SUPPORT STUDENTS FROM THE INLAND NORTHWEST WITH SCHOLARSHIPS TO ATTEND COLLEGES, UNIVERSITIES OR VOCATIONAL SCHOOLS IN THE REGION AND BEYOND.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 280,410 including grants of \$ 257,701) (Revenue \$)

4e Total program service expenses ▶ 12,173,214

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 22
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
4b If "Yes," enter the name of the foreign country: 4b
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 No
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a No
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b No
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders 11a
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
13c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization 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? Note. If "Yes," see instructions and file Form 4720, Schedule N. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LAUREN AUTREY 421 W RIVERSIDE AVENUE STE 606 SPOKANE, WA 99201 (509) 343-5752

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLY O'QUINN CHIEF EXECUTIVE OFFICER	40.00 6.00			X			200,200	0	28,208	
(2) AARON MCMURRAY CHIEF STRATEGY OFFICER	40.00 6.00			X			126,267	0	34,162	
(3) LAUREN AUTREY CHIEF FINANCIAL OFFICER	40.00 6.00			X			105,104	0	19,468	
(4) MEG MILLER PRESIDENT	6.00 6.00	X		X			0	0	0	
(5) ROBERT BLUME VICE PRESIDENT	2.00 6.00	X		X			0	0	0	
(6) GERALDINE LEWIS SECRETARY/TREASURER	2.00 6.00	X		X			0	0	0	
(7) ROBERT BISHOPP PAST PRESIDENT	2.00 6.00	X					0	0	0	
(8) JANICE BALDWIN DIRECTOR	2.00 6.00	X					0	0	0	
(9) SANDI BLOEM DIRECTOR	2.00 6.00	X					0	0	0	
(10) CARLA CICERO DIRECTOR	2.00 6.00	X					0	0	0	
(11) TYLER LAFFERTY DIRECTOR	2.00 6.00	X					0	0	0	
(12) ROBERT LARSON DIRECTOR	2.00 6.00	X					0	0	0	
(13) RUEBEN MAYES DIRECTOR	2.00 6.00	X					0	0	0	
(14) BETSY WILKERSON DIRECTOR	2.00 6.00	X					0	0	0	
(15) CAROL WILSON DIRECTOR	2.00 6.00	X					0	0	0	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	431,571	0	81,838

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	3,421,277				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,989,471				
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,441,645				
	h Total. Add lines 1a-1f			22,410,748			
Program Service Revenue	2a SERVICE FEES	Business Code					
		713990	48,530	48,530			
	b MISCELLANEOUS INCOME	713990	14,587	14,587			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		63,117					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,108,421			5,108,421	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
		d Net gain or (loss)		-254,797			-254,797
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a					
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			27,327,489	63,117	0	4,853,624	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,947,857	10,947,857		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	219,332	219,332		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	431,571	54,225	377,346	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	822,922	706,974		115,948
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	212,661	144,323	48,660	19,678
10 Payroll taxes	94,963	64,481	21,705	8,777
11 Fees for services (non-employees):				
a Management				
b Legal	102,022		102,022	
c Accounting	21,569		21,569	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	383,283		383,283	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	141,662		141,662	
12 Advertising and promotion	184,096	125,004	42,077	17,015
13 Office expenses	67,187	45,620	15,357	6,210
14 Information technology				
15 Royalties				
16 Occupancy	159,830	53,047	99,563	7,220
17 Travel	26,566	18,038	6,073	2,455
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,596	32,319	10,878	4,399
20 Interest	43,662	43,662		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,293		34,293	
23 Insurance	8,695		8,695	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENDITURES	409,069	409,069		
b PHILANTHROPIC SERVICES	288,841	276,429	12,412	
c DUES AND SUBSCRIPTIONS	19,910	13,520	4,550	1,840
d DONOR RELATIONS	6,081	4,129	1,390	562
e All other expenses	-984,815	-984,815		
25 Total functional expenses. Add lines 1 through 24e	13,688,853	12,173,214	1,331,535	184,104
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	254,499	1	-936
	2 Savings and temporary cash investments	9,971,877	2	11,685,370
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,997	4	40,445
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,612	9	6,525
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 196,143		
	b Less: accumulated depreciation	10b 87,470	117,322	10c 108,673
	11 Investments—publicly traded securities	91,381,596	11	81,442,097
	12 Investments—other securities. See Part IV, line 11	27,663,630	12	45,173,466
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,615,703	15	6,378,989
16 Total assets. Add lines 1 through 15 (must equal line 34)	136,023,236	16	144,834,629	
Liabilities	17 Accounts payable and accrued expenses	479,261	17	416,308
	18 Grants payable	545,195	18	710,304
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	16,726,033	21	16,420,189
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	201,770
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,682,621	25	2,543,129
	26 Total liabilities. Add lines 17 through 25	20,433,110	26	20,291,700
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	109,889,341	27	120,337,308
	28 Net assets with donor restrictions	5,700,785	28	4,205,621
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	115,590,126	32	124,542,929	
33 Total liabilities and net assets/fund balances	136,023,236	33	144,834,629	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,327,489
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,688,853
3	Revenue less expenses. Subtract line 2 from line 1	3	13,638,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,590,126
5	Net unrealized gains (losses) on investments	5	-4,685,833
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	124,542,929

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Software ID:**Software Version:****EIN:** 91-0941053**Name:** INNOVIA FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY LEADERSHIP: OUR VISION FOR VIBRANT AND SUSTAINABLE COMMUNITIES, WHERE EVERY PERSON THRIVES, REQUIRES DEDICATION TO COMMUNITY LEADERSHIP. EVERY COMMUNITY HAS UNIQUE OPPORTUNITIES AND CHALLENGES. IN PARTNERSHIP WITH OUR COMMUNITIES, INNOVIA FOUNDATION PROVIDES LEADERSHIP TO CATALYZE TRANSFORMATIVE CHANGE IN OUR REGION. AS A FUNDER AND CONVENER, WE ARE DEDICATED TO LEARNING ABOUT, AND INVESTING IN, COLLABORATIVE, COMMUNITY-BASED EFFORTS. THE FOLLOWING INITIATIVES HIGHLIGHT INNOVIA FOUNDATION'S COMMITMENT TO ADDRESS OUR REGION'S UNIQUE OPPORTUNITIES AND CHALLENGES. LEADERSHIP SUMMIT: IN MARCH 2020, INNOVIA FOUNDATION HOSTED ITS INAUGURAL LEADERSHIP SUMMIT WITH OVER 200 ATTENDEES. THE SUMMIT EXPLORED HOW, TOGETHER, WE CAN ADVANCE VIBRANT AND SUSTAINABLE COMMUNITIES IN EASTERN WASHINGTON AND NORTH IDAHO. THROUGH INSPIRING GUEST SPEAKERS AND INFORMATIVE BREAKOUT DISCUSSIONS, PARTICIPANTS IN THE TWO-DAY CONVENING GAINED A BETTER UNDERSTANDING OF INNOVIA FOUNDATION'S MISSION AND VISION FOR VIBRANT COMMUNITIES WHERE EVERY PERSON HAS THE OPPORTUNITY TO THRIVE. ATTENDEES ENGAGED THOUGHTFULLY WITH PEOPLE FROM ACROSS THE REGION AND DISCOVERED WAYS TO BE AMBASSADORS IN THEIR LOCAL COMMUNITIES TO IGNITE GENEROSITY AND CREATE LASTING CHANGE. LOCAL AND NATIONAL GUEST SPEAKERS INFORMED ON A VARIETY OF TOPICS, INCLUDING HOW TRENDS IN THE COMING YERAS WILL PROVIDE BOTH OPPORTUNITIES AND RISKS ALONG WITH PATHS TO SUCCESS; THE VITAL ROLE THAT TRIBAL COMMUNITIES PLAY AS CULTURAL AND ECONOMIC ASSETS IN OUR REGION; STRATEGIES FOR CLOSING THE URBAN AND RURAL DIVIDE; AND THE CRITICAL IMPORTANCE OF EDUCATION IN FUELING OUR REGIONAL ECONOMY. CENSUS 2020: AN ACCURATE COUNT OF ALL PEOPLE LIVING ACROSS EASTERN WASHINGTON AND NORTH IDAHO IS CRITICAL TO THE HEALTH AND VIBRANCY OF OUR REGION. FOR EVERY PERSON MISSED BY THE CENSUS, STATES LOSE OUT ON CRITICAL SERVICE DOLLARS AND THE CENSUS DETERMINES OUR VOICE IN THE DEMOCRATIC PROCESS. UNFORTUNATELY, MANY POPULATIONS ARE HISTORICALLY UNDERCOUNTED IN CENSUS CAMPAIGNS, INCLUDING CHILDREN, RURAL RESIDENTS, INDIVIDUALS OF COLOR, IMMIGRANTS, THE ELDERLY, AND THOSE EXPERIENCING HOMELESSNESS. IN PARTNERSHIP WITH OTHER FOUNDATIONS, NONPROFITS AND PUBLIC AGENCIES ACROSS THE STATE, INNOVIA FOUNDATION TOOK AN ACTIVE ROLE IN CENSUS 2020. INNOVIA'S WORK INCLUDED HOSTING THE POSITION OF CENSUS 2020 COMPLETE COUNT COORDINATOR FOR SPOKANE COUNTY AND PARTNERING WITH RURAL RESOURCES COMMUNITY ACTION TO STAFF A NORTHEAST WASHINGTON CENSUS COORDINATOR POSITION. IN ADDITION, THE FOUNDATION COLLABORATED WITH WASHINGTON NONPROFITS TO PROVIDE GRANT FUNDING TO GRASSROOTS ORGANIZATIONS WORKING TO EDUCATE WASHINGTON RESIDENTS ABOUT THE 2020 CENSUS; MOBILIZE "TRUSTED MESSENGERS" WITHIN COMMUNITITES TO BUILD CONFIDENCE AND SUPPORT BROAD PARTICIPATION IN THE CENSUS. LEADERSHIP COUNCILS: LEADERSHIP COUNCILS PLAY A VITAL ROLE IN THE FOUNDATION'S WORK BY PROVIDING REPRESENTATION FROM THROUGHOUT OUR 20-COUNTY SERVICE AREA. COUNCIL MEMBERS SERVE AS AMBASSADORS AND ADVISORS TO INNOVIA FOUNDATION, AND ADVOCATE FOR PHILANTHROPY IN GENERAL. EACH OF INNOVIA'S 10 LEADERSHIP COUNCILS IS COMPRISED OF 15 LOCAL COMMUNITY MEMBERS WHO SERVE AS TRUSTED VOICES AND ENGAGED REPRESENTATIVES FROM THE COMMUNITIES WHERE THEY LIVE AND WORK. OUR COUNCIL VOLUNTEERS BRING ON-THE-GROUND EXPERIENCE FROM A VARIETY OF SECTORS INCLUDING EDUCATION, HEALTH CARE, BUSINESS, NONPROFIT MANAGEMENT, ELECTED OFFICES, TRIBAL GOVERNMENTS AND MORE. THE COUNCILS MEET REGULARLY TO KEEP THE FOUNDATION EDUCATED ABOUT THE NEEDS AND OPPORTUNITIES IN THEIR COMMUNITIES AND HELP LEVERAGE THE POWER OF PHILANTHROPY FOR LOCAL IMPACT. COVID RESPONSE AND RECOVERY: PARTNERS FROM PHILANTHROPY, GOVERNMENT AND BUSINESS JOINED TOGETHER TO LAUNCH A COVID-19 RESPONSE AND RECOVERY INITIATIVE TO SUPPORT TO GRASSROOTS AND COMMUNITY-BASED ORGANIZATIONS IN EASTERN WASHINGTON AND NORTH IDAHO. COMMUNITY MEMBERS FROM THROUGHOUT INNOVIA'S SERVICE AREA CONVENED TO IDENTIFY THE MOST CRITICAL NEEDS STEMMING FROM THE COVID-19 PANDEMIC AND RECOMMEND GRANTS TO MITIGATE THE IMPACT. GRANTS WERE AIMED AT ORGANIZATIONS SERVING COMMUNITIES DISPROPORTIONATELY IMPACTED BY COVID-19 INTENDED TO COMPLEMENT THE WORK OF PUBLIC HEALTH OFFICIALS, MEDICAL PROVIDERS, BUSINESSES AND GOVERNMENTS TO ADDRESS THE OUTBREAK AS EFFECTIVELY AS POSSIBLE. IN 2020, THE COVID-19 RESPONSE AND RECOVERY FUNDS DISTRIBUTED MORE THAN \$1.5 MILLION TO SUPPORT OUR REGION'S MOST VULNERABLE POPULATIONS AND HELP LOCAL BUSINESSES WEATHER THE ECONOMIC FALLOUT FROM THE PANDEMIC. RURAL LEADERSHIP DEVELOPMENT: A THREE-YEAR RURAL LEADERSHIP PROGRAM IN PARTNERSHIP WITH OTHER REGIONAL FUNDERS TO BUILD THE SUSTAINABILITY OF RURAL COMMUNITIES IN EASTERN WASHINGTON AND NORTH IDAHO. SIXTEEN PEOPLE REPRESENTING FOUR COMMUNITIES IN THE PALOUSE REGION OF EASTERN WASHINGTON PARTICIPATED IN THIS YEAR'S COHORT. THE GROUP RESEARCHED AND DEVELOPED A CAMPAIGN TO ENCOURAGE RESIDENTS TO PATRONIZE SMALL LOCAL BUSINESSES AND PROVIDED GUIDANCE TO BUSINESSES AROUND UNDERSTANDING DIVERSITY, EQUITY AND INCLUSION (DEI) CONCEPTS. THE GOAL WAS TO INCREASE AWARENESS OF DEI IN THE COMMUNITY AND SUPPORT LOCAL BUSINESSES DURING THE COVID-19 PANDEMIC. THEIR WORK WAS INFORMED BY A SURVEY OF 243 RESIDENTS AND SUPPORTED BY A PARTNERSHIP WITH THE MOSCOW, IDAHO CHAMBER OF COMMERCE. THE GROUP CREATED A "SHOP SMALL" MARKETING CAMPAIGN FOR THE 2020 HOLIDAY SHOPPING SEASON AND DEVELOPED A DEI TOOL KIT TO HELP BUSINESSES ADD DEI COMPONENTS TO THEIR BUSINESS STRATEGIES. RURAL EDUCATION ENGAGEMENT: FUNDED BY A GRANT FROM COLLEGE SPARK WASHINGTON, INNOVIA FOUNDATION WILL EMBARK ON A TWO-YEAR INITIATIVE TO STRENGTHEN SUPPORT FOR SCHOOLS IN RURAL COMMUNITIES. THE PROJECT WILL INVOLVE AN EXTENDED COMMUNITY CONVERSATION THAT INCLUDES THE ADMINISTRATION OF AN EVIDENCE-BASED QUALITY IMPROVEMENT SURVEY, ANALYSIS OF RELEVANT DATA INDICATORS AND A SERIES OF COMMUNITY FORUMS. THE INITIATIVE IS DESIGNED TO BUILD SUPPORT FOR A DISTRICT-WIDE PROMISE SCHOLARSHIP DESIGNED AND DIRECTED THROUGH COMMUNITY INVOLVEMENT AND INVESTMENT. OPENING BOOKS, OPENING DOORS: MOTIVATED BY COMMUNITY INTEREST IN COEUR D'ALENE, THIS PROGRAM WAS ANCHORED BY \$600,000 FROM INNOVIA FOUNDATION AND OTHER FUNDERS. THE FOURTH YEAR OF THE INITIATIVE COORDINATES THE EFFORTS OF CDA2030, THE COEUR D'ALENE SCHOOL DISTRICT, AND COMMUNITY PARTNERS TO HELP EVERY THIRD-GRADE STUDENT IN COEUR D'ALENE SCHOOL DISTRICT READ AT GRADE-LEVEL. CURRENT STRATEGIES OF THE INITIATIVE INCLUDE: 1) KINDERGARTEN READINESS IN PARTNERSHIP WITH UNITED WAY OF NORTH IDAHO; 2) QUALITY TEACHERS IN A LITERACY-RICH LEARNING ENVIRONMENT THROUGH PROFESSIONAL DEVELOPMENT AND CLASSROOM LIBRARY ADOPTIONS. IN SCHOOL YEAR 2020/21, 118 SOCIAL AND EMOTIONAL LEARNING BOOK BUNDLES HAVE BEEN DONATED TO K-3 CLASSROOMS BY COMMUNITY MEMBERS. THE CONTINUED SUCCESS OF THE "THIS BOOK" CAMPAIGN LAUNCHED IN 2019 CREATES COMMUNITY-WIDE AWARENESS AND OWNERSHIP FOR CHILDHOOD READING SUCCESS AND CALLS EVERYONE TO READ TO A CHILD, DONATE A BOOK AND HELP BUILD A STRONGER COMMUNITY. EXPANDING BROADBAND ACCESS: INNOVIA FOUNDATION IS WORKING COLLABORATIVELY WITH MULTIPLE PARTNERS TO EXPAND ACCESS TO HIGH SPEED BROADBAND THROUGHOUT RURAL COUNTIES IN THIS REGION. ACTIVITIES INCLUDE CO-LEADING A SERIES OF EDUCATIONAL WEBINARS WITH INDUSTRY LEADERS TO FOUNDATIONS THROUGHOUT A SIX-STATE REGION, CO-FUNDING TECHNICAL ASSISTANCE ACTIVITIES DESIGNED TO INCREASE FEDERAL GRANT FUNDING AND CONDUCTING PRIMARY RESEARCH UTILIZING BROADBAND SPEEDTEST DATA THAT DEMONSTRATES THE ROLE OF DIGITAL. EXTENDED LEARNING OPPORTUNITIES IN THE ZONE: FUNDED BY A GRANT FROM THE BALLMER FOUNDATION, INNOVIA FOUNDATION IS WORKING COLLABORATIVELY TO EXPAND HIGH-QUALITY AFTER SCHOOL PROGRAMMING IN HIGH POVERTY NEIGHBORHOODS SERVED BY A PLACED-BASED INITIATIVE CALLED THE ZONE. INNOVIA FOUNDATION LAUNCHED A COMPETITIVE GRANT PROCESS TO SELECT AND GRANT TO COMMUNITY ORGANIZATIONS THAT COULD BEST SERVE THE DIVERSE NEEDS OF STUDENTS IN THIS AREA. INNOVIA STAFF ALSO ENTERED INTO A DATA SHARING AGREEMENT WITH SPOKANE PUBLIC SCHOOLS AND WILL MONITOR AND EVALUATE OUTCOMES OF PROGRAM PARTICIPANTS TO REPORT RESULTS BACK TO FUNDING PARTNERS. PRIORITY SPOKANE: THE GOAL OF PRIORITY SPOKANE, A COALITION OF 20 COMMUNITY ORGANIZATIONS, IS TO FOSTER MEASURABLE IMPROVEMENTS IN KEY AREAS OF COMMUNITY VITALITY. INNOVIA FOUNDATION WAS A FOUNDING MEMBER, AND REMAINS A KEY CONTRIBUTOR TO PRIORITY SPOKANE ACTIVITIES. AFTER AN EXTENSIVE STAKEHOLDER PARTICIPATION PROCESS, PRIORITY SPOKANE RECENTLY LAUNCHED ITS THIRD COMMUNITY WIDE INITIATIVE, ADDRESSING FAMILY TRAUMA AND VIOLENCE. THE COALITION WILL SUPPORT AND EXPAND USE OF PEER MENTORS THAT WILL ASSIST IN THE WORK OF ORGANIZATIONS ADDRESSING IMPACTS OF FAMILY TRAUMA DURING (AND FOLLOWING) THE COVID-19 PANDEMIC.

