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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning , **and ending**

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

Name of foundation	A Employer identification number
EMPIRE HEALTH FOUNDATION	26-3375286
Number and street (or P O box number if mail is not delivered to street address) / Room/suite: P.O. BOX 244	B Telephone number: 509-315-1323
City or town, state, and ZIP code: SPOKANE, WA 99210	C If exemption application is pending, check here ▶ ☐
	D 1. Foreign organizations, check here ▶ ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 77,885,536.	J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)
	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	786,153.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,391,031.	1,391,031.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,416,012.			
	b Gross sales price for all assets on line 6a 91,612,788.				
	7 Capital gain net income (from Part IV, line 2)		1,416,012.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	806,367.	0.	806,367.	STATEMENT 1
	12 **Total.** Add lines 1 through 11	4,399,563.	2,807,043.	806,367.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	169,262.	11,630.	0.	157,632.
	14 Other employee salaries and wages	141,224.	1,920.	0.	176,810.
	15 Pension plans, employee benefits	61,273.	2,855.	0.	52,545.
	16a Legal fees STMT 2	-1,991,098.	1,843.	0.	1,066,155.
	b Accounting fees STMT 3	101,168.	0.	0.	101,168.
	c Other professional fees STMT 4	1,098,174.	181,064.	0.	917,110.
	17 Interest				
	18 Taxes STMT 5	10,336.	237.	0.	0.
	19 Depreciation and depletion	3,959.	0.	0.	
	20 Occupancy	40,793.	0.	0.	40,793.
	21 Travel, conferences, and meetings	64,568.	0.	0.	64,568.
	22 Printing and publications				
	23 Other expenses STMT 6	19,544,856.	0.	0.	17,898,613.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	19,244,515.	199,549.	0.	20,475,394.
	25 Contributions, gifts, grants paid	994,452.			818,430.
	26 **Total expenses and disbursements** Add lines 24 and 25	20,238,967.	199,549.	0.	21,293,824.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-15839404.			
	b **Net investment income** (if negative, enter -0-)		2,607,494.		
	c **Adjusted net income** (if negative, enter -0-)			806,367.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	418,729.	2,563,941.	2,563,941.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 1,369,710.			
	Less: allowance for doubtful accounts ▶	2,537,204.	1,369,710.	1,369,710.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ 956,406.			
	Less: allowance for doubtful accounts ▶ 0.	2,607,340.	956,406.	956,406.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 7	0.	15,995,595.	15,995,595.
	b Investments - corporate stock STMT 8	0.	9,800,222.	9,800,222.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	85,430,972.	46,916,927.	46,916,927.
	14 Land, buildings, and equipment: basis ▶ 112,817.			
	Less accumulated depreciation ▶ 3,959.	0.	108,858.	108,858.
	15 Other assets (describe ▶ STATEMENT 10)	50,000.	173,877.	173,877.
	16 **Total assets** (to be completed by all filers)	91,044,245.	77,885,536.	77,885,536.
Liabilities	17 Accounts payable and accrued expenses	4,580,549.	9,131,390.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 11)	25,125,095.	19,315,299.	
	23 **Total liabilities** (add lines 17 through 22)	29,705,644.	28,446,689.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	60,459,118.	48,607,866.	
	25 Temporarily restricted	879,483.	830,981.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	61,338,601.	49,438,847.	
	31 **Total liabilities and net assets/fund balances**	91,044,245.	77,885,536.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	61,338,601.
2	Enter amount from Part I, line 27a	2	-15,839,404.
3	Other increases not included in line 2 (itemize) ▶ NET UNREALIZED GAIN	3	3,939,650.
4	Add lines 1, 2, and 3	4	49,438,847.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	49,438,847.

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	91,612,788.		90,196,776.	1,416,012.
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				1,416,012.
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,416,012.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	7,939,819.	81,116,441.	.097882
2008			
2007			
2006			
2005			

2	**Total** of line 1, column (d)	2	.097882
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.097882
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	81,066,770.
5	Multiply line 4 by line 3	5	7,934,978.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	26,075.
7	Add lines 5 and 6	7	7,961,053.
8	Enter qualifying distributions from Part XII, line 4	8	21,293,824.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b	1	26,075.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	26,075.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	26,075.
6	Credits/Payments:		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 — 6a: 3,200.		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	3,200.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	43.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	22,918.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2011 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to* **1a** *or* **1b**, *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV.*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ WA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ EMPIREHEALTHFOUNDATION.ORG

14 The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 509-315-1323

Located at ▶ 111 N. POST ST, SUITE 301, SPOKANE, WA ZIP+4 ▶ 99201

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A 0.

			Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X

See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶

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

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

				Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☒ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☒ No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☒ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☒ No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☒ No		
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☒ No		
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A		1b	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?			1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	☐ Yes	☒ No		
	If "Yes," list the years ▶ _____, _____, _____, _____				
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.)	N/A		2b	
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☒ Yes	☐ No		
b	If "Yes," did it have excess business holdings in 2010 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)*			3b	X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?			4b	X

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

5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		169,112.	29,513.	44,249.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
MERCER 601 WEST MAIN AVE, SPOKANE, WA 99201	ACTUARIAL SERVICES	387,897.
WITHERSPOON, KELLEY, ET AL - 1100 US BANK 422 W RIVERSIDE, SPOKANE, WA 99201	ATTORNEYS	363,196.
LEMASTER DANIELS 601 W RIVERSIDE SUITE 700, SPOKANE, WA 99201	ACCOUNTING	147,193.
RAINIER INVESTMENT MANAGEMENT 601 UNION ST #2801, SEATTLE, WA 98101	INVESTMENT MANAGEMENT	116,791.
BESSEMER TRUST 630 5TH AVE #39, NEW YORK, NY 10111	INVESTMENT MANAGEMENT	105,314.
Total number of others receiving over $50,000 for professional services ▶		9

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 13	21,293,824.
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

Form **990-PF** (2010)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	81,291,947.
b	Average of monthly cash balances	1b	956,173.
c	Fair market value of all other assets	1c	53,169.
d	**Total** (add lines 1a, b, and c)	1d	82,301,289.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	82,301,289.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,234,519.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	81,066,770.
6	**Minimum investment return.** Enter 5% of line 5	6	4,053,339.

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

1	Minimum investment return from Part X, line 6			1	4,053,339.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	26,075.		
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	26,075.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	4,027,264.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	4,027,264.
6	Deduction from distributable amount (see instructions)			6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	4,027,264.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	21,293,824.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	21,293,824.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	26,075.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	21,267,749.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				4,027,264.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008 7,298,554.				
e From 2009 3,887,174.				
f **Total** of lines 3a through e	11,185,728.			
4 Qualifying distributions for 2010 from Part XII, line 4: ▶ $ 21,293,824.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2010 distributable amount				4,027,264.
e Remaining amount distributed out of corpus	17,266,560.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	28,452,288.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a	28,452,288.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 7,298,554.				
d Excess from 2009 3,887,174.				
e Excess from 2010 17266560.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 14

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE STATEMENT 15				
Total			▶ 3a	818,430.
b *Approved for future payment*				
Total SEE STATEMENT 16			▶ 3b	176,022.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,391,031.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	1,416,012.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a COST REPORT INCOME			01	471,736.	
b SETTLEMENT INCOME			01	1,322.	
c OTHER REFUND INCOME			01	298,415.	
d MISCELLANEOUS			01	34,894.	
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		3,613,410.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	3,613,410.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

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

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

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

b If "Yes," complete the following schedule.