Form 990, Part III, Line 4b:

DONOR-DIRECTED GRANTMAKING: INNOVIA FOUNDATION'S MISSION IS TO IGNITE GENEROSITY THAT TRANSFORMS LIVES AND COMMUNITIES. WITH OVER 460 INDIVIDUAL, FAMILY AND CORPORATE FUNDS, THIS AREA OF INVESTMENT REFLECTS THE GRANTMAKING DIRECTED BY DONORS TO SUPPORT A BROAD RANGE OF COMMUNITY INTERESTS PRIMARILY IN OUR REGION AND WASHINGTON STATE AND ALSO EXTENDING NATIONALLY AND INTERNATIONALLY.

Form 990, Part III, Line 4c:

FOUNDATION-DIRECTED GRANTMAKING: INNOVIA FOUNDATION MANAGES OTHER FUNDS ESTABLISHED BY GENEROUS DONORS TO ADDRESS THE UNIQUE OPPORTUNITIES AND CHALLENGES IN OUR REGION. OVER 125 INDIVIDUAL AND FAMILY FUNDS ARE USED TO SUPPORT THE FOUNDATION'S FIVE IMPACT AREAS OF HEALTH & WELLBEING, ECONOMIC OPPORTUNITY, EDUCATION AND YOUTH DEVELOPMENT, ARTS & CULTURE AND QUALITY OF LIFE. INNOVIA FOUNDATION EVALUATES ORGANIZATIONS AND THEN MAKES GRANTS TO BEST REFLECT THE INTENDED PURPOSE OF THE FUNDS.

SCHEDULE A
 (Form 990 or 990-EZ)

Public Charity Status and Public Support
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 INNOVIA FOUNDATION

Employer identification number
 91-0941053

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,157,325	12,776,881	16,748,520	9,940,608	22,410,748	73,034,082
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	11,157,325	12,776,881	16,748,520	9,940,608	22,410,748	73,034,082
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						10,222,938
6	Public support. Subtract line 5 from line 4.						62,811,144

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	11,157,325	12,776,881	16,748,520	9,940,608	22,410,748	73,034,082
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	2,527,820	2,974,362	2,627,995	3,545,846	5,108,421	16,784,444
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11	Total support. Add lines 7 through 10						89,818,526

12 Gross receipts from related activities, etc. (see instructions) **12** 547,172

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	69.930 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	68.330 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
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			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 91-0941053

Name: INNOVIA FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization INNOVIA FOUNDATION

Employer identification number 91-0941053

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing values for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with columns: Line number, Held at the End of the Year. Rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	109,348,179	105,341,931	89,967,689	75,891,389	73,479,844
b Contributions	22,834,161	8,131,286	19,450,309	12,777,571	11,098,663
c Net investment earnings, gains, and losses	79,064	4,128,815	4,378,607	8,555,932	-2,520,676
d Grants or scholarships	12,383,897	6,878,293	7,066,778	6,232,450	5,029,697
e Other expenditures for facilities and programs					225,298
f Administrative expenses	1,454,460	1,375,560	1,387,896	1,024,753	911,447
g End of year balance	118,423,047	109,348,179	105,341,931	89,967,689	75,891,389

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 96.450 %
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶ 3.550 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		196,143	87,470	108,673
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				108,673

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) CASH VALUE LIFE INSURANCE	2,690,447	F
(B) VANGUARD TOTAL BOND MARKET INDEX	6,680,702	F
(C) GATEWAY FUND	9,005,849	F
(D) SCHWAB FUNDAMENTAL US	7,023,866	F
(E) AMERICAN FD EUROPACIFIC GROWTH FUND	12,179,433	F
(F) WASATCH CORE GROWTH	7,593,169	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	45,173,466	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST LIABILITY	2,543,129
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,543,129

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	22,338,988
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,685,833
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,491,107
e	Add lines 2a through 2d	2e	-1,194,726
3	Subtract line 2e from line 1	3	23,533,714
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	372,498
b	Other (Describe in Part XIII.)	4b	3,421,277
c	Add lines 4a and 4b	4c	3,793,775
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	27,327,489

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,784,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,467,772
e	Add lines 2a through 2d	2e	1,467,772
3	Subtract line 2e from line 1	3	13,316,355
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	372,498
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	372,498
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,688,853

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 91-0941053

Name: INNOVIA FOUNDATION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	AGENCY FUNDS HELD FOR OTHERS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS ARE INVESTED TO PROVIDE FUNDS FOR FUTURE CHARITABLE DISTRIBUTIONS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE FOUNDATION IS ORGANIZED AS A WASHINGTON STATE NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION, AND HAVE BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. THE FOUNDATION HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. MANAGEMENT BELIEVES THAT THE FOUNDATION HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SUPPORTING ORGANIZATIONS REVENUE REMOVED 2,036,647. INTERNAL INVESTMENT FEES 1,454,460.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS 3,421,277.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SUPPORTING ORGANIZATIONS EXPENSES REMOVED 13,312. INTERNAL INVESTMENT FEES 1,454,460.

Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 21(B)	OTHER LIABILITIES ARE AGENCY FUNDS: FUNDS HELD FOR OTHERS TOTALING \$16,420,189.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization INNOVIA FOUNDATION

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 91-0941053

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 236
3 Enter total number of other organizations listed in the line 1 table 105

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS TO VARIOUS UNIVERSITIES	109	219,332			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE GRANT DISBURSEMENT COMMITTEE OF INNOVIA FOUNDATION MONITORS THE USE OF GRANT FUNDS

Additional Data

Software ID:
Software Version:
EIN: 91-0941053
Name: INNOVIA FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CLARK FORK PO BOX 1042 CLARK FORK, ID 83811		GOVERNMENT	23,000				CHARITABLE, LIGHTENING CREEK BRIDGE - LIGHTING
4-H CLUBS PO BOX 267 BONNERS FERRY, ID 83805	26-1316663	501(C)(3)	6,000				CHARITABLE, 4-H FRIDAY FRIENDS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GRANGEVILLE 225 W NORTH ST GRANGEVILLE, ID 83530		GOVERNMENT	5,000				CHARITABLE, SWIMMING POOL SEASON PASSES, SWIM LESSONS
9B TRAILS PO BOX 1764 BONNERS FERRY, ID 83805	82-4094576	501(C)(3)	23,000				CHARITABLE, TRAIL EXPANSION, EQUIPMENT AND OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HARRINGTON PO BOX 492 HARRINGTON, WA 99134	91-6001441	GOVERNMENT	10,758				CHARITABLE, HARRINGTON TOWN SQUARE PROJECT
AFRICA INLAND MISSION INTERNATIONAL INCORPORATED PO BOX 3611 PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	5,500				CHARITABLE, REPATRIATION TRAVEL EXPENSES DUE TO COVID-19 AND GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MEDICAL LAKE PO BOX 369 MEDICAL LAKE, WA 99022	91-6001460	GOVERNMENT	10,000				CHARITABLE, CENSUS 2020 OUTREACH
AGAPE FOOD BANK MINISTRIES 2790 W HARRISON RD OTHELLO, WA 99344	84-2649091	501(C)(3)	5,000				CHARITABLE, SUPPORT FOR EASTERN WASHINGTON HISPANIC COMMUNITIES BY PROVIDING FOOD DISTRIBUTION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MOYIE SPRINGS 3331 E ROOSEVELT MOYIE SPRINGS, ID 83845		GOVERNMENT	10,000				CHARITABLE, MOYIE SPRINGS PARK
ALS THERAPY DEVELOPMENT INSTITUTE 300 TECHNOLOGY SQ STE 400 CAMBRIDGE, MA 02139	04-3462719	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PULLMAN 325 SE PARADISE ST PULLMAN, WA 99163		GOVERNMENT	35,749				CHARITABLE, HERTIAGE ADDITION
AMERICAN INDIAN COMMUNITY CENTER ASSOCIATION 610 E NORTH FOOTHILLS DR SPOKANE, WA 99207	91-0822523	501(C)(3)	35,000				CHARITABLE, CENSUS 2020 OUTREACH AND COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RITZVILLE 216 E MAIN AVE RITZVILLE, WA 99169	91-6001272	GOVERNMENT	12,800				CHARITABLE, CITY BEAUTIFICATION
AMERICAN RED CROSS 315 W NORA AVE SPOKANE, WA 99205	53-0196605	501(C)(3)	9,601				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SPOKANE 808 W SPOKANE FALLS BLVD SPOKANE, WA 99201	91-6001280	GOVERNMENT	38,000				CHARTIABLE, TRIBAL CULTURAL CENTER IN RIVERFRONT PARK, VIETNAM VETERANS MEMORIAL, COVID-19 EMERGENCY UTILITY ASSISTANCE
ANGELS OVER SANDPOINT PO BOX 2369 SANDPOINT, ID 83864	82-0536068	501(C)(3)	13,000				CHARITABLE, BACK TO SCHOOL PROGRAM AND COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WALLACE 703 CEDAR ST WALLACE, ID 83873	82-6000272	GOVERNMENT	100,000				CHARITABLE, SWIMMING POOL RENOVATION
ARC OF SPOKANE 320 E 2ND AVE SPOKANE, WA 99202	91-0716160	501(C)(3)	53,586				CHARITABLE, GENERAL OPERATING SUPPORT AND COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF FAIRFIELD PO BOX 334 FAIRFIELD, WA 99012	91-6010686	GOVERNMENT	5,000				CHARITABLE, COMMUNITY MURAL
AT THE CORE 4903 E PEONE PINES DR MEAD, WA 99021	46-2937061	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF WILBUR PO BOX 214 WILBUR, WA 99185		GOVERNMENT	5,000				CHARITABLE, COVID-19 SMALL BUSINESS SUPPORT
BACKYARD HARVEST INC 510 W PALOUSE RIVER DR MOSCOW, ID 83843	26-2084792	501(C)(3)	13,750				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS COUNTY DEVELOPMENT COUNCIL 425 E MAIN ST STE 300 OTHELLO, WA 99344	26-1240570	OTHER EXEMPT ENTITY	10,000				CHARITABLE, COVID-19 EMERGENCY BUSINESS ASSISTANCE GRANTS
BAIL PROJECT INC PO BOX 750 VENICE, CA 90294	81-4985512	501(C)(3)	5,000				CHARITABLE, SUPPORT FOR RECENTLY INCARCERATED TO ACCESS AND/OR KEEP HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTHEM CDA INC 212 S 11TH ST STE 1 COEUR DALENE, ID 83814	82-0345175	OTHER EXEMPT ENTITY	19,000				CHARITABLE, GENERAL OPERATING SUPPORT
BENEWAH COUNTY HUMANE SOCIETY PO BOX 642 ST MARIES, ID 83861	82-0430864	501(C)(3)	9,450				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTHEM HAYDEN 251 W MILES AVE HAYDEN, ID 83835	82-0345175	OTHER EXEMPT ENTITY	20,000				CHARITABLE, GENERAL OPERATING SUPPORT
BETTER TOGETHER ANIMAL ALLIANCE 870 KOOTENAI CUTOFF RD PONDERAY, ID 83852	94-3071245	501(C)(3)	9,450				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAUTIFUL DOWNTOWN LEWISTON 301 MAIN ST STE 103 LEWISTON, ID 83501	26-2200307	OTHER EXEMPT ENTITY	7,000				CHARITABLE, PUBLIC HEALTH EDUCATION AND PPE DISTRIBUTION, ARCHITECTURAL STUDY FOR ECONOMIC DEVELOPMENT PARTNER AGENCY CO-LOCATION
BIBLE STUDY FELLOWSHIP INTERNATIONAL 19001 HUEBNER RD SAN ANTONIO, TX 78258	94-1514010	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BONNER COUNTY ECONOMIC DEVELOPMENT CORPORATION PO BOX 1523 SANDPOINT, ID 83864	82-0526763	OTHER EXEMPT ENTITY	10,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
BIG BEND HISTORICAL SOCIETY INC PO BOX 523 WILBUR, WA 99185	91-1284502	501(C)(3)	11,247				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOUNDARY COUNTY SCHOOL DISTRICT 101 6485 TAMARACK LN BONNERS FERRY, ID 83805	82-6000683	OTHER EXEMPT ENTITY	10,000				CHARITABLE, FIRST TEAM 2130
BIG TABLE PO BOX 372 SPOKANE, WA 99210	20-8931223	501(C)(3)	43,783				CHARITABLE, GENERAL OPERATING SUPPORT, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN RD 1600 THOUSAND OAK, CA 91360	95-2962604	OTHER EXEMPT ENTITY	7,741				CHARITABLE, PACIFIC LUTHERAN THEOLOGICAL SEMINARY
BLANCHARD AREA SENIORS INCORPORATED PO BOX 127 BLANCHARD, ID 83804	82-0418029	501(C)(3)	7,000				CHARITABLE, FOOD AND BASIC NEEDS FOR VULNERABLE SENIORS, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL UNIVERSITY 1 COLLEGE AND MAIN COLUMBUS, OH 43209	31-4379435	OTHER EXEMPT ENTITY	7,741				CHARITABLE, TRINITY LUTHERAN SEMINARY
BLESSINGS UNDER THE BRIDGE PO BOX 14317 SPOKANE, WA 99214	26-1620304	501(C)(3)	10,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATALDO CATALDO CATHOLIC SCHOOL 455 W 18TH AVE SPOKANE, WA 99203	91-1427965	OTHER EXEMPT ENTITY	5,000				CHARITABLE, GENERAL OPERATING SUPPORT
BONNER COMMUNITY FOOD CENTER 1707 CULVERS DR SANDPOINT, ID 83864	82-0385747	501(C)(3)	20,500				CHARITABLE, FOOD, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF OUR LADY OF LOURDES 1115 W RIVERSIDE AVE SPOKANE, WA 99201	01-0962155	OTHER EXEMPT ENTITY	16,000				CHARITABLE, GENERAL OPERATING SUPPORT
BONNER COUNTY HOMELESS TASK FORCE AKA TIPS 330 S FLORENCE SANDPOINT, ID 83864	82-0452673	501(C)(3)	24,000				CHARITABLE, EXPENSES RELATED TO FOOD SECURITY, TRANSITION CASE MANAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF SPOKANE PO BOX 1453 SPOKANE, WA 99210	53-0196617	OTHER EXEMPT ENTITY	6,450				CHARITABLE, ANNUAL CATHOLIC APPEAL
BOY SCOUTS OF AMERICA INLAND NORTHWEST COUNCIL 411 W BOY SCOUT WY SPOKANE, WA 99201	91-0567262	501(C)(3)	24,240				CHARTIABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAS- COMMUNITY HEALTH ASSOCIATION OF SPOKANE 203 N WASHINGTON ST STE 300 SPOKANE, WA 99205	91-1641797	OTHER EXEMPT ENTITY	7,637				CHARITABLE, AIR PURIFICATION AT MARKET STREET CLINIC
BOY SCOUTS OF AMERICA TROOP 696 38368 HWY 41 OLDTOWN, ID 83822	91-0567262	501(C)(3)	5,000				CHARITABLE, TROOP EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK FORK JRSR HIGH SCHOOL 502 N MAIN ST CLARK FORK, ID 83811		OTHER EXEMPT ENTITY	22,324				SCHOLARSHIPS
BOYS & GIRLS CLUB OF KOOTENAI COUNTY 925 N 15 ST COEUR DALENE, ID 83814	84-1635505	501(C)(3)	6,500				CHARITABLE, GENERAL OPERATING SUPPORT, SUMMER PROGRAMMING SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEARWATER ECONOMIC DEVELOPMENT ASSOCIATION 1626 6TH AVE N LEWISTON, ID 83501	82-0288410	OTHER EXEMPT ENTITY	30,000				CHARITABLE, COMMUNITY DEVELOPMENT TRAINING SERIES
BOYS & GIRLS CLUB OF SPOKANE COUNTY 544 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501(C)(3)	131,500				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COEUR D'ALENE CHURCH OF THE NAZARENE 4000 N 4TH ST 5114 COEUR DALENE, ID 83815		OTHER EXEMPT ENTITY	8,000				CHARITABLE, QUEST SUMMER DAY CAMP SCHOLARSHIPS
CANCER CARE NORTHWEST FOUNDATION 1204 N VERCLER RD SPOKANE VALLEY, WA 99216	20-1453390	501(C)(3)	9,437				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COEUR D'ALENE PUBLIC LIBRARY FOUNDATION 702 E FRONT AVE COEUR DALENE, ID 83814	82-0485529	OTHER EXEMPT ENTITY	21,595				CHARITABLE, GENERAL OPERATING SUPPORT
CARL MAXEY CENTER 1312 N MONROE ST STE 148 SPOKANE, WA 99201	82-4396555	501(C)(3)	20,000				CHARITABLE, CAPACITY BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COEUR D'ALENE ROTARY ENDOWMENT FOUNDATION PO BOX 444 COEUR DALENE, ID 83816	26-1725990	OTHER EXEMPT ENTITY	5,778				CHARITABLE, GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF SPOKANE 101 E HARTSON AVE SPOKANE, WA 99202	53-0196617	501(C)(3)	124,698				CHARITABLE, HOMELESS FAMILY STABILIZATION, CHRISTMAS FUND, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COEUR D'ALENE SCHOOL DISTRICT 1400 N NORTHWOOD CENTER CT COEUR DALENE, ID 83814	82-6000811	OTHER EXEMPT ENTITY	76,500				CHARITABLE, OPENING BOOKS, OPENING DOORS
CDA BACKPACK PROGRAM 2200 N 7TH ST COEUR DALENE, ID 83814	84-3182296	501(C)(3)	15,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COEUR D'ALENE TRIBE PO BOX 200 PLUMMER, ID 83851		OTHER EXEMPT ENTITY	35,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
CDAIDE PO BOX 1042 COEUR DALENE, ID 83816	82-1514707	501(C)(3)	16,860				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COLVILLE DOLLARS FOR SCHOLARS PO BOX 333 COLVILLE, WA 99114	75-3022676	OTHER EXEMPT ENTITY	14,572				SCHOLARSHIPS
CENTER FOR JUSTICE 35 W MAIN AVE STE 300 SPOKANE, WA 99201	91-1939768	501(C)(3)	11,118				CHARITABLE, GENERAL OPERATING SUPPORT