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

Sign Here

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

▶ Signature of officer or trustee: Antony Chiang Date: 11/15/2011 ▶ Title: PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARBARA L. EARNHEART	BARBARA L. EARNHE	11/14/11		

Firm's name ▶ LARSONALLEN LLP — Firm's EIN ▶

Firm's address ▶ 601 WEST RIVERSIDE, SUITE 700 SPOKANE, WA 99201-0622 — Phone no. 509-363-6300

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization

EMPIRE HEALTH FOUNDATION

Employer identification number

26-3375286

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: EMPIRE HEALTH FOUNDATION

Employer identification number: 26-3375286

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DEACONESS & VALLEY HEALTHCARE FOUNDATION 422 W. RIVERSIDE SPOKANE, WA 99201	$ 706,973.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	SP EDGER BOONE FOUNDATION PO BOX 3168 PORTLAND, OR 97208	$ 18,096.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	DEACONESS & VALLEY HEALTHCARE FOUNDATION 422 W. RIVERSIDE SPOKANE, WA 99201	$ 57,600.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: EMPIRE HEALTH FOUNDATION

Employer identification number: 26-3375286

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	LAND	$ 57,600.	12/31/10
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
EMPIRE HEALTH FOUNDATION	26-3375286

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of $1,000 or less for the year (Enter this information once See instructions) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF OTHER INCOME STATEMENT 1

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
COST REPORT INCOME	471,736.	0.	471,736.
SETTLEMENT INCOME	1,322.	0.	1,322.
OTHER REFUND INCOME	298,415.	0.	298,415.
MISCELLANEOUS	34,894.	0.	34,894.
TOTAL TO FORM 990-PF, PART I, LINE 11	806,367.	0.	806,367.

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	-1,991,098.	1,843.	0.	1,066,155.
TO FM 990-PF, PG 1, LN 16A	-1,991,098.	1,843.	0.	1,066,155.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	101,168.	0.	0.	101,168.
TO FORM 990-PF, PG 1, LN 16B	101,168.	0.	0.	101,168.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	1,098,174.	181,064.	0.	917,110.
TO FORM 990-PF, PG 1, LN 16C	1,098,174.	181,064.	0.	917,110.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX AND LICENSE	10,336.	237.	0.	0.
TO FORM 990-PF, PG 1, LN 18	10,336.	237.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	128.	0.	0.	128.
OFFICE EXPENSES & POSTAGE	25,091.	0.	0.	25,091.
DUES, LICENSES, MEMBERSHIPS	11,375.	0.	0.	11,375.
GENERAL INSURANCE	51,648.	0.	0.	51,648.
PBGC INSURANCE	113,120.	0.	0.	113,120.
EXECUTIVE RECRUITING	31,132.	0.	0.	31,132.
TRAILING: PENSION PLAN CONTRIBUTIONS	14812195.	0.	0.	15597990.
TRAILING: COST REPORT SETTLEMENTS	4,432,287.	0.	0.	17,077.
TRAILING: 403(B) CONTRIBUTIONS AND CHANGE IN LIABILITY	-42,646.	0.	0.	1,072,354.
TRAILING: OTHER TRAILING MATTERS	303,375.	0.	0.	566,765.
TRAILING: UNEMPLOYMENT & WORKPERS COMP	-187,864.	0.	0.	417,255.
CHARITABLE GIFT ANNUITY PAYMENTS	-4,985.	0.	0.	-5,322.
TO FORM 990-PF, PG 1, LN 23	19544856.	0.	0.	17898613.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 7

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
	X		15,995,595.	15,995,595.
TOTAL U.S. GOVERNMENT OBLIGATIONS			15,995,595.	15,995,595.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			15,995,595.	15,995,595.

FORM 990-PF CORPORATE STOCK STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
	9,800,222.	9,800,222.
TOTAL TO FORM 990-PF, PART II, LINE 10B	9,800,222.	9,800,222.

FORM 990-PF OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
	COST	46,916,927.	46,916,927.
TOTAL TO FORM 990-PF, PART II, LINE 13		46,916,927.	46,916,927.

FORM 990-PF OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEPOSITS	50,000.	20,000.	20,000.
ACCRUED INVESTMENT INCOME	0.	153,877.	153,877.
TO FORM 990-PF, PART II, LINE 15	50,000.	173,877.	173,877.