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COLVILLE NOW 986 S MAIN ST STE B COLVILLE, WA 99114	91-1736146	OTHER EXEMPT ENTITY	10,000				CHARITABLE, LOCAL ECONOMIC RESILIENCE
CHASE YOUTH FOUNDATION 10 N POST ST STE 649 SPOKANE, WA 99201	91-1582748	501(C)(3)	50,000				CHARITABLE, SISTER CITIES YOUTH SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COLVILLE SCHOOL DISTRICT 217 S HOFSTETTER ST COLVILLE, WA 99114		OTHER EXEMPT ENTITY	10,000				CHARITABLE, ONLINE AND REMOTE LEARNING OPPORTUNITIES
CHEWELAH FAITH RESOURCES GROUP 502 E MAIN AVE CHEWELAH, WA 99109	53-0196617	501(C)(3)	8,000				CHARTIABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITES IN SCHOOLS OF SPOKANE COUNTY 104 S FREYA ST STE 109 SPOKANE, WA 99202	26-1581358	OTHER EXEMPT ENTITY	16,450				CHARITABLE, REMOTE LEARNING RESOURCES, FOOD/HYGIENE SUPPLIES FOR STUDENTS, DATA STUDY ON FAMILY VIOLENCE PROSECUTIONS
CITIZENS' COUNCIL FOR THE ARTS PO BOX 901 COEUR DALENE, ID 83816	51-0197066	501(C)(3)	19,564				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONFEDERATED TRIBES OF COLVILLE RESERVATION PO BOX 150 NESPELEM, WA 99155		OTHER EXEMPT ENTITY	67,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
CLASSICAL CHRISTIAN ACADEMY PO BOX 1209 RATHDRUM, ID 83858	82-0483395	501(C)(3)	6,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	OTHER EXEMPT ENTITY	5,000				CHARITABLE, GENERAL OPERATING SUPPORT
COEUR D'ALENE HOMES (THE VILLAGE AT ORCHARD RIDGE) 624 W HARRISON AVE COEUR DALENE, ID 83814	82-0201589	501(C)(3)	21,800				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CUSICK COMMUNITY DEVELOPMENT ASSOCIATION PO BOX 126 CUSICK, WA 99119	91-1102635	OTHER EXEMPT ENTITY	8,500				CHARITABLE, FOOD DISTRIBUTION, COVID-19 EMERGENCY ASSISTANCE
COLFAX SCHOOLS FOUNDATION 223 N MAIN ST COLFAX, WA 99111	71-0873664	501(C)(3)	14,240				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAVENPORT SCHOOL DISTRICT 801 7TH ST DAVENPORT, WA 99122		OTHER EXEMPT ENTITY	6,000				CHARITABLE, REMOTE LEARNING SUPPORT
COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163	94-3080214	501(C)(3)	48,750				CHARITABLE, FOOD PANTRY SUPPORT, COVID-19 EMERGENCY ASSISTANCE, EVICTION PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DEARBORN PARK PTA 2820 S ORCAS ST MS SM-251 SEATTLE, WA 98108	91-1180799	OTHER EXEMPT ENTITY	10,000				CHARITABLE, GENERAL OPERATING SUPPORT
COMMUNITY ACTION PARTNERSHIP 124 N 6TH ST LEWISTON, ID 83501	82-0263863	501(C)(3)	15,500				CHARITABLE, FOOD BANK ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DESTINY MINISTRIES CHURCH 82625 SHOWCASE PKWY INDIO, CA 99203	20-1530892	OTHER EXEMPT ENTITY	10,000				CHARITABLE, BUILDING FUND
COMMUNITY CANCER SERVICES 1205 HWY 2 STE 101-B SANDPOINT, ID 83864	71-0899963	501(C)(3)	17,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, TRANSITION CASE MANAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ELSON S FLOYD COLLEGE OF MEDICINE PO BOX 1495 SPOKANE, WA 99210	91-6001108	OTHER EXEMPT ENTITY	40,000				CHARITABLE, RURAL HEALTHCARE, CANCER RESEARCH
COMMUNITY COALITION FOR FAMILIES PO BOX 3223 BONNERS FERRY, ID 83805	84-1393413	501(C)(3)	18,500				CHARITABLE, HOUSING ASSISTANCE, FOOD SECURITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EVANGELICAL LUTHERAN CHURCH IN AMERICA PO BOX 1809 MERRIFIELD, VA 22116	41-1568278	OTHER EXEMPT ENTITY	60,000				CHARITABLE, WORLD HUNGER, DISASTER RESPONSE
COMMUNITY COLLEGES OF SPOKANE FOUNDATION PO BOX 6000 MS 1005 SPOKANE, WA 99217	91-0886962	501(C)(3)	36,746				CHARITABLE, SCHOLARSHIPS, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EWU FINANCIAL AID AND SCHOLARSHIPS 102 SUTTON HALL CHENEY, WA 99004	91-1019819	OTHER EXEMPT ENTITY	6,549				SCHOLARSHIPS
COMMUNITY FRAMEWORKS 907 W RIVERSIDE AVE STE 100 SPOKANE, WA 99201	91-0933023	501(C)(3)	32,500				CHARITABLE, HIGHLAND VILLAGE OUTREACH, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST CHRISTIAN CHURCH IN CLARKSTON 840 10TH ST CLARKSTON, WA 99403	91-0974796	OTHER EXEMPT ENTITY	5,000				CHARITABLE, PACKAGING FOR TAKEOUT FOOD DELIVERY
COMMUNITY-MINDED ENTERPRISES PO BOX 48150 SPOKANE, WA 99228	91-1764236	501(C)(3)	26,000				CHARITABLE, CENSUS 2020 OUTREACH, CHILD CARE ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST PRESBYTERIAN CHURCH OF SPOKANE 318 S CEDAR ST SPOKANE, WA 99201	91-0564965	OTHER EXEMPT ENTITY	8,585				CHARITABLE, GENERAL OPERATING SUPPORT
COUNCIL ON AGING AND HUMAN SERVICES PO BOX 107 COLFAX, WA 99111	91-0964790	501(C)(3)	37,800				CHARITABLE, FOOD DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FREEMAN SCHOOL DISTRICT 15001 S JACKSON RD ROCKFORD, WA 99030		OTHER EXEMPT ENTITY	8,000				CHARITABLE, SCHOLARSHIP, TECHNOLOGY SUPPORT FOR REMOTE LEARNING
COUNCIL ON FOUNDATIONS 1255 23RD ST NW STE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	5,250				CHARITABLE, MEMBERSHIP DUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF NEILL PUBLIC LIBRARY 210 N GRAND AVE PULLMAN, WA 99163	91-1049324	OTHER EXEMPT ENTITY	13,961				CHARITABLE, GENERAL OPERATING SUPPORT
DAYBREAK YOUTH SERVICES 960 E 3RD AVE SPOKANE, WA 99202	91-1083936	501(C)(3)	6,500				CHARITABLE, GENERAL OPERATING SUPPORT

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FRIENDS OF WHITMAN COUNTY LIBRARY 102 S MAIN ST COLFAX, WA 99111	91-1651792	OTHER EXEMPT ENTITY	10,000				CHARITABLE, COVID-19 EMERGENCY SUPPORT
DEER PARK DOLLARS FOR SCHOLARS PO BOX 1241 DEER PARK, WA 99006	46-5230181	501(C)(3)	6,000				SCHOLARSHIPS

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GONZAGA PREPARATORY 1224 E EUCLID AVE SPOKANE, WA 99207	91-6072663	OTHER EXEMPT ENTITY	9,569				CHARITABLE, TRACK RENOVATION, GENERAL OPERATING SUPPORT
DISHMAN HILLS CONSERVANCY PO BOX 8536 SPOKANE, WA 99203	91-6087260	501(C)(3)	9,861				CHARITABLE, LAND ACQUISITION, GENERAL OPERATING SUPPORT

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GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE, WA 99258	91-0236600	OTHER EXEMPT ENTITY	19,073				CHARITABLE, GENERAL OPERATING SUPPORT
EARLY LIFE SPEECH & LANGUAGE 506 W 2ND AVE SPOKANE, WA 99201	91-1239678	501(C)(3)	6,011				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD HOPE LUTHERAN CHURCH PO BOX 336 LIND, WA 99341		OTHER EXEMPT ENTITY	5,638				CHARITABLE, GENERAL OPERATING SUPPORT
EASTERN WASHINGTON UNIVERSITY FOUNDATION 102 HARGREAVES HALL CHENEY, WA 99004	91-1019819	501(C)(3)	19,458				CHARITABLE, SCHOLARSHIP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAPPY HORIZONS CHILDCARE 1428 S BLAINE ST MOSCOW, ID 83843	84-1794319	OTHER EXEMPT ENTITY	10,558				CHARITABLE, COVID-19 EMERGENCY SUPPORT
ETERNAL HOPE INC 2525 E 19TH AVE SPOKANE, WA 99223	46-3276542	501(C)(3)	8,500				CHARITABLE, GENERAL OPERATING SUPPORT

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HISPANIC BUSINESS PROFESSIONAL ASSOCIATION PO BOX 3661 SPOKANE, WA 99220	74-3200153	OTHER EXEMPT ENTITY	22,500				CHARITABLE, COORDINATED FOOD DISTRIBUTION
EUREKA INSTITUTE 513 OAK ST SANDPOINT, ID 83864	45-3828828	501(C)(3)	8,500				CHARITABLE, BUS SHELTER PROGRAM, FREE MEALS THOROUGH RESTAURANT COLLABORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOSPICE OF SALMON VALLEY 506 VAN DREFF ST SALMON, ID 83467	82-0374295	OTHER EXEMPT ENTITY	9,108				CHARITABLE, GENERAL OPERATING SUPPORT
FAIRFIELD CARE 503 S HILLTOP LN FAIRFIELD, WA 99012	27-2904285	501(C)(3)	15,000				CHARITABLE, BACKUP GENERATOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOSPICE OF SPOKANE PO BOX 2215 SPOKANE, WA 99210	91-0995069	OTHER EXEMPT ENTITY	7,797				CHARITABLE, GENERAL OPERATING SUPPORT
FAMILY IMPACT NETWORK PO BOX 183 SPOKANE, WA 99210	47-1405203	501(C)(3)	554,400				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOUSE OF THE LORD CHRISTIAN ACADEMY 754 SILVER BIRCH LANE OLDTOWN, ID 83822	82-0460225	OTHER EXEMPT ENTITY	13,000				CHARITABLE, COMPUTERS AND SOFTWARE
FAMILY PROMISE OF SPOKANE 904 E HARTSON AVE SPOKANE, WA 99202	91-1707988	501(C)(3)	22,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IMMACULATE HEART RETREAT CENTER 6910 S BEN BURR RD SPOKANE, WA 99223	91-0564957	OTHER EXEMPT ENTITY	40,000				CHARITABLE, GENERAL OPERATING SUPPORT
FAMILY PROMISE OF THE PALOUSE PO BOX 9389 MOSCOW, ID 83843	45-5497267	501(C)(3)	7,000				CHARITABLE, CHILDCARE SCHOLARSHIPS, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IMMANUEL EVANGELICAL COVENANT CHURCH 7402 N FOX POINT DR SPOKANE, WA 99208	46-1987190	OTHER EXEMPT ENTITY	25,000				CHARITABLE, GENERAL OPERATING SUPPORT
FIG TREE 1323 S PERRY ST SPOKANE, WA 99202	91-2091823	501(C)(3)	15,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, CENSUS 2020 OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERLINK INC 817-A SIXTH ST CLARKSTON, WA 99403	94-3156974	OTHER EXEMPT ENTITY	7,000				CHARITABLE, NEIGHBOR-TO-NEIGHBOR DELIVERY PROGRAM
FIRST JUDICIAL DISTRICT CASA PROGRAM 1417 N 4TH ST COEUR DALENE, ID 83814	82-0458229	501(C)(3)	15,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KALISPEL TRIBE OF INDIANS PO BOX 39 USK, WA 99180		OTHER EXEMPT ENTITY	48,000				CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT
FIRST STEP 4 LIFE 1002 IDAHO ST LEWISTON, ID 83501	83-2521142	501(C)(3)	7,000				CHARITABLE, COVID-19 EMERGENCY SUPPORT

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KOOTENAI TRIBAL COUNCIL PO BOX 1269 BONNERS FERRY, ID 83805		OTHER EXEMPT ENTITY	9,000				CHARITABLE, FOOD SECURITY
FOOD FOR OUR CHILDREN PO BOX 1049 SANDPOINT, ID 83864	47-3061449	501(C)(3)	10,500				CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAKESIDE ASSISTED LIVING PO BOX 1562 WINCHESTER, ID 83555	26-1425085	OTHER EXEMPT ENTITY	5,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024 SEATTLE, WA 98109	23-7156071	501(C)(3)	49,883				CHARITABLE, CANCER RESEARCH

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LAPWAI SCHOOL DISTRICT 271 B STREET LAPWAI, ID 83540	82-6000843	OTHER EXEMPT ENTITY	25,000				CHARITABLE, TENNIS COURT RESURFACING AND PICKELBALL
FREE REIN THERAPEUTIC RIDING PO BOX 30893 SPOKANE, WA 99203	20-8377385	501(C)(3)	10,250				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LATINOS EN SPOKANE 947 E ERMINA AVE SPOKANE, WA 99207	60-4615812	OTHER EXEMPT ENTITY	5,000				CHARITABLE, PPE AND BASIC NEEDS SUPPORT
FREEDOM FOUNDATION PO BOX 552 OLYMPIA, WA 98507	94-3136961	501(C)(3)	25,500				CHARITABLE, GENERAL OPERATING SUPPORT

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LEWIS AND CLARK HIGH SCHOOL 521 W 4TH AVE SPOKANE, WA 99204		OTHER EXEMPT ENTITY	6,634				SCHOLARSHIPS
FRIENDS OF KSPS 3911 S REGAL ST SPOKANE, WA 99223	23-7203753	501(C)(3)	73,438				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWIS CLARK VALLEY CHAMBER OF COMMERCE 825 6TH ST CLARKSTON, WA 99403		OTHER EXEMPT ENTITY	8,085				CHARITABLE, SMALL BUSINESS COVID RELIEF
FRIENDS OF MONGOLIA PO BOX 53314 WASHINGTON, DC 20009	06-1571562	501(C)(3)	18,832				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEWIS-CLARK STATE COLLEGE 500 8TH AVE LEWISTON, ID 83501	82-6000935	OTHER EXEMPT ENTITY	10,950				CHARITABLE, GENERAL OPERATING SUPPORT, SCHOLARSHIPS, REMOTE LEARNING TECHNOLOGY
FRIENDS OF STONEROSE FOSSIL PO BOX 987 REPUBLIC, WA 99166	31-1274608	501(C)(3)	24,600				CHARITABLE, GENERAL OPERATING SUPPORT, FREE/LOW COST EDUCATIONAL EXPERIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LINCOLN COUNTY ECONOMIC DEVELOPMENT COUNCIL PO BOX 1304 DAVENPORT, WA 99122	20-4994743	OTHER EXEMPT ENTITY	14,500				CHARITABLE, COVID-19 BUSINESS ASSISTANCE
FUTUREWISE 816 SECOND AVE STE 200 SEATTLE, WA 98104	91-1539831	501(C)(3)	20,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LUTHER SEMINARY 2481 COMO AVE ST PAUL, MN 55108	41-1425961	OTHER EXEMPT ENTITY	7,741				CHARITABLE, GENERAL OPERATING SUPPORT
GARFIELD COUNTY FOOD BANK PO BOX 15 POMEROY, WA 99347	91-1657333	501(C)(3)	7,000				CHARITABLE, FOOD SECURITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARSHALL CEMETERY ASSOCIATION 12011 S AUSTIN RD SPOKANE, WA 99224	36-4503101	OTHER EXEMPT ENTITY	14,403				CHARITABLE, GENERAL OPERATING SUPPORT
GEMS COMMUNITY CITIZENS PROJECTS 9428 N GOVERNMENT WAY HAYDEN, ID 83835	82-0522106	501(C)(3)	10,000				CHARITABLE, COVID-19 EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARY WALKER SCHOOL DISTRICT 500 N 4TH ST SPRINGDALE, WA 99173		OTHER EXEMPT ENTITY	13,240				CHARITABLE, REFRIGERATED TRAILER FOR FOOD DELIVERY
GENESIS ASSOCIATES 421 COEUR DALENE 2 COEUR DALENE, ID 83814	82-0479588	501(C)(3)	11,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MCDOWELL MOUNTAIN CHURCH 10700 N 124TH ST SCOTTSDALE, AZ 85259	86-0792834	OTHER EXEMPT ENTITY	100,000				CHARITABLE, BUILDING FUND, GENERAL OPERATING SUPPORT
GIRL SCOUTS EASTERN WASHINGTON & NORTHERN IDAHO 1404 N ASH ST SPOKANE, WA 99201	91-0570844	501(C)(3)	110,249				CHARITABLE, MOBILE STEM LAB, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MILLWOOD COMMUNITY PRESBYTERIAN CHURCH 3223 N MARGUERITE RD SPOKANE VALLEY, WA 99212		OTHER EXEMPT ENTITY	12,376				CHARITABLE, GENERAL OPERATING SUPPORT
GIZMO-CDA INC 1000 W GARDEN AVE COEUR DALENE, ID 83814	46-5487834	501(C)(3)	5,250				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MORNING STAR BAPTIST CHURCH 3909 W ROWAN AVE SPOKANE, WA 99205		OTHER EXEMPT ENTITY	22,500				CHARITABLE, GENERAL OPERATING SUPPORT
GLOBAL NEIGHBORHOOD PO BOX 10330 SPOKANE, WA 99209	26-2571035	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOSCOW AFFORDABLE HOUSING TRUST 510 W PALOUSE RIVER DR MOSCOW, ID 83843	27-0306873	OTHER EXEMPT ENTITY	17,250				CHARITABLE, CONSTRUCTION OF 2 AFFORDABLE HOUSES
GOODWILL INDUSTRIES OF THE INLAND NORTHWEST 130 E 3RD AVE SPOKANE, WA 99202	91-0597006	501(C)(3)	7,741				CHARITABLE, GENERAL OPERATING SUPPORT

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NEZ PERCE TRIBE PO BOX 305 LAPWAI, ID 83540		OTHER EXEMPT ENTITY	5,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
GRANGEVILLE SENIOR CITIZENS CENTER PO BOX 446 GRANGEVILLE, ID 83530	82-0337966	501(C)(3)	6,000				CHARITABLE, COVID-19 EMERGENCY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NIMIIPUU COMMUNITY DEVELOPMENT FUND PO BOX 114 LAPWAI, ID 83540	47-1926181	OTHER EXEMPT ENTITY	5,000				CHARITABLE, TRIBAL MEMBER SMALL BUSINESS NEEDS
GREATER SPOKANE COUNTY MEALS ON WHEELS 12101 E SPRAGUE AVE SPOKANE, WA 99206	91-1042546	501(C)(3)	22,343				CHARITABLE, GENERAL OPERATING SUPPORT, COVID-19 EMERGENCY ASSISTANCE

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NIMIIPUU HEALTH PO BOX 367 LAPWAI, ID 83540	45-4997702	OTHER EXEMPT ENTITY	5,000				CHARITABLE, PURCHASING PPE
HABITAT FOR HUMANITY SPOKANE PO BOX 4130 SPOKANE, WA 99220	94-3066722	501(C)(3)	44,217				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH IDAHO HIGH SCHOOL AEROSPACE PROGRAM PO BOX 1083 SAGLE, ID 83860	47-4476166	OTHER EXEMPT ENTITY	8,000				CHARITABLE, STUDENT AVIATION EDUCATION SUPPORT
HEALTH EQUITY CIRCLE 31015 N SPOTTED RD DEER PARK, WA 99006	83-2138955	501(C)(3)	5,000				CHARITABLE, LGBTQ COMMUNITY HEALING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ORCHARD PRAIRIE SCHOOL DISTRICT 7626 N ORCHARD PRAIRIE RD SPOKANE, WA 99217		OTHER EXEMPT ENTITY	5,376				CHARITABLE, CULTURAL ACTIVITIES FOR STUDENTS
HERITAGE HEALTH (DIRNE COMMUNITY HEALTH CENTER) PO BOX 3648 COEUR DALENE, ID 83816	94-3036820	501(C)(3)	8,000				CHARITABLE, COVID-19 EMERGENCY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OTHELLO CHURCH OF THE NAZARENE 835 S 10TH AVE OTHELLO, WA 99344	91-0950822	OTHER EXEMPT ENTITY	48,000				CHARITABLE, GENERAL OPERATING SUPPORT
HISTORIC FLIGHT FOUNDATION 5829 E RUTTER AVE SPOKANE, WA 99212	20-3837894	501(C)(3)	5,500				CHARITABLE, GENERAL OPERATING SUPPORT

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OTHELLO COMMUNITY HOSPITAL AUXILIARY PO BOX 587 MSC-R17 OTHELLO, WA 99344	91-6016170	OTHER EXEMPT ENTITY	7,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
HUB SPORTS CENTER 19619 E CATALDO AVE LIBERTY LAKE, WA 99016	26-0173199	501(C)(3)	17,500				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA, WA 98447	91-0565571	OTHER EXEMPT ENTITY	100,300				CHARITABLE, NURSING SCHOOL BUILDING, GENERAL OPERATING SUPPORT
HUTTON SETTLEMENT 422 W RIVERSIDE AVE STE 931 SPOKANE, WA 99201	91-0564969	501(C)(3)	206,776				CHARITABLE, GENERAL OPERATING SUPPORT

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PEACE LUTHERAN CHURCH 309 N LAKE COLFAX, WA 99133		OTHER EXEMPT ENTITY	7,518				CHARITABLE, GENERAL OPERATING SUPPORT
ICARE INC 2134 CANYON CREEK RD OROFINO, ID 83544	27-4647105	501(C)(3)	5,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

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PENINSULA BIBLE CHURCH CUPERTINO 10601 N BLANEY AVE CUPERTINO, CA 95014	77-0269849	OTHER EXEMPT ENTITY	7,500				CHARITABLE, ROMANIAN MINISTRY
IDAHO CONSERVATION LEAGUE PO BOX 844 BOISE, ID 83702	82-6042478	501(C)(3)	8,750				CHARITABLE, GENERAL OPERATING SUPPORT

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PILGRIM SLAVIC BAPTIST CHURCH 212 S LINCOLN ST SPOKANE, WA 99201		OTHER EXEMPT ENTITY	22,500				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
IDAHO FOODBANK WAREHOUSE INC 3630 E COMMERCIAL CT MERIDIAN, ID 83642	82-0425400	501(C)(3)	16,500				CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT

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POMEROY SCHOOL DISTRICT PO BOX 950 POMEROY, WA 99347		OTHER EXEMPT ENTITY	5,000				CHARITABLE, REMOTE LEARNING EQUIPMENT
IDAHO NONPROFIT CENTER 5257 W FAIRVIEW AVE STE 260 BOISE, ID 83705	94-3419016	501(C)(3)	7,500				CHARITABLE, REGIONAL FORUMS

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PORT OF COLUMBIA 1 PORT WAY DAYTON, WA 99328		OTHER EXEMPT ENTITY	20,000				CHARITABLE, SMALL BUSINESS MICROGRANTS
IDAHO YOUTH RANCH 1609 N GOVERNMENT WY COEUR DALENE, ID 83814	82-0253346	501(C)(3)	17,000				CHARITABLE, COVID-19 EMERGENCY SUPPORT

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PRIEST RIVER LAMANNA HIGH SCHOOL 1103 9TH ST PRIEST RIVER, ID 83856	82-0508740	OTHER EXEMPT ENTITY	20,000				CHARITABLE, AFTER SCHOOL PROGRAMS
IF YOU COULD SAVE JUST ONE (JUST ONE) 4420 N CINCINNATI ST SPOKANE, WA 99207	82-4898269	501(C)(3)	32,360				CHARITABLE, SCHOOL'S OUT WASHINGTON TRAINING, GENERAL OPERATING SUPPORT

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REARDAN-EDWALL SCHOOL DISTRICT 255 S CEDAR REARDAN, WA 99029	91-6001623	OTHER EXEMPT ENTITY	6,000				CHARITABLE, REMOTE LEARNING EQUIPMENT AND SUPPORT
INLAND NORTHWEST LAND CONSERVANCY 35 W MAIN AVE STE 210 SPOKANE, WA 99201	91-1510539	501(C)(3)	121,336				CHARITABLE, GENERAL OPERATING SUPPORT

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RIVERSIDE SCHOOL DISTRICT 34515 N NEWPORT HWY CHATTOROY, WA 99003		OTHER EXEMPT ENTITY	5,000				CHARITABLE, REMOTE LEARNING EQUIPMENT AND SUPPORT
INTERNATIONAL EYE INSTITUTE INC 310 S 13TH ST COEUR DALENE, ID 83814	32-0249964	501(C)(3)	5,000				CHARITABLE, A-SCAN UNIT FOR GUATEMALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROCKWOOD RETIREMENT 2903 E 25TH AVE SPOKANE, WA 99223	91-0715658	OTHER EXEMPT ENTITY	6,349				CHARITABLE, GENERAL OPERATING SUPPORT
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	13,000				CHARITABLE, GENERAL OPERATING SUPPORT

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ROTARY COMMUNITY SERVICE PO BOX 1117 SPOKANE, WA 99210	91-6054990	OTHER EXEMPT ENTITY	5,350				CHARITABLE, GENERAL OPERATING SUPPORT
ISLA HOLBOX SPAY NEUTER PROJECT 33925 EGLON RD NE KINGSTON, WA 98346	26-3973218	501(C)(3)	5,000				CHARITABLE, SPAYING AND NEUTERING