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PPD FUNDING	16,894,095.	16,108,299.
INSURANCE RESERVE	1,453,000.	882,000.
PROFESSIONAL LIABILITY	3,700,000.	650,000.
403(B) LIABILITY	2,667,000.	1,552,000.
COBRA LIABILITY	411,000.	123,000.
TOTAL TO FORM 990-PF, PART II, LINE 22	25,125,095.	19,315,299.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BARB CHAMBERLAIN P.O. BOX 1495 SPOKANE, WA 99203	TRUSTEE 1.00	0.	0.	0.
ANNE C. COWLES 1727 EAST 20TH AVENUE SPOKANE, WA 99203	TRUSTEE 1.00	0.	0.	0.
DEB HARPER 1629 E. 46TH AVENUE SPOKANE, WA 99223	TRUSTEE 1.00	0.	0.	0.
TERESSA MARTINEZ P.O. BOX 248 WELLPINIT, WA 99040	TRUSTEE 1.00	0.	0.	0.
GARMAN LUTZ 8516 E. COLUMBIA DRIVE SPOKANE VALLEY, WA 99212	TREASURER 1.00	0.	0.	0.
SUE LANI MADSEN P.O. BOX 182 EDWALL, WA 99008	TRUSTEE 1.00	0.	0.	0.
THERESA SANDERS 1812 EAST SUNBURST LANE SPOKANE, WA 99224	VICE CHAIR 1.00	0.	0.	0.

SAM SELINGER, MD 5441 S. QUAIL RIDGE CIRCLE SPOKANE, WA 99223	TRUSTEE 1.00	0.	0.	0.
MICHAEL A. SENSKE 8120 W. SUNSET HIGHWAY SPOKANE, WA 99224	CHAIRMAN 1.00	0.	0.	0.
ALMA MCNAMEE 4202 S REGAL STREET SPOKANE, WA 99224	TRUSTEE 1.00	0.	0.	0.
BARRY BACON 1200 E. COLUMBIA AVE COLVILLE, WA 99114	TRUSTEE 1.00	0.	0.	0.
MATTHEW LAYTON WASHINGTON STATE UNIVERSITY PULLMAN, WA 99164	TRUSTEE 1.00	0.	0.	0.
ANNE HIRSCH 2917 W FORT WORTH DRIVE SPOKANE, WA 99224	SECRETARY 1.00	0.	0.	0.
ANTONY CHIANG 617 W SHOSHONE SPOKANE, WA 99203	PRESIDNET 40.00	169,112.	29,513.	44,249.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		169,112.	29,513.	44,249.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13

ACTIVITY ONE

ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES TO PROMOTE GOOD HEALTH IN THE GREATER SPOKANE REGION THROUGH PROMOTION, FACILIATATION, AND/OR FUNDING OF HEALTHCARE SERVICES, EDUCATION, AND RESEARCH.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	21,293,824.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EMPIRE HEALTH FOUNDATION
P.O. BOX 244
SPOKANE, WA 99210

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
509-315-1323	EMPIRE HEALTH FOUNDATION

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS CAN BE MADE ON-LINE AT HTTP://EMPIREHEALTHFOUNDATION.ORG OR IN WRITING THROUGH THE BOARD OF DIRECTORS OF EMPIRE HEALTH FOUNDATION.

ANY SUBMISSION DEADLINES

SEE WEBSITE HTTP://EMPIREHEALTHFOUNDATION.ORG/ FOR AVAILABLE CYCLES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

REQUESTS MUST BE IN THE CONSISTENT WITHIN THE SCOPE OF THE ARTICLES OF INCORPORATION AND BYLAWS.

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR STATEMENT 15

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
THE SALVATION ARMY PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
WASHINGTON STATE UNIVERSITY PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	32,000.
WOMEN'S & CHILDREN'S FREE RESTAURANT PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	23,750.
YWCA PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
SECOND HARVEST FOOD BANK PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
EASTERN WASHINGTON UNIVERSITY PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.
SPOKANE AREA BUSINESS FOUNDATION PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.
VANESSA BEHAN CRISIS NURSERY PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.

YMCA PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	12,000.
AMERICAN CANCER SOCIETY PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	12,000.
EVANGELICAL LUTHERAN CHURCH OF AMERICA PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	2,500.
SPOKANE GUILD SCHOOLS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
SPOKANE REGIONAL HIV/AIDS SPEAKERS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	1,200.
TRI-COUNTY COMMUNITY HEALTH FUND PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	7,500.
ACTIVE 4 YOUTH PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	6,000.
DAYBREAK YOUTH SERVICES PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.
GSEWNI PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	7,500.

GREATER SPOKANE SUBSTANCE ABUSE COUNCEL PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	2,500.
PULLMAN MEMORIAL HOSPITAL FOUNDATION PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.
POTLATCH FUND PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	3,150.
CHOICE REGIONAL HEALTH NETWORK PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	13,328.
CANCER PATIENT CARE PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
COUNCIL ON AGING & HUMAN SERVICES PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	9,992.
DAYBREAK YOUTH SERVICES PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	7,250.
GROUP HEALTH COMMUNITY FOUNDATION PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.
HIP OF SPOKANE COUNTY D/B/A COMMUNITY-MINDED ENTERPRISES PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
HOSPICE OF SPOKANE PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	5,000.

LIFE SERVICES OF SPOKANE PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
LINCOLN COUNTY HEALTH DEPARTMENT ON BEHALF OF THE LINCOLN COUNTY PUBLIC HEA - PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	8,500.
LUTHERAN COMMUNITY SERVICES NORTHWEST PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.
NAMI SPOKANE (NATIONAL ALLIANCE ON MENTAL ILLNESS) PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	2,000.
ONE WORLD SPOKANE PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	3,000.
OUR PLACE COMMUNITY MINISTRIES PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	4,000.
PARTNERS WITH FAMILIES & CHILDREN: SPOKANE PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.
PRESCRIPTION DRUG ASSISTANCE FOUNDATION PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
RONALD MCDONALD HOUSE CHARITIES PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
SPOKANE AIDS NETWORK PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.

SPOKANE CHILD ABUSE AND NEGLECT PREVENTION CENTER PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.
SPOKANE DISTRICT DENTAL SOCIETY FOUNDATION PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
SPOKANE REGIONAL HEALTH SERVICES PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
SPOKANE VALLEY PARTNERS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	5,000.
TRANSITIONAL PROGRAMS FOR WOMEN DBA TRANSITIONS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
UNION GOSPEL MISSION ASSOCIATION OF SPOKANE PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
VOLUNTEERS OF AMERICA OF SPOKANE INC PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	2,250.
YOUTH SUICIDE PREVENTION PROGRAM PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
RITZVILLE VOLUNTEER AMBULANCE ASSOCIATION PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	5,400.
TAMARACK CENTER PO BOX 245 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.

PULLMAN MEMORIAL HOSPITAL PO BOX 246 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,010.
PEND OREILLE COUNTY COUNSELING SERVICES PO BOX 247 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.
SPOKANE AREA BUSINESS FOUNDATION PO BOX 248 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
NORTHEAST TRI-COUNTY PO BOX 249 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	7,600.
FAIRFIELD CARE PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1 PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
NORTHWEST PARKINSON'S FOUNDATION PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	4,000.
OLIVE CREST PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
P.E.A.C.H. PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	6,000.
SNAP PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	25,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A			818,430.

FORM 990-PF GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT STATEMENT 16

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
UNITED STATES CATHOLIC CONFERENCE/ST JOSEPH FAMILY CENTER - PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.
THE LINKS - SPOKANE CHAPTER OF LINKS INCORP PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	10,000.
SPOKANE REGIONAL HIV/AIDS SPEAKERS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	2,500.
CHOICE REGIONAL HEALTH NETWORK PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	6,672.
REGIONAL WORKING GROUPS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	30,000.
POTLATCH FUND PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	11,850.
NIH PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	30,000.
HEALTH CARE ACCESS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.

GRADUATE MEDICAL EDUCATION RESIDENCY SLOTS PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	15,000.
ADVOCACY PLANNING PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
DESIGN INTEGRATED DATA STRATEGY PO BOX 244 SPOKANE, WA 99210	NONE TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	OTHER PUBLIC CHARITY	20,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3B			176,022.