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SACRED HEART CATHOLIC CHURCH 43-775 DEEP CANYON RD PALM DESERT, CA 92260		OTHER EXEMPT ENTITY	5,000				CHARITABLE, ONGOING MINISTRY
JOYA CHILD & FAMILY DEVELOPMENT 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501(C)(3)	91,187				CHARITABLE, GENERAL OPERATING SUPPORT

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SANDPOINT HIGH SCHOOL 410 S DIVISION ST SANDPOINT, ID 83864	82-0411808	OTHER EXEMPT ENTITY	7,500				SCHOLARSHIPS
KANIKSU LAND TRUST PO BOX 2123 SANDPOINT, ID 83864	47-0898549	501(C)(3)	12,000				CHARITABLE, PINE STREET WOODS

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SOUTHEAST WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION 845 PORT WY CLARKSTON, WA 99403	91-1319496	OTHER EXEMPT ENTITY	12,000				CHARITABLE, CENSUS 2020 OUTREACH
KINDERHAVEN INC PO BOX 2097 SANDPOINT, ID 83864	82-0491527	501(C)(3)	50,000				CHARITABLE, GENERAL OPERATING SUPPORT

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SOUTHSIDE CHRISTIAN CHURCH 2934 E 27TH AVE SPOKANE, WA 99223	91-2153486	OTHER EXEMPT ENTITY	40,015				CHARITABLE, GENERAL OPERATING SUPPORT
KITITAS COUNTY GENEALOGICAL SOCIETY 413 N MAIN ST STE L ELLENSBURG, WA 98926	91-1265723	501(C)(3)	7,919				CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKANE AREA TENANTS UNITED 615 S WOODRUFF RD APT 17 SPOKANE VALLEY, WA 99206		OTHER EXEMPT ENTITY	5,000				CHARITABLE, TENANT BASED CENSUS 2020 OUTREACH
KOOTENAI HUMANE SOCIETY PO BOX 1005 HAYDEN, ID 83835	82-0334845	501(C)(3)	11,011				CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKANE FOURSQUARE CHURCH 1202 N GOVERNMENT WY SPOKANE, WA 99224	91-1019013	OTHER EXEMPT ENTITY	50,000				CHARITABLE, GENERAL OPERATING SUPPORT
KRISTA FOUNDATION FOR GLOBAL CITIZENSHIP 6827 OSWEGO PL NE STE A SEATTLE, WA 98115	91-1995569	501(C)(3)	21,498				CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKANE KAREN BAPTIST CHURCH 3307 W ROWAN AVE SPOKANE, WA 99205		OTHER EXEMPT ENTITY	5,000				CHARITABLE, SUPPORT OF BASIC NEEDS
LADIES & GENTLEMEN OF THE STATE VETERANS CEMETERY PO BOX 1562 AIRWAY HEIGHTS, WA 99001	27-2759459	501(C)(3)	20,000				CHARITABLE, KOREAN WAR MEMORIAL

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SPOKANE PUBLIC LIBRARY 906 W MAIN AVE SPOKANE, WA 99201	91-6001280	OTHER EXEMPT ENTITY	6,960				CHARITABLE, GENERAL OPERATING SUPPORT
LAKE PEND OREILLE WATERKEEPER PO BOX 732 SANDPOINT, ID 83864	26-4219188	501(C)(3)	12,000				CHARITABLE, KEEPING NORTH IDAHO WATERS SWIMMABLE AND FISHABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE TRIBE OF INDIANS PO BOX 100 WELLPINIT, WA 99040	91-0606339	OTHER EXEMPT ENTITY	215,500				CHARITABLE, UPFRONT ASSESSMENT INITIATIVE, WELLPINIT FOOD BANK, COVID-19 EMERGENCY ASSISTANCE
LILAC SERVICES FOR THE BLIND 1212 N HOWARD ST SPOKANE, WA 99201	23-7121726	501(C)(3)	6,259				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPOKESMAN REVIEW CHRISTMAS FUND PO BOX 516 SPOKANE, WA 99210		OTHER EXEMPT ENTITY	31,979				CHARITABLE, GENERAL OPERATING SUPPORT
LUTHERAN COMMUNITY SERVICES NORTHWEST 210 W SPRAGUE AVE SPOKANE, WA 99201	93-0386860	501(C)(3)	11,000				CHARITABLE, GENERAL OPERATING SUPPORT, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOHN'S LUTHERAN CHURCH 223 S HALLET ST MEDICAL LAKE, WA 99022		OTHER EXEMPT ENTITY	40,902				CHARITABLE, GENERAL OPERATING SUPPORT
LUTERHAVEN MINISTRIES 3258 W LUTERHAVEN RD COEUR DALENE, ID 83814	91-6000231	501(C)(3)	244,538				CHARITABLE, GENERAL OPERATING SUPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PIUS X CATHOLIC CHURCH 625 E HAYCRAFT AVE COEUR DALENE, ID 83814		OTHER EXEMPT ENTITY	8,000				CHARITABLE, GENERAL OPERATING SUPPORT
MAKE-A-WISH FOUNDATION 104 S FREYA ST STE 210 SPOKANE, WA 99202	91-1329433	501(C)(3)	5,500				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUMMIT CHURCH 1801 E 29TH SPOKANE, WA 99203		OTHER EXEMPT ENTITY	20,000				CHARITABLE, GENERAL OPERATING SUPPORT
MARTIN LUTHER KING JR FAMILY OUTREACH CENTER 845 S SHERMAN ST SPOKANE, WA 99202	91-0912823	501(C)(3)	8,000				CHARITABLE, FOOD SECURITY, CHILDCARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRINITY CATHOLIC SCHOOL 2315 N CEDAR ST SPOKANE, WA 99205	91-1427985	OTHER EXEMPT ENTITY	11,345				CHARITABLE, GENERAL OPERATING SUPPORT
MERCY SHIPS PO BOX 1930 LINDALE, TX 75771	26-2414132	501(C)(3)	20,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRINITY LUTHERAN CHURCH 6784 CODY ST BONNERS FERRY, ID 83805	82-0226150	OTHER EXEMPT ENTITY	10,000				CHARITABLE, BOCO BACKPACK PROGRAM
MEXICO MEDICAL MISSIONS 1302 WAUGH DR STE 685 HOUSTON, TX 77019	74-2548761	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF REDLANDS PO BOX 3080 REDLANDS, CA 92373	95-1643389	OTHER EXEMPT ENTITY	5,000				CHARITABLE, THEATER ARTS
MIA- MUJERES IN ACTION PO BOX 7287 SPOKANE, WA 99207	83-2464309	501(C)(3)	5,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PL DUBUQUE, IA 52003	42-0681105	OTHER EXEMPT ENTITY	7,741				CHARITABLE, GENERAL OPERATING SUPPORT
MID CITY CONCERNS 1222 W 2ND AVE SPOKANE, WA 99201	91-0833015	501(C)(3)	316,312				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WASHINGTON STATE UNIVERSITY OF NURSING 412 E SPOKANE BLVD SPOKANE, WA 99202	91-6001108	OTHER EXEMPT ENTITY	6,240				SCHOLARSHIPS
MILLWOOD IMPACT 3223 N MARGUERITE RD SPOKANE VALLEY, WA 99212	83-3272171	501(C)(3)	5,500				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WHITWORTH COMMUNITY PRESBYTERIAN CHURCH 312 W HAWTHORNE RD SPOKANE, WA 99218	91-0625510	OTHER EXEMPT ENTITY	14,300				CHARITABLE, GENERAL OPERATING SUPPORT
MOBIUS SPOKANE 808 W MAIN AVE SPOKANE, WA 99201	91-1694299	501(C)(3)	15,489				CHARITABLE, SUPPORT FOR PROGRAMS AND EXHIBITS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WHITWORTH UNIVERSITY 300 W HAWTHORNE RD SPOKANE, WA 99218	91-0473310	OTHER EXEMPT ENTITY	36,277				CHARITABLE, SCHOLARSHIPS, GENERAL OPERATING SUPPORT
MORNING STAR BOYS RANCH PO BOX 8087 SPOKANE, WA 99203	91-0664709	501(C)(3)	5,784				CHARITABLE, GENERAL OPERATING SUPPORT, ATHLETIC PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WIBUR CEMETERY ASSOCIATION PO BOX 168 WILBUR, WA 99185	91-1383048	OTHER EXEMPT ENTITY	14,344				CHARITABLE, GENERAL OPERATING SUPPORT
MOUNTAIN STATES LEGAL FOUNDATION 2596 S LEWIS WAY LAKEWOOD, CO 80227	84-0736725	501(C)(3)	25,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WORD OF LIFE COMMUNITY CHURCH 6703 N IDAHO RD NEWMAN LAKE, WA 99025	84-1428225	OTHER EXEMPT ENTITY	6,000				CHARITABLE, GENERAL OPERATING SUPPORT
MUSIC CONSERVATORY OF SANDPOINT PO BOX 907 SANDPOINT, ID 83864	27-1017841	501(C)(3)	10,000				CHARITABLE, MUSIC MATTERS COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WSU OFFICE OF SCHOLARSHIP SERVICES PO BOX 641068 PULLMAN, WA 99164	91-6001108	OTHER EXEMPT ENTITY	18,888				SCHOLARSHIPS
NAMI FAR NORTH PO BOX 2415 SANDPOINT, ID 83864	26-0283018	501(C)(3)	10,500				CHARITABLE, INCREASING ACCESSIBILITY TO MENTAL HEALTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI SPOKANE 10 N POST ST STE 638 SPOKANE, WA 99201	91-1153510	501(C)(3)	12,000				CHARITABLE, ACCESS TO REMOTE MENTAL HEALTH SERVICES, COVID-19 EMERGENCY ASSISTANCE
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NORTHWEST 192 NICKERSON STREET SUITE 100 SEATTLE, WA 98109	13-5661935	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL RIGHT TO WORK LEGAL DEFENSE & EDUCATION FOUNDATION INC 8001 BRADDOCK RD SPRINGFIELD, VA 22160	59-1588825	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT
NEW HEALTH PROGRAMS ASSOCIATION PO BOX 1114 CHEWELAH, WA 99109	91-1053847	501(C)(3)	5,000				CHARITABLE, PROVIDE PPE FOR STAFF AND PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW HOPE 311 W THIRD AVE MOSES LAKE, WA 98837	91-6001319	501(C)(3)	10,000				CHARITABLE, PROVIDING HOUSING AND ASSISTANCE TO DOMESTIC VIOLENCE VICTIMS
NEWPORT HOSPITAL AND HEALTH SERVICES FOUNDATION 714 W PINE ST NEWPORT, WA 99156	26-3367189	501(C)(3)	18,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHEAST COMMUNITY CENTER ASSOCIATION 4001 N COOK ST SPOKANE, WA 99207	91-1196071	501(C)(3)	252,000				CHARITABLE, THE ZONE PROJECT, COVID-19 EMERGENCY ASSISTANCE
NORTHEAST YOUTH CENTER 3004 E QUEEN AVE SPOKANE, WA 99217	71-0886315	501(C)(3)	47,000				CHARITABLE, NEYC ZONE-IN CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHPORT COMMUNITY PRESERVATION AND RESTORATION PO BOX 967 NORTHPORT, WA 99157	80-0221273	501(C)(3)	21,000				CHARITABLE, HYBRID HUT PROJECT
NORTHWEST MUSEUM OF ARTS & CULTURE 2316 W FIRST AVE SPOKANE, WA 99201	91-6000186	501(C)(3)	12,854				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ODYSSEY YOUTH CENTER 1121 S PERRY ST SPOKANE, WA 99202	91-2045932	501(C)(3)	5,000				CHARITABLE, SUPPORT ONLINE CONNECTIONS WITH VULNERABLE POPULATIONS
ONE-HEART WILD EDUCATION SANCTUARY 12620 WILLIAMETTE MERIDIAN SILVERDALE, WA 98383	47-3649523	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE AVE SPOKANE, WA 99201	91-1384287	501(C)(3)	5,250				CHARITABLE, GENERAL OPERATING SUPPORT
PACIFIC NORTHWEST RESEARCH INSTITUTE 720 BROADWAY SEATTLE, WA 98122	91-0667886	501(C)(3)	14,883				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PALOUSE CARE NETWORK 1515 W A ST MOSCOW, ID 83843	45-3719771	501(C)(3)	201,000				CHARITABLE, NEW PULLMAN CENTER, COVID-19 OUTREACH
PANHANDLE ALLILANCE FOR EDUCATION PO BOX 1675 SANDPOINT, ID 83864	61-1416176	501(C)(3)	47,229				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	6,149				CHARITABLE, GENERAL OPERATING SUPPORT
PARTNERS WITH FAMILIES & CHILDREN 106 W MISSION AVE SPOKANE, WA 99201	68-0576560	501(C)(3)	29,996				CHARITABLE, GENERAL OPERATING SUPPORT

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PAWSITIVE OUTREACH SPAYNEUTER ALLIANCE PO BOX 1241 NEWPORT, WA 99156	45-3062989	501(C)(3)	31,400				CHARITABLE, GENERAL OPERATING SUPPORT
PEND OREILLE PARAMEDICS PO BOX 1942 NEWPORT, WA 99156	82-3857792	501(C)(3)	5,000				CHARITABLE, COVID-19 TESTING KITS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PEOPLE'S PANTRY OF FERRY COUNTY PO BOX 1114 REPUBLIC, WA 99166	47-1246202	501(C)(3)	6,300				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PET SAVERS 7525 E TRENT AVE SPOKANE VALLEY, WA 99212	91-1741239	501(C)(3)	6,300				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

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PLANNED PARENTHOOD 1117 TIETON DR YAKIMA, WA 98902	91-6071384	501(C)(3)	15,458				CHARITABLE, GENERAL OPERATING SUPPORT
PLUS DELTA AFTER SCHOOL STUDIOS 528 W CAMERON ST DAYTON, WA 99328	82-1340967	501(C)(3)	30,500				CHARITABLE, CHILDCARE FOR EMERGENCY RESPONDES, COVID-19 EMERGENCY ASSISTANCE

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POMEROY ASSIST PO BOX 804 POMEROY, WA 99347	83-1867905	501(C)(3)	21,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PREVENT HOMELESS PETS 1000 IRMA LANE BENTON CITY, WA 99320	01-0919961	501(C)(3)	20,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PRIEST COMMUNITY FOREST CONNECTION 138 MAIN ST PRIEST RIVER, ID 83856	75-3173821	501(C)(3)	13,000				CHARITABLE, SECOND AND THIRD PHASE OF PEND OREILLE PROJECT
PRIEST LAKE NORDIC CLUB 6827 W LAKESHORE RD PRIEST LAKE, ID 83856	30-0715902	501(C)(3)	5,000				CHARITABLE, EQUIPMENT MAINTENANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PRIEST RIVER MINISTRIES PO BOX 334 PRIEST RIVER, ID 83856	51-0582172	501(C)(3)	42,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PROJECT TIMOTHY 249 E MAIN ST DAYTON, WA 99328	91-1434774	501(C)(3)	20,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

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PROVIDENCE HEALTH CARE FOUNDATION 101 W 8TH AVE SPOKANE, WA 99204	32-0014330	501(C)(3)	16,223				CHARITABLE, VARIOUS PROGRAM SUPPORT
PULLMAN REGIONAL HOSPITAL FOUNDATION 840 SE BISHOP BLVD STE 200 PULLMAN, WA 99163	91-6028220	501(C)(3)	29,307				CHARITABLE, GENERAL OPERATING SUPPORT

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REACH OUT AND READ 89 SOUTH ST STE 201 BOSTON, WA 21111	04-3481253	501(C)(3)	5,000				CHARITABLE, OPENING BOOKS, OPENING DOORS
REFUGEE CONNECTIONS 35 W MAIN AVE STE 205 SPOKANE, WA 99201	90-0652201	501(C)(3)	96,500				CHARITABLE, REFUGEE KIDS CONNEC, COVID-19 EMERGENCY ASSISTANCE

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RONALD MCDONALD HOUSE CHARITIES 1015 W/ 5TH AVE SPOKANE, WA 99204	91-1176115	501(C)(3)	237,404				CHARITABLE, CAPITAL CAMPAIGN, GENERAL OPERATING SUPPORT
ROTARY FIRST HARVEST 1201 1ST AVE S STE 327 SEATTLE, WA 98134	91-1229941	501(C)(3)	7,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RURAL DEVELOPMENT INITIATIVES 150 SHELTON-MCMURPHEY BLVD STE 201 EUGENE, OR 97401	93-1073746	501(C)(3)	20,000				CHARITABLE, PALOUSE RURAL COMMUNITY LEADERSHIP PROGRAM
SAFE PASSAGE 850 N 4TH ST COEUR DALENE, ID 83814	82-0341451	501(C)(3)	21,750				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

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SALEM ARMS COMMUNITY HOUSING 1022 W SHANNON SPOKANE, WA 99205	91-1545042	501(C)(3)	5,000				CHARITABLE, HELP WITH RENTAL ASSISTANCE
SALVATION ARMY KROC CENTER 1765 W GOLF COURSE RD COEUR DALENE, ID 83815	94-1156347	501(C)(3)	33,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	7,500				CHARITABLE, GENERAL OPERATING SUPPORT
SANDPOINT AREA SENIORS 820 MAIN ST SANDPOINT, ID 83864	82-0418894	501(C)(3)	29,600				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANDPOINT COMMUNITY RESOURCE CENTER 231 N 3RD AVE STE 101 SANDPOINT, ID 83864	27-1833740	501(C)(3)	41,500				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SANDPOINT NORDIC CLUB 2222 HIDDEN VALLEY RD SANDPOINT, ID 83864	27-1782211	501(C)(3)	10,000				CHARITABLE, PROGRAM EXPANSION AND SUSTAINABILITLY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCHOLARSHIP AMERICA PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	139,375				SCHOLARSHIPS
SCHOOL'S OUT WASHINGTON SCHOOLS OUT WASHINGTON SEATTLE, WA 98144	46-0809713	501(C)(3)	33,175				CHARITABLE, THE ZONE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCRAPS HOPE FOUNDATION 4612 S SCHAFER BRANCH RD SPOKANE, WA 99206	26-4118735	501(C)(3)	7,623				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SECOND CHANCE RANCH PO BOX 19602 SPOKANE, WA 99224	91-1999946	501(C)(3)	5,000				CHARITABLE, CONSTRUCTION OF FENCING AND PROGRAM SPACE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 99202	23-7173826	501(C)(3)	216,078				CHARITABLE, BITE2GO PROGRAM, GENERAL OPERATING SUPPORT
SEEDS IN HIS GARDEN PO BOX 12583 FRESNO, CA 93778	81-1055200	501(C)(3)	13,000				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SELKIRK CONSERVATION ALLIANCE PO BOX 1809 PRIEST RIVER, ID 83856	82-0418651	501(C)(3)	10,250				CHARITABLE, 2020 PRIEST LAKE CITIZEN'S VOLUNTARY MONITORING
SELKIRK OUTDOOR LEADERSHIP & EDUCATION 1255 MEADOWOOD RD SANDPOINT, ID 83864	27-4704091	501(C)(3)	13,000				CHARITABLE, PROJECT INSIDE OUT, YURT INSTALLATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHOSHONE COUNTY CRISIS AND RESOURCE CENTER 415 7TH ST STE 1 WALLACE, ID 83873	82-0374610	501(C)(3)	23,500				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	14,777				CHARITABLE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHRINERS HOSPITAL FOR CHILDREN-SPOKANE 911 W 5TH AVE SPOKANE, WA 99204	36-2193608	501(C)(3)	15,509				CHARITABLE, ARM X-RAY EQUIPMENT, GENERAL OPERATING SUPPORT
SILVER VALLEY SENIORS PO BOX 887 OSBURN, ID 83849	82-6043133	501(C)(3)	15,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SMITH-BARBIERI PROGRESSIVE FUND 820 N POST ST 603 SPOKANE, WA 99201	91-1914985	501(C)(3)	62,500				CHARITABLE, FEAST WORLD KITCHEN, CENSUS 2020 OUTREACH, SPOKANE FOOD FIGHTERS, COVID-19 EMERGENCY ASSISTANCE
SNAKE RIVER COMMUNITY CLINIC 215 10TH ST LEWISTON, ID 83501	31-1726460	501(C)(3)	5,250				CHARITABLE, PPE EQUIPMENT, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPOKANE AIDS NETWORK 1121 S PERRY ST SPOKANE, WA 99202	91-1380583	501(C)(3)	9,000				CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT
SPOKANE ALLIANCE 1526 E 11TH AVE SPOKANE, WA 99202	91-1937810	501(C)(3)	25,000				CHARITABLE, MONITORING OF PATIENTS POSITIVE FOR COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPOKANE AREA BUSINESS FOUNDATION 801 W RIVERSIDE AVE STE 100 SPOKANE, WA 99201	91-1896341	501(C)(3)	15,115				CHARITABLE, REGIONAL FAFSA CAMPAIGN, OPERATION SPOKANE HEROES
SPOKANE ART SCHOOL 811 W GARLAND AVE SPOKANE, WA 99205	45-4610507	501(C)(3)	51,229				CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKANE COUNTY HUMAN RIGHTS TASK FORCE PO BOX 4552 SPOKANE, WA 99220	81-1667705	501(C)(3)	5,000				CHARITABLE, AHANA BUSINESS SUPPORT IN RESPONSE TO COVID-19
SPOKANE COUNTY UNITED WAY 920 N WASHINGTON ST STE 100 SPOKANE, WA 99201	91-0606058	501(C)(3)	166,609				CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKANE HUMANE SOCIETY PO BOX 6247 SPOKANE, WA 99217	91-0565011	501(C)(3)	43,320				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SPOKANE NEIGHBORHOOD ACTION PARTNERS 3102 W FORT GEORGE WRIGHT DR SPOKANE, WA 99224	91-1311127	501(C)(3)	33,616				CHARITABLE, CENSUS 2020 OUTREACH, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPOKANE PARKS FOUNDATION PO BOX 8127 SPOKANE, WA 99203	91-6033504	501(C)(3)	9,942				CHARITABLE, RIVERFRONT PARK OPERATION
SPOKANE PUBLIC RADIO 1229 N MONROE ST SPOKANE, WA 99201	23-7097524	501(C)(3)	11,251				CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKANE PUBLIC SCHOOLS FOUNDATION PO BOX 1002 SPOKANE, WA 99210	20-5163305	501(C)(3)	102,292				CHARITABLE, THE ZONE PROJECT, OFFICE OF FAMILY AND COMMUNITY ENGAGEMENT, EXPRESS CHILDCARE
SPOKANE RIVER FORUM 2206 S SHERMAN ST SPOKANE, WA 99203	61-1566039	501(C)(3)	10,000				CHARITABLE, RE-CONSTRUCTION OF AUBREY WHITE TAKEOUT, RIVER CLEANUP, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPOKANE SCHOLARS FOUNDATION PO BOX 1278 SPOKANE, WA 99210	91-1568725	501(C)(3)	13,250				CHARITABLE, GENERAL OPERATING SUPPORT
SPOKANE SYMPHONY SOCIETY PO BOX 365 SPOKANE, WA 99210	91-0730435	501(C)(3)	41,205				CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKANE VALLEY PARTNERS PO BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501(C)(3)	51,096				CHARITABLE, BASIC NEEDS, FOOD BANK SUPPORT, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
ST MARIES YOUTH ROOTS 120 S 13TH ST ST MARIES, ID 83861	83-3905477	501(C)(3)	5,500				CHARITABLE, 4 WEEK-LONG THEMED CAMPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST VICENT DE PAUL NORTH IDAHO 201 E HARRISON AVE COEUR DALENE, ID 83814	82-0250389	501(C)(3)	40,500				CHARITABLE, TEMPORARY HOUSING, FOOD INSECURITY, COVID-19 EMERGENCY ASSISTANCE
STAND WASHINGTON 600 1ST AVE 202 SEATTLE, WA 98104	52-1957214	501(C)(3)	10,000				CHARITABLE, MENTAL HEALTH AND SOCIAL/EMOTION LEARNING SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TENANTS UNION OF WASHINGTON STATE 35 W MAIN STE 310 SPOKANE, WA 99201	91-0967863	501(C)(3)	10,000				CHARITABLE, CENSUS 2020 OUTREACH
THACHER SCHOOL 5025 THACHER RD OJAI, CA 93023	95-1642398	501(C)(3)	7,000				CHARITABLE, GENERAL OPERATING SUPPORT

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THE GREENHOUSE COMMUNITY CENTER PO BOX 62 DEER PARK, WA 99006	02-0797827	501(C)(3)	8,042				CHARITABLE, COVID-19 EMERGENCY SUPPORT
THE LIGHTHOUSE FOR THE BLIND 2501 S PLUM ST SEATTLE, WA 98144	91-0295070	501(C)(3)	9,000				CHARITABLE, GENERAL OPERATING SUPPORT

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THE LUKE COMMISSION PO BOX 1335 SAGLE, ID 83860	20-8635797	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT
THIN AIR COMMUNITY RADIO 35 W MAIN AVE STE 340 SPOKANE, WA 99201	20-5354265	501(C)(3)	21,500				CHARITABLE, CENSUS 2020 OUTREACH, GENERAL OPERATING SUPPORT

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TIMBERLINE SCHOOL 22869 HWY 11 WEIPPE, ID 83553	82-6000734	501(C)(3)	10,350				CHARITABLE, LEADER IN ME PROGRAM
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N HEMLOCK ST SPOKANE, WA 99205	91-1307272	501(C)(3)	17,178				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

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TRI-COUNTY COMMUNITY HEALTH FUND 1200 E COLUMBIA AVE COLVILLE, WA 99114	43-1992627	501(C)(3)	10,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
TRI-STATE HOSPITAL FOUNDATION PO BOX 636 CLARKSTON, WA 99403	91-1307818	501(C)(3)	5,000				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

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U DISTRICT PHYSICAL THERAPY FOUNDATION 730 N HAMILTON SPOKANE, WA 99202	30-0391912	501(C)(3)	7,437				CHARITABLE, GENERAL OPERATING SUPPORT
UNION GOSPEL MISSION PO BOX 4066 SPOKANE, WA 99220	91-0613587	501(C)(3)	61,228				CHARITABLE, ANNA OGDEN HALL, GENERAL OPERATING SUPPORT,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF IDAHO FOUNDATION 875 PERIMETER DR MS-3143 MOSCOW, ID 83844	23-7098404	501(C)(3)	35,072				CHARITABLE, FOOD DISTRIBUTION, MENTAL HEALTH FIRST AID TRAINING, VIRTUAL POSSIBILITES NETWORK, GENERAL OPERATING SUPPORT
UNIVERSITY OF MONTANA FOUNDAITON PO BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)(3)	23,000				CHARITABLE, SCHOLARSHIPS, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VALLEY COMMUNITY CENTER 549 5TH ST STE F CLARKSTON, WA 99403	94-3097598	501(C)(3)	7,000				CHARITABLE, COVID-19 EMERGENCY RESPONSE
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE AVE SPOKANE, WA 99202	91-1196575	501(C)(3)	134,761				CHARITABLE, COVID-19 EMERGENCY RESPONSE, GENERAL OPERATING SUPPORT

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VDARE FOUNDATION PO BOX 211 LITCHFIELD, CT 06759	22-3691487	501(C)(3)	7,500				SEE SCHEDULE O
VITAL GROUND FOUNDATION 20 FORT MISSOULA RD MISSOULA, MT 59804	87-0483446	501(C)(3)	5,000				CHARITABLE, KOOTENAI VALLEY LINKAGE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VOLUNTEER FOOD & RESOURCE CENTER 210 S WYNNE ST COLVILLE, WA 99114	91-1192094	501(C)(3)	23,000				CHARITABLE, CENSUS 2020 OUTREACH, COVID-19 EMERGENCY ASSISTANCE
VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON AND NORTHERN IDAHO 525 W 2ND AVE SPOKANE, WA 99201	13-1692595	501(C)(3)	35,007				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

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WALLACE DISTRICT MINING MUSEUM PO BOX 469 WALLACE, ID 83873	82-6009559	501(C)(3)	15,000				CHARITABLE, GENERAL OPERATING SUPPORT
WASHINGTON ADVOCATES OF THE DEAF AND HARD OF HEARING 301 SE HEARTHWOOD BLVD VANCOUVER, WA 98684	94-3144885	501(C)(3)	5,000				CHARITABLE, GENERAL OPERATING SUPPORT

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WASHINGTON NONPROFITS 1265 S MAIN ST STE 206 SEATTLE, WA 98144	27-1768789	501(C)(3)	10,500				CHARITABLE, INLAND NORTHWEST NONPROFIT LEARNING SERIES
WASHINGTON POLICY CENTER 9 S WASHINGTON ST STE 212 SPOKANE, WA 99201	91-1752769	501(C)(3)	43,000				CHARITABLE, AGRICULTURE INITIATIVE, GENERAL OPERATING SUPPORT

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WASHINGTON STATE UNIVERSITY FOUNDATION PO BOX 641927 PULLMAN, WA 99164	91-1075542	501(C)(3)	60,190				CHARTIABLE, NW PUBLIC BROADCASTING STORYCORPS PROJECT, CROSETTO MOBILE HEALTH CARE UNIT, 4H PROGRAM
WEST CENTRAL COMMUNITY DEVELOPMENT ORGANIZATION 1603 N BELT ST SPOKANE, WA 99205	91-1128972	501(C)(3)	13,840				CHARITABLE, CENSUS 2020 OUTREACH, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

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WHITMAN HOSPITAL & MEDICAL CENTER FOUNDATION 1200 W FAIRVIEW ST COLFAX, WA 99111	91-1460475	501(C)(3)	7,518				CHARITABLE, GENERAL OPERATING SUPPORT
WOMEN & CHILDREN'S FREE RESTAURANT 1408 N WASHINGTON ST SPOKANE, WA 99201	91-1399742	501(C)(3)	45,800				CHARITABLE, FEEDING VULNERABLE POPULATIONS, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

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WOMEN HELPING WOMEN 3704 N NEVADA STE 201 SPOKANE, WA 99207	91-1561874	501(C)(3)	68,238				CHARITABLE, GENERAL OPERATING SUPPORT
WORLD RELIEF SPOKANE 1522 N WASHINGTON ST STE 200 SPOKANE, WA 99201	23-6393344	501(C)(3)	53,750				CHARITABLE, TRANSLATION OF TIME SENSITIVE MATERIALS, EDUCATION OUTREACH TO REFUGEES/IMMIGRANT COMMUNITIES, GENERAL OPERATING SUPPORT

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YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	19,000				CHARITABLE, GENERAL OPERATING SUPPORT
YOUTH EMERGENCY SERVICES 316 W 2ND ST NEWPORT, WA 99156	80-0886113	501(C)(3)	17,500				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF SPOKANE 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501(C)(3)	38,100				CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, CENSUS 2020 OUTREACH, GENERAL OPERATING SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIA FOUNDATION

Employer identification number
91-0941053

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHELLY O'QUINN CHIEF EXECUTIVE OFFICER	(i)	184,000 -----	15,000 -----	1,200 -----	18,500 -----	9,708 -----	228,408 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 AARON MCMURRAY CHIEF STRATEGY OFFICER	(i)	120,067 -----	5,000 -----	1,200 -----	13,229 -----	20,933 -----	160,429 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIA FOUNDATION

Employer identification number
91-0941053

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	45	3,379,645	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	62,000	SALE OF COMPARABLE PROP
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2

<p>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</p> <p>b If "Yes," describe the arrangement in Part II.</p> <p>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</p> <p>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</p> <p>b If "Yes," describe in Part II.</p> <p>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</p>		Yes	No
	30a		No
	31	Yes	
	32a	Yes	

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE FIGURES LISTED ON SCHEDULE M, PAGE 1, COLUMN B ARE DESIGNATED AS NUMBER OF CONTRIBUTORS.
PART I, LINE 32B:	REAL ESTATE AGENTS ARE USED TO SELL DONATED REAL ESTATE. BROKERS ARE USED TO LIQUIDATE SECURITIES RECEIVED BY THE ORGANIZATION AS A GIFT.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
INNOVIA FOUNDATION

Employer identification number

91-0941053

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	A BUSINESS RELATIONSHIP EXISTS AMONGST THE INDIVIDUALS REPORTED IN PART VII AS THEY SERVE AS OFFICERS AND DIRECTORS OF A RELATED TAX-EXEMPT ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE CFO. A COPY OF THE DRAFT 990 AND SCHEDULES ARE SUPPLIED TO THE CFO AND CEO PRIOR TO THE REVIEW AND APPROVAL BY THE FINANCE COMMITTEE. ANY COMMENTS ARE CONSIDERED AND A COPY IS PROVIDED TO THE WHOLE GOVERNING BOARD PRIOR TO FILING FORM 990 WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH FISCAL YEAR A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY BOARD MEMBERS AND MANAGEMENT. RESPONSES ARE REVIEWED BY THE BOARD FOR POSSIBLE CONFLICTS. ANY POTENTIAL CONFLICT OF INTEREST IS RECORDED IN THE MINUTES OF THE BOARD MEETING. IF IT IS DEMONSTRATED THAT A BOARD OR COMMITTEE MEMBER HAS A CONFLICT, THEY ARE EXCUSED FROM VOTING ON A MOTION WHERE IT IS PERCEIVED A CONFLICT EXISTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS SET THE CEO'S COMPENSATION ANNUALLY USING COMPARATIVE DATA FROM SALARY SURVEYS AND FORM 990 DATA FROM OTHER ORGANIZATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INNOVIA FOUNDATION POSTS THEIR RETURNS AND POLICIES ON THEIR WEBSITE FOR PUBLIC INSPECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE HAS OVERSIGHT OVER THE ANNUAL AUDIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE I, PART II, COLUMN (H) PURPOSE OF GRANT	<p>IN THE FALL OF 2019, THE DONOR-ADVISOR OF A FUND AT INNOVIA FOUNDATION SUBMITTED GRANT RECOMMENDATIONS TOTALING \$7,500 FOR AN ORGANIZATION THAT WAS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS A 501(C)(3) PUBLIC CHARITY. THIS ORGANIZATION, THE VDARE FOUNDATION, IS KNOWN TO HAVE A MISSION AND ENGAGE IN PRACTICES THAT ARE CONTRARY TO THE VALUES AND MISSION OF INNOVIA AND THE COMMUNITIES WE SERVE. THIS WAS THE SIXTH YEAR THAT THE DONOR-ADVISOR OF THIS FUND HAD RECOMMENDED A GRANT TO THIS ORGANIZATION, AND AT THE TIME OF THE REQUESTS, INNOVIA DID NOT HAVE A POLICY IN PLACE TO DENY GRANT RECOMMENDATIONS TO THIS IRS-RECOGNIZED NONPROFIT ORGANIZATION. ON APRIL 2, 2020, INNOVIA'S BOARD OF DIRECTORS FORMALLY ADOPTED AN ANTI-HATE POLICY THAT MADE IT CLEAR TO DONOR-ADVISORS THAT CONTRIBUTIONS TO ORGANIZATIONS THAT FOSTER HATE WOULD NO LONGER BE FUNDED BY DONOR-ADVISED FUNDS AT INNOVIA. IT WAS REGRETTABLE THAT THE ADOPTION OF THIS POLICY OCCURRED AFTER THE FUNDING REQUEST THAT IS REPORTED ON SCHEDULE I THIS YEAR, BUT THE APPLICATION OF THIS POLICY HAS STRICTLY PROHIBITED SIMILAR FUNDING AFTER THE DATE OF ADOPTION. AS AN EXAMPLE, IN MID-2020 OUR DUE DILIGENCE PROCESS FLAGGED A GRANT RECOMMENDATION AS A POTENTIAL HATE GROUP. WE REQUESTED THAT A THIRD PARTY EVALUATE THE ORGANIZATION AND THE COMPREHENSIVE REVIEW FOUND THAT THE ORGANIZATION'S ACTIVITIES VIOLATED THE INNOVIA ANTI-HATE POLICY. THE DONOR WAS UNAWARE OF THIS ACTIVITY, AND WHEN PRESENTED WITH THE RESEARCH, WITHDREW THE GRANT REQUEST. WE CONTINUE OUR WORK, BOTH INTERNALLY AND WITH THE ENTIRE SECTOR, TO STEM THE PHILANTHROPIC FUNDING OF GROUPS THAT PROMOTE HATE. OUR NEW MISSION, VISION AND VALUES STATEMENT IS REFLECTIVE OF OUR COMMITMENT TO DIVERSITY, EQUITY AND INCLUSION. THIS FRAMEWORK INFLUENCES EVERYTHING WE DO AT INNOVIA, FROM POLICY DEVELOPMENT TO GRANTMAKING, AND OTHER PRACTICES THAT CAN SERVE ALL MEMBERS OF OUR COMMUNITY. FOR MORE ADDITIONAL INFORMATION ON INNOVIA FOUNDATION'S STRATEGIC FRAMEWORK, PLEASE SEE: HTTPS://INNOVIA.ORG/NEWS/STRATEGIC-FRAMEWORK/</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INNOVIA FOUNDATION

Employer identification number

91-0941053

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HENRY TREEDE SUPPORTING ORGANIZATION 421 W RIVERSIDE SUITE 606 SPOKANE, WA 99201 33-0995489	SUPPORTING ORGANIZATION	WA	501(C)(3)	509(A)(3) TYPE I	INNOVIA FOUNDATION	Yes	
(2) TAD SUPPORTING ORGANIZATION 421 W RIVERSIDE SUITE 606 SPOKANE, WA 99201 45-3028624	SUPPORTING ORGANIZATION	WA	501(C)(3)	509(A)(3) TYPE I	INNOVIA FOUNDATION	Yes	
(3) BOYS AND GIRLS CLUB SUPPORTING ORGANIZATION 421 W RIVERSIDE SUITE 606 SPOKANE, WA 99201 81-0768196	SUPPORTING ORGANIZATION	WA	501(C)(3)	509(A)(3) TYPE I	INNOVIA FOUNDATION	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (18)	INVESTMENTS	WA	N/A						No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HENRY TREEDE SUPPORTING ORGANIZATION	C	3,421,277	CASH

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation