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EXTENDED TO NOVEMBER 15, 2016

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

Return of Private Foundation

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , and ending

Name of foundation

EMPIRE HEALTH FOUNDATION

A Employer identification number

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 or province, country, and ZIP or foreign postal code

SPOKANE, WA 99210

C If exemption application is pending, check here ▶ ☐

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

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) ▶$ 82,802,658.

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	1,930,771.			
	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	1,247,281.	1,373,021.		
	5a Gross rents	209,144.	209,144.		STATEMENT 1
	b Net rental income or (loss) -151,179.				STATEMENT 2
	6a Net gain or (loss) from sale of assets not on line 10	1,746,416.			
	b Gross sales price for all assets on line 6a 37,625,837.				
	7 Capital gain net income (from Part IV, line 2)		1,746,416.		
	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	138,201.	13,018.	24,283.	STATEMENT 3
	12 Total. Add lines 1 through 11	5,271,813.	3,341,599.	24,283.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	240,319.	11,476.	0.	274,752.
	14 Other employee salaries and wages	977,458.	25,840.	0.	806,670.
	15 Pension plans, employee benefits	359,319.	18,237.	0.	341,177.
	16a Legal fees STMT 4	325,025.	95.	0.	332,630.
	b Accounting fees STMT 5	47,600.	0.	0.	47,600.
	c Other professional fees STMT 6	1,488,077.	228,380.	0.	1,287,046.
	17 Interest				
	18 Taxes STMT 7	44,912.	12,506.	0.	76,145.
	19 Depreciation and depletion	215,834.	128,359.	128,359.	
	20 Occupancy	327,274.	96,764.	0.	248,602.
	21 Travel, conferences, and meetings	263,486.	0.	0.	265,123.
	22 Printing and publications				
	23 Other expenses STMT 8	7,322,315.	108,962.	0.	13,684,360.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	11,611,619.	630,619.	128,359.	17,364,105.
	25 Contributions, gifts, grants paid	3,882,197.			4,122,382.
	26 **Total expenses and disbursements.** Add lines 24 and 25	15,493,816.	630,619.	128,359.	21,486,487.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-10,222,003.			
	b **Net investment income** (if negative, enter -0-)		2,710,980.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

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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	2,513,655.	1,339,032.	1,339,032.
	2 Savings and temporary cash investments	1,784,297.	2,065,255.	2,065,255.
	3 Accounts receivable ▶ 694,632.			
	Less: allowance for doubtful accounts ▶	4,588.	694,632.	694,632.
	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 ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	58,027.	62,128.	62,128.
	10a Investments - U.S. and state government obligations STMT 10	28,839,176.	13,234,609.	13,234,609.
	b Investments - corporate stock STMT 11	11,532,094.	10,330,066.	10,330,066.
	c Investments - corporate bonds STMT 12	12,232,868.	10,880,757.	10,880,757.
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 13	41,998,166.	40,013,445.	40,013,445.
	14 Land, buildings, and equipment basis ▶ 4,097,501.			
	Less accumulated depreciation STMT 14 ▶ 290,156.	3,186,903.	3,807,345.	3,807,345.
	15 Other assets (describe ▶ STATEMENT 15)	523,528.	375,389.	375,389.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	102,673,302.	82,802,658.	82,802,658.
Liabilities	17 Accounts payable and accrued expenses	5,531,149.	5,213,690.	
	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 16)	6,927,815.	1,122,749.	
	23 **Total liabilities** (add lines 17 through 22)	12,458,964.	6,336,439.	
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	88,114,818.	74,468,419.	
	25 Temporarily restricted	1,803,039.	1,723,718.	
	26 Permanently restricted	296,481.	274,082.	
	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**	90,214,338.	76,466,219.	
	31 **Total liabilities and net assets/fund balances**	102,673,302.	82,802,658.	

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	90,214,338.
2	Enter amount from Part I, line 27a	2	-10,222,003.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	79,992,335.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 9	5	3,526,116.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	76,466,219.

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				
b	SEE ATTACHED STATEMENT			
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				
b				
c				
d				
e	37,625,837.		35,879,421.	1,746,416.

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				
b				
c				
d				
e				1,746,416.

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	1,746,416.
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 the 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))
2014	8,601,035.	99,460,595.	.086477
2013	5,935,501.	63,339,856.	.093709
2012	8,018,223.	60,100,722.	.133413
2011	14,514,883.	70,251,955.	.206612
2010	21,267,749.	81,066,770.	.262349

2	**Total** of line 1, column (d)	2	.782560
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	.156512
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	90,702,379.
5	Multiply line 4 by line 3	5	14,196,011.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	27,110.
7	Add lines 5 and 6	7	14,223,121.
8	Enter qualifying distributions from Part XII, line 4	8	22,040,865.

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	27,110.
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	27,110.
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	27,110.
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 34,300.		
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	34,300.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	74.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	7,116.
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ▶ 7,116. **Refunded** ▶	11	0.

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 the 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* SEE STATEMENT 18	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?	4b	X	
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 2015 or the taxable year beginning in 2015 (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 STMT 17	10	X	

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

			Yes	No
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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) SEE STATEMENT 19	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 ▶ DAVID LUHN Telephone no. ▶ 509-315-1323

Located at ▶ 1020 W RIVERSIDE AVE, 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

			Yes	No
16	At any time during calendar year 2015, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		X

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 instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 2015 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 2015.)*	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 2015?	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))?	[X] 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 [X] No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	[ ] Yes [X] No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)	[ ] Yes [X] 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 [X] No			
b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		X
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 [X] 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 [X] 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 20		466,630.	79,885.	80,030.

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
SARAH LYMAN 3914 S LAMONTE, SPOKANE, WA 99203	SENIOR PROGRAM ASSOCIATE 40.00	63,025.	9,162.	29,138.
BRIAN MYERS 4209 S HATCH, SPOKANE, WA 99203	SENIOR PROGRAM ASSOCIATE 40.00	60,975.	8,304.	21,201.
ERICA BENSON-HALLOCK - 1224 E BLACKHAWK DRIVE, SPOKANE, WA 99208	COMMUNICATIONS DIRECTOR 40.00	77,977.	7,200.	1,092.
JULIE THOMPSON 2616 W 58TH LANE, SPOKANE, WA 99203	EXECUTIVE ASSISTANT 40.00	48,103.	15,323.	18,573.
COLLEEN NICK 2311 W ROSEWOOD, SPOKANE, WA 99208	EXECUTIVE ASSISTANT 40.00	49,268.	9,472.	18,223.

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
YOST, MOONEY & PUGH CONTRACTORS, INC. PO BOX 2983, SPOKANE, WA 99220	CONSTRUCTION SERVICES	503,219.
BESSEMER TRUST - 100 WOODBRIDGE CENTER DRIVE, WOODBRIDGE, NJ 07095	INVESTMENT MANAGEMENT	385,595.
MILLMANN, INC. 1301 FIFTH AVE #3800, SEATTLE, WA 98101	ACTUARIAL SERVICES	315,478.
DRINKER BIDDLE & REATH, LLP - ONE LOGAN SQUARE, STE 2000, PHILAEDLPHIA, PA 19103-6996	LEGAL SERVICES	215,956.
ENGAGE PO BOX 2185, SPOKANE, WA 99210	INFORMATION TECHNOLOGY	102,784.
Total number of others receiving over $50,000 for professional services ▶		0

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 21	1,634,959.
2 SEE STATEMENT 22	846,107.
3 SEE STATEMENT 23	509,757.
4 SEE STATEMENT 24	624,584.

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** (2015)

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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	88,464,457.
b	Average of monthly cash balances		1b	3,619,177.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	92,083,634.
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	92,083,634.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,381,255.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	90,702,379.
6	**Minimum investment return.** Enter 5% of line 5		6	4,535,119.

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	4,535,119.
2a	Tax on investment income for 2015 from Part VI, line 5	2a 27,110.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	27,110.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	4,508,009.
4	Recoveries of amounts treated as qualifying distributions		4	24,283.
5	Add lines 3 and 4		5	4,532,292.
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	4,532,292.

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	21,486,487.
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	554,378.
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	22,040,865.
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	27,110.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4		6	22,013,755.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				4,532,292.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 17,266,560.				
b From 2011 11,012,708.				
c From 2012 5,042,533.				
d From 2013 3,083,385.				
e From 2014 3,727,023.				
f **Total** of lines 3a through e	40,132,209.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ $ 22,040,865.				
a Applied to 2014, 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) **	1,831,397.			
d Applied to 2015 distributable amount				4,532,292.
e Remaining amount distributed out of corpus	15,677,176.			
5 Excess distributions carryover applied to 2015 (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	57,640,782.			
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	17,266,560.			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	40,374,222.			
10 Analysis of line 9:				
a Excess from 2011 11,012,708.				
b Excess from 2012 5,042,533.				
c Excess from 2013 3,083,385.				
d Excess from 2014 3,727,023.				
e Excess from 2015 17,508,573.				

** SEE STATEMENT 25

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 2015, 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)

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	Tax year (a) 2015	Prior 3 years (b) 2014	(c) 2013	(d) 2012	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**

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

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 or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 26

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*				
AGING & LONG-TERM CARE OF EASTERN WA 1222 N POST STREET SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	50,944.
ALLIANCE FOR INTEGRATED MEDICATION MGT 308 SE HARVARD STREET MINNEAPOLIS, MN 55455	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	150,000.
AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST SPOKANE, WA 99203-0031	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	50.
AMERICAN INDIAN COMMUNITY CENTER ATTN: DEBORAH GUENTHER SPOKANE, WA 99207	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	12,425.
ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILA 2201 BROADWAY, SUITE 720 OAKLAND, CA 94612	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
Total SEE CONTINUATION SHEET(S)			▶ 3a	4,103,426.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	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	1,247,281.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	-151,179.	
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	1,746,416.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SEE STATEMENT 27		100,900.		37,301.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		100,900.		2,879,819.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	2,980,719.

(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) is based on all information of which preparer has any knowledge.

Signature of officer or trustee — Date: 11/14/2016 — Title: CHIEF FINANCIAL OFFICER

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARBARA L. EARNHEART	BARBARA L. EARNHE	11/14/16		P00240388

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

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, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No 1545-0047

2015

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, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling $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 its Form 990-PF, Part I, line 2, 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). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGARET A CARGILL FOUNDATION 6889 ROWLAND ROAD EDEN PRARIE, MN 55344	$ 1,733,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
2	CITY OF SPOKANE 808 W SPOKANE FALLS BLVD SPOKANEW, WA 99201	$ 90,038.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
3	WASHINGTON STATE HEALTHCARE AUTHORITY PO BOX 45502 OLYMPIA, WA 98504-5502	$ 106,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
4	WAGSTAFF 3910 N FLORA ROAD SPOKANE VALLEY, WA 99216	$ 1,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

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

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. 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 info once) ▶ $

Use duplicate copies of Part III if additional space is needed

(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 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	209,144.
TOTAL TO FORM 990-PF, PART I, LINE 5A		209,144.

FORM 990-PF RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LEGAL FEES		95.	
OTHER PROFRESSIONAL FEES		13,637.	
TAXES		12,506.	
DEPRECIATION		128,359.	
OCCUPANCY		96,764.	
OTHER EXPENSES		108,962.	
- SUBTOTAL -	1		360,323.
TOTAL RENTAL EXPENSES			360,323.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			-151,179.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
DISTRIBUTIONS FROM TRUSTS	13,018.	13,018.	0.
REFUND OF PY QUALIFIED EXPENSES	24,217.	0.	24,217.
COMM/GOVT CHARGED TO AFFILIATES	10,000.	0.	0.
SHARED SERVICES AFFILIATES	90,900.	0.	0.
OTHER REFUND INCOME (TRAILING)	66.	0.	66.
TOTAL TO FORM 990-PF, PART I, LINE 11	138,201.	13,018.	24,283.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	324,930.	0.	0.	332,630.
LEGAL FEES	95.	95.		0.
TO FM 990-PF, PG 1, LN 16A	325,025.	95.		332,630.

FORM 990-PF ACCOUNTING FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	47,600.	0.	0.	47,600.
TO FORM 990-PF, PG 1, LN 16B	47,600.	0.	0.	47,600.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	1,474,440.	214,743.	0.	1,287,046.
OTHER PROFRESSIONAL FEES	13,637.	13,637.		0.
TO FORM 990-PF, PG 1, LN 16C	1,488,077.	228,380.		1,287,046.

FORM 990-PF TAXES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES AND LICENSES	32,406.	0.	0.	76,145.
TAXES	12,506.	12,506.		0.
TO FORM 990-PF, PG 1, LN 18	44,912.	12,506.		76,145.

FORM 990-PF OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES & POSTAGE	39,121.	0.	0.	31,976.
DUES, LICENSES, MEMBERSHIPS	28,915.	0.	0.	28,124.
GENERAL INSURANCE	92,008.	0.	0.	94,880.
PBGC INSURANCE	67,587.	0.	0.	67,587.
RECRUITING	1,249.	0.	0.	2,187.
PLAN LIABILITY	-6,642,815.	0.	0.	0.
PLAN TERMINATION PREMIUM	12,236,124.	0.	0.	12,908,246.
CHARITABLE GIFT ANNUITY PAYMENTS	2,461.	0.	0.	6,601.
WORKERS COMPENSATION FEES	-65,081.	0.	0.	62,846.
OTHER TRAILING BUSINESS EXPENSES	-122,350.	0.	0.	925.
PROGRAM DIRECT SERVICES & EXPENSES	16,982.	0.	0.	16,982.
SPONSORSHIPS, PRINT & MEDIA	74,398.	0.	0.	68,001.
C/AM/D PRIOR YR SETTLEMENT	483,290.	0.	0.	483,290.
SETTLEMENT (MALPRACTICE CLAIMS)	1,000,000.	0.	0.	-88,749.
POSTAGE AND SHIPPING	1,464.	0.	0.	1,464.
OTHER EXPENSES	108,962.	108,962.		0.
TO FORM 990-PF, PG 1, LN 23	7,322,315.	108,962.		13,684,360.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 9

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON PERMENANTLY RESTRICTED ASSETS	22,399.
UNREALIZED LOSS ON SECURITIES	3,503,717.
TOTAL TO FORM 990-PF, PART III, LINE 5	3,526,116.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 10

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
	X		13,234,609.	13,234,609.
TOTAL U.S. GOVERNMENT OBLIGATIONS			13,234,609.	13,234,609.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			13,234,609.	13,234,609.

FORM 990-PF CORPORATE STOCK STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
	10,330,066.	10,330,066.
TOTAL TO FORM 990-PF, PART II, LINE 10B	10,330,066.	10,330,066.

FORM 990-PF CORPORATE BONDS STATEMENT 12

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
	10,880,757.	10,880,757.
TOTAL TO FORM 990-PF, PART II, LINE 10C	10,880,757.	10,880,757.

FORM 990-PF OTHER INVESTMENTS STATEMENT 13

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
	FMV	40,013,445.	40,013,445.
TOTAL TO FORM 990-PF, PART II, LINE 13		40,013,445.	40,013,445.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 14

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT AND FIXTURES	593,302.	290,156.	303,146.
REAL PROPERTY	3,395,299.	0.	3,395,299.
LAND	108,900.	0.	108,900.
TOTAL TO FM 990-PF, PART II, LN 14	4,097,501.	290,156.	3,807,345.

FORM 990-PF OTHER ASSETS STATEMENT 15

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INVESTMENT INCOME	227,047.	274,082.	274,082.
BENEFICIAL INTERESTS IN TRUSTS	296,481.	101,307.	101,307.
TO FORM 990-PF, PART II, LINE 15	523,528.	375,389.	375,389.

FORM 990-PF OTHER LIABILITIES STATEMENT 16

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
COBRA LIABILITY	123,000.	0.
DEFINED BENEFIT PLAN PPD FUNDING	6,642,815.	0.
WORKERS COMPENSATION PAYABLE	162,000.	34,000.
MALPRACTICE SETTLEMENT RESERVES	0.	1,088,749.
TOTAL TO FORM 990-PF, PART II, LINE 22	6,927,815.	1,122,749.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 17
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
MARGARET A CARGILL FOUNDATION	6889 ROWLAND ROAD EDEN PRARIE, MN 55344

FORM 990-PF EXPLANATION OF LEGISLATIVE OR POLITICAL ACTIVITIES - PART VII-A, LINE 1 STATEMENT 18

THE FOUNDATION'S ACTIVITIES RELATED TO ATTEMPTS TO INFLUENCE LEGISLATION WERE LIMITED TO THOSE THAT EITHER QUALIFY AS EXCEPTIONS TO THE PROHIBITIONS AGAINST SUCH ACTIVITY AS DESCRIBED IN IRC 4945(E) AND REGULATIONS SECTION 53.4945-2(D), OR WERE FOR PURPOSES OF DISCUSSING PROPOSALS RELATED TO PROJECTS JOINTLY FUNDED OR POTENTIALLY JOINTLY FUNDED BY THE FOUNDATION AND A GOVERNMENTAL BODY.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 12 STATEMENT 19

EXPLANATION

EMPIRE HEALTH FOUNDATION MADE THE FOLLOWING CONTRIBUTIONS TO A DONOR-ADVISED FUND WITH THE INLAND NORTHWEST COMMUNITY FOUNDATION:

$114,000 - CHILDHOOD RESILIENCY FUND
$347,227 - HEALTH PHILANTHROPY PARNTERSHIP FUND

USE OF THESE FUNDS IS GOVERNED BY AGREEMENTS BETWEEN EMPIRE HEALTH FOUNDATION AND THE INLAND NORTHWEST COMMUNITY FOUNDATION PER AGREEMENTS MADE IN 2012. A COPY OF SAID AGREEMENTS WERE MADE AVAILABLE WITH THE FILING OF THE 2013 FORM 990-PF.

DURING 2015, EMPIRE HEALTH FOUNDATION HAD THE FOLLOWING ACTIVITY WITH PHILANTHROPY CENTER, INC:

4/3/2015 $60,000 MEMBER CAPITAL CONTRIBUTION
6/4/2015 $50,150 MEMBER CAPITAL CONTRIBUTION
8/27/2015 $14,850 MEMBER CAPITAL CONTRIBUTION

$179,554 LEASE OF OFFICE SPACE FOR THE PERIOD 3/1/2015 - 12/31/2015 PAID BY THE FOUNDATION.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 20

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANNE C. COWLES 1727 EAST 20TH AVENUE SPOKANE, WA 99203	DIRECTOR 0.50	0.	0.	0.
DEB HARPER 1629 E. 46TH AVENUE SPOKANE, WA 99223	DIRECTOR 0.50	0.	0.	0.
TERESSA MARTINEZ P.O. BOX 248 WELLPINIT, WA 99040	DIRECTOR 0.50	0.	0.	0.
GARMAN LUTZ 8620 E. BOARDWALK LANE SPOKANE, WA 99212	DIRECTOR 0.50	0.	0.	0.
SUE LANI MADSEN P.O. BOX 107 EDWALL, WA 99008	IMMEDIATE PAST CHAIR 0.50	0.	0.	1,205.
SAM SELINGER, MD 5441 S. QUAIL RIDGE CIRCLE SPOKANE, WA 99223	DIRECTOR 0.50	0.	0.	0.
MATTHEW LAYTON 17204 W. DENO ROAD MEDICAL LAKE, WA 99022	CHAIR 0.50	0.	0.	1,210.
ANTONY CHIANG 617 W SHOSHONE SPOKANE, WA 99203	PRESIDENT 40.00	216,677.	32,424.	37,460.
LISA BROWN PO BOX 1495 SPOKANE, WA 99210	DIRECTOR 0.50	0.	0.	0.
TODD KOYAMA 425 W. 23RD AVENUE SPOKANE, WA 99203	SECRETARY 0.50	0.	0.	0.
GARY STOKES 3911 S REGAL SPOKANE, WA 99223	VICE CHAIR 0.50	0.	0.	1,060.

MIKE NOWLING 2280 E APPLEWAY #B LIBERTY LAKE, WA 99019	TREASURER 0.50	0.	0.	0.
DAVE LUHN 6202 N VISTA RIDGE LANE SPOKANE, WA 99217	CHIEF FINANCIAL OFFICER 40.00	117,981.	18,200.	17,627.
KRISTEN WEST 14222 FRIENDSHIP LANE NINE MILE FALLS, WA 99026	VICE PRESIDENT: PROGRAMS 40.00	131,972.	29,261.	19,575.
MARY SELECKY 1610 HIGHWAY 20 EAST COLVILLE, WA 99114	DIRECTOR 0.50	0.	0.	1,893.
RODNEY MCAULEY 3501 S WHIPPLE SPOKANE VALLEY, WA 99206	DIRECTOR 0.50	0.	0.	0.
NATHAN SMITH 1107 W 18TH SPOKANE, WA 99203	DIRECTOR 0.50	0.	0.	0.
JEFFREY BELL 103 E INDIANA AVE, STE B SPOKANE, WA 99207	DIRECTOR 0.50	0.	0.	0.
LATISHA HILL 1411 E MISSION AVE MSC 39 SPOKANE, WA 99220	DIRECTOR 0.50	0.	0.	0.
THOMAS QUIGLEY 601 W MAIN ST SUITE 4400 SPOKANE, WA 99201	DIRECTOR 0.50	0.	0.	0.
FRED SCHRUMPF 1429 WALNUT ST SPOKANE, WA 99203	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		466,630.	79,885.	80,030.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 21

ACTIVITY ONE

RURAL AGING - HELPING THE REGION'S SENIOR POPULATION TO LIVE FULL, MEANINGFUL LIVES WITH DIGNITY AND INDEPENDENCE. GOALS ARE A 20% REDUCTION OF EMERGENCY SERVICES UTILIZATION, A 20% INCREASE IN PATIENT ACTIVATION MEASURE SCORES, AND A 50% REDUCTION IN CHRONIC CONDITIONS THROUGH INTEGRATED MEDICATION MANAGEMENT.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	1,634,959.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 22

ACTIVITY TWO

COMPLEX TRAUMA/ACE'S - MITIGATING THE EFFECTS OF ADVERSE CHILDHOOD EXPERIENCES (ACE'S). PILOT PROGRAM WITH JOHN R ROGERS HIGH SCHOOL IN SPOKANE WITH A GOALS OF DECREAING OVERALL DISCIPLINARY INCIDENTS BY 30% AND A 50% DECREASE IN OUT-OF-SCHOOL SUSPENSIONS. GRADUATION RATES ARE AN IMPORTANT DETERMINANT IN POPULATION HEALTH. ALSO, WORKING TOWARD A GOAL OF 50% REDUCTION IN FOSTER CARE PLACEMENTS BY 2020, THROUGH THE LAUNCH OF FAMILY IMPACT NETWORK.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 2	846,107.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 23

ACTIVITY THREE

ACCESS TO CARE - INCREASING ACCESS TO HEALTH CARE. STRATEGIES INCLUDED A GOAL OF 97% OF REGION'S RESIDENTS HAVING HEALTH INSURANCE, A 25% REDUCTION IN EMERGENCY ROOM UTILIZATION FOR DENTAL EMERGENCIES, SUPPORTING THE REGION'S ACCOUNTABLE COMMUNITY OF HEALTH TO ACHIEVE THE TRIPLE AIM (BETTER HEALTH, BETTER CARE, LOWER COSTS).

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 3	509,757.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 24

ACTIVITY FOUR

OBESTITY PREVENTION - REDUCING OBESITY RATES IN CHILDREN THROUGH RE-INTRODUCTION OF SCRATCH COOKING FOR SCHOOL LUNCHES IN VARIOUS SCHOOL DISTRICTS, INCLUDING SPOKANE PUBLIC SCHOOLS. THE LONG-TERM GOAL IS A 5% REDUCTION IN MEAN BMI PERCENTILES.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 4	624,584.

FORM 990-PF ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS STATEMENT 25

PURSUANT TO IRC SECTION 4942(H)(2) AND REG. 53.4942(A)-3(D)(2), THE ABOVE REFERENCED FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 26
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 CONSISTENT AND WITHIN THE SCOPE OF THE ARTICLES OF INCORPORATION AND BYLAWS.

FORM 990-PF OTHER REVENUE STATEMENT 27

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
DISTRIBUTIONS FROM TRUSTS			01	13,018.	
REFUND OF PY QUALIFIED EXPENSES			01	24,217.	
COMM/GOVT CHARGED TO AFFILIATES	541200	10,000.			
SHARED SERVICES AFFILIATES	541200	90,900.			
OTHER REFUND INCOME (TRAILING)			01	66.	
TOTAL TO FORM 990-PF, PG 12, LN 11		100,900.		37,301.	

Section VII-A Line 11				
Statement of Information Regarding Transfers to a Controlled Entity				
(A) Name and address of each controlled entity		(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	Philanthropy Center LLC 1020 West Riverside Avenue Spokane, WA 99201	46-3212731	Capital Contribution	125,000
Total:				125,000

49 Empire Health Foundation 26-3375286

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	BESSEMER 8M1493 TOTALS	P		
b	BESSEMER 8M1493 TOTALS	P		
c	BESSEMER 8M1494 TOTALS	P		
d	BESSEMER 8M1494 TOTALS	P		
e	BESSEMER 8M1495 TOTALS	P		
f	BESSEMER 8M3626 TOTALS	P		
g	BESSEMER 8M3627 TOTALS	P		
h	BESSEMER 8M6468 TOTALS	P		
i	BESSEMER 8M6468 TOTALS	P		
j	BESSEMER 8M6470 TOTALS	P		
k				
l				
m				
n				
o				

	(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	631,710.		650,614.	-18,904.
b	105,866.			105,866.
c	4,785,757.		4,744,453.	41,304.
d	567,122.			567,122.
e	12,285,169.		11,734,177.	550,992.
f	1,263,506.		1,270,389.	-6,883.
g	6,845,038.		6,780,016.	65,022.
h	4,029,574.		4,177,776.	-148,202.
i	568,890.			568,890.
j	6,543,205.		6,521,996.	21,209.
k				
l				
m				
n				
o				

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) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a				-18,904.
b				105,866.
c				41,304.
d				567,122.
e				550,992.
f				-6,883.
g				65,022.
h				-148,202.
i				568,890.
j				21,209.
k				
l				
m				
n				
o				

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	1,746,416.
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 XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
BETTER HEALTH TOGETHER PO BOX 271 SPOKANE, WA 99210	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	662,250.
BIG TABLE PO BIX 141510 SPOKANE VALLEY, WA 99214	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
BLESSINGS UNDER THE BRIDGE 7503 E SPRAGUE AVENUE SPOKANE VALLEY, WA 99212	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
CATHOLIC CHARITIES SPOKANE PO BOX 2253 SPOKANE, WA 99210	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	52,525.
CENTER FOR JUSTICE 35 W MAIN SUITE 300 SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	12,000.
CHENEY PARKS AND RECREATION 614 4TH STREET CHENEY, WA 99004	NONE	GOVERNMENT AGENCY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
CHEWELAH MANOR VILLAGE 501 E MAIN AVENUE CHEWELAH, WA 99109	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	7,500.
CHILDHOOD OBESITY PREVENTION COALITION ATTN: VICTOR COLEMAN SEATTLE, WA 98119	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
CHOICE REGIONAL HEALTH NETWORK 1217 4TH AVENUE, SUITE 200 OLYMPIA, WA 98506	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5.
CIRCLES OF CARING ADULT DAY HEALTH FOUND 588 SE BISHOP BLVD, SUITE D PULLMAN, WA 99163	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	15,000.
Total from continuation sheets				3,885,007.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
COLLEGE SUCCESS FOUNDATION COLLEGE SUCCESS FOUNDATION ISSAQUAH, WA 98027	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
COLVILLE COMMUNITY SENIOR CENTER PO BOX 29 COLVILLE, WA 99114	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	17,000.
COMMUNITY BAND OF THE PALOUSE PO BOX 1196 PULLMAN, WA 99163	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	1,000.
COMMUNITY-MINDED ENTERPRISES 25 W MAIN AVENUE, SUITE 310 SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	8,440.
COUNCIL ON AGING & HUMAN SERVICES PO BOX 107 COLFAX, WA 99111	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	15,000.
CRAFT 3 203 HOWERTON WAY SE ILWACO, WA 98624	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	110,000.
CRITICAL ACCESS HOSPITAL NETWORK ATTN: SUE DIETZ NEWPORT, WA 99156	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	234,250.
CURLEW CIVICS CLUB PO BOX 36 CURLEW, WA 99118	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	1,660.
DAYBREAK YOUTH SERVICES 960 E 3RD AVENUE SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	13,620.
DOWNTOWN EMERGENCY SERVICE CENTER 515 THIRD AVENUE SEATTLE, WA 98104	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	1,400.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
EASTERN WASHINGTON UNIVERSITY ATTN: DR FRANK HOUGHTON SPOKANE, WA 99202-1660	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	40,000.
EPISCOPAL CHURCH OF THE REDEEMER PO BOX 607 REPUBLIC, WA 99166	NONE	CHURCH	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	7,300.
FAMILY IMPACT NETWORK PO BOX 244 SPOKANE, WA 99210	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	357,796.
FERRY COUNTY PUBLIC HOSPITAL DIST #1 36 NORTH KLONDIKE RD REPUBLIC, WA 99166	NONE	GOVERNMENT AGENCY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	12,825.
FIRE DISTRICT NO 7 SERVICES 662 JERMAIN RD NEWPORT, WA 99156	NONE	GOVERNMENT AGENCY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	15,000.
FOUNDATION FOR HEALTHY GENERATION 419 3RD AVENUE WEST SEATTLE, WA 98119	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	50.
FRIENDS OF THE WHITMAN COUNTY LIBRARY 102 S MAIN ST COLFAX, WA 99111	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	11,000.
FRONTIER BEHAVIORAL HEALTH 107 S DIVISION SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	4,100.
FULCRUM INSTITUTE ATTN: JOHN HEBNER SPOKANE, WA 99205	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
GARFIELD UNITED METHODIST CHURCH 201 W UNION GARFIELD, WA 99130	NONE	CHURCH	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
GONZAGA UNIVERSITY SCHOOL OF LAW SPOKANE, WA 99220	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	20,000.
GOODWILL ENTERPRISES 130 E 3RD AVENUE SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
GRANT MAKERS IN HEALTH 1100 CONNECTICUT AVE NW, STE 1200 WASHINGTON, DC 20036	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	10,000.
GREATER SPOKANE COUNTY MEALS ON WHEELS PO BOX 14278 SPOKANE, WA 99206	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	150.
GREATER SPOKANE INC. PO BOX 822 SPOKANE, WA 99210	NONE	OTHER TAX EXEMPT	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	2,000.
HE GRITMAN SENIOR CENTER 118 W MAIN RITZVILLE, WA 99169	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	9,900.
HEARTH HOMES PO BOX 371 SPOKANE VALLEY, WA 99037	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	4,300.
HOSPICE OF SPOKANE 121 S ARTHUR ST SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
HOSPICE OF SPOKANE 121 S ARTHUR ST SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	10,000.
HOSPITALITY HOUSE INC PO BOX 802 NEWPORT, WA 99156	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	14,100.
Total from continuation sheets				

523631
04-01-15

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
IMMACULATE CONCEPTION PARISH 320 N MAPLE STREET COLVILLE, WA 99114	NONE	CHURCH	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	3,000.
INDEPENDENT SECTOR 1602 L STREET NW, SUITE 900 WASHINGTON, DC 20036	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	81,009.
INLAND NORTHWEST COMMUNITY FOUNDATION 421 W RIVERSIDE AVE, SUITE 606 SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	537,994.
INLAND NORTHWEST HEALTH SERVICES PO BOX 469 SPOKANE, WA 99210-0469	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	1,250.
INTERFAITH HOSPITALITY NETWORK OF SPOKANE DBA/FAMILY PROMISE OF SPOKANE SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	10,000.
JDRF 421 W RIVERSIDE, STE 304 SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
KALISPEL TRIBE OF INDIANS 934 S GARFIELD AIRWAY HEIGHTS, WA 99001	NONE	TRIBE	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	206,911.
KIRA'S CLOSET C/O ST LUKE LUTHERAN CHURCH SPOKANE, WA 99218	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	120.
KSPS 3911 S REGAL ST SPOKANE, WA 99223	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	500.
LACROSSE SCHOOL DISTRICT 111 HILL AVENUE LACROSSE, WA 99143	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	7,500.
Total from continuation sheets				

523631
04-01-15

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
LINCOLN COUNTY HEALTH DEPT 90 NICHOLS DAVENPORT, WA 99122	NONE	GOVERNMENT AGENCY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	7,500.
MARTIN LUTHER KING JR FAMILY OUTREACH CTR 845 S SHERMAN STREET SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
MEALS ON WHEELS SPOKANE 1222 W 2ND SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	475.
MISCELLANEOUS FAMILY (BLANK) (BLANK), WA (BLANK)	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	300.
MOBIUS SCIENCE CENTER 811 W MAIN AVENUE SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
MOCKINGBIRD SOCIETY 2100 24TH AVENUE S, SUITE 240 SEATTLE, WA 98144	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	10,000.
NEWPORT HOSPITAL & HEALTH SERVICES 714 W. PINE STREET NEWPORT, WA 99156	NONE	OTHER TAX EXEMPT	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	-6,577.
NORTHEAST COMMUNITY CENTER ASSOCIATION 4001 N COOK STREET SPOKANE W, WA 99207	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	10,000.
NORTHEAST YOUTH CENTER 3004 E QUEEN AVE SPOKANE, WA 99207	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	3,000.
NORTHWEST AUTISM CENTER 528 E SPOKANE FALLS BLVD, SUITE 14 SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
ODESSA HEALTHCARE FOUNDATION PO BOX 368 ODESSA, WA 99159	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	4,400.
ON-TRACK INC 221 W MAIN STREET MEDFORD, WA 97501	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
OPERATION HEALTHY FAMILY PAULA WILLIAMS SPOKANE, WA 99206	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	12,500.
OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,840.
OUTSPOKANE PO BOX 883 SPOKANE, WA 99210	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
PARKINSON'S RESOURCE CENTER OF SPOKANE 613 S WASHINGTON, SUITE 104 SPOKANE, WA 99204	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	7,600.
PARTNERING FOR PROGRESS PO BOX 28191 SPOKANE, WA 99228	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
PARTNERS WITH FAMILIES & CHILDREN 1321 W BROADWAY SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
PHILANTHROPY NW 2101 FOURTH AVE, SUITE 650 SEATTLE, WA 98121	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	7,500.
POST FALLS FOOD BANK 415 E 3RD POST FALLS, WA 86854	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
PROJECT HOPE SPOKANE 1428 W BROADWAY SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
PROVIDENCE HEALTH & SERVICES-WASHTINGTON 982 E COLUMBIA AVENUE COLVILLE, WA 99114	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	24,100.
PROVIDENCE HEALTH CARE FOUNDATION 101 W 8TH AVENUE SPOKANE, WA 99204-2364	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
PROVIDENCE NORTHEAST WA HUNGER COALITION 986 S MAIN STREET COLVILLE, WA 99114	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	11,600.
REARDAN DEACON'S FUND REARDAN PRESBYTERIAN CHURCH REARDAN, WA 99029	NONE	CHURCH	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
RONALD MCDONALD HOUSE CHARITIES OF SPOKAN 1015 W 5TH AVENUE SPOKANE, WA 99204-3002	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,050.
ROTARY CLUB OF SPOKANE #21 7 SOUTH HOWARD, SUITE 420 SPOKANE, MN 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	366.
RURAL RESOURCES COMMUNITY ACTION 956 S MAIN STREET COLVILLE, WA 99114	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	193,000.
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVENUE SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	15,025.
SELKIRK SCHOOL DISTRICT 219 PARK STREET METALINE FALLS, WA 99153	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	12,500.
Total from continuation sheets				

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
SHIELDS FOR FAMILIES ATTN: KATHRYN ICENHOWER LOS ANGELES, CA 90047	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
SPOKANE AREA BUSINESS FOUNDATION 801 W. RIVERSIDE SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	2,500.
SPOKANE COUNTY PARKS FOUNDATION 222 W MISSION AVENUE SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	2,500.
SPOKANE GUILDS SCHOOL AND NEUROMUSCULAR 2118 W GARLAND AVENUE SPOKANE, WA 99205	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
SPOKANE HOUSING VENTURES 715 E SPRAGUE AVE, STE 102 SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	25.
SPOKANE HUMANE SOCIETY 6607 N HAVANNA STREET SPOKANE, WA 99217	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	300.
SPOKANE INTERNATIONAL ACADEMY 2706 E QUEEN SPOKANE, WA 99217	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	8,000.
SPOKANE NEIGHBORHOOD ACTION PARTNERS 3102 W FORT GEORGE WRIGHT DRIVE SPOKANE, WA 99224	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,100.
SPOKANE PUBLIC LIBRARY FOUNDATION 906 W MAIN SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	50.
SPOKANE PUBLIC SCHOOLS 200 N BERNARD STREET SPOKANE, WA 99201-0282	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	267,797.
Total from continuation sheets				

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
SPOKANE REGIONAL HEALTH DISTRICT 1101 W COLLEGE AVE SPOKANE, WA 99201	NONE	GOVERNMENT AGENCY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	9,695.
SPOKANE TRIBE OF INDIANS PO BOX 100 WELLPINIT, WA 99040	NONE	TRIBE	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	333,560.
ST JOSEPH FAMILY CENTER 1016 N SUPERIOR SPOKANE, WA 99202	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	15,000.
ST LUKE'S REHAB INSTITUTE DBA/ST LUKE'S REHABILITATION INSTITUTE SPOKANE, WA 99210	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	12,500.
ST MARY OF THE ROSARY CHURCH PO BOX 26 CHEWELAH, WA 99109	NONE	CHURCH	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	3,000.
TEKOA COMMUNITY AMBULANCE PO BOX 730 TEKOA, WA 99033	NONE	OTHER TAX EXEMPT	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	10,000.
THE CUTTER THEATRE PO BOX 133 METALINE FALLS, WA 99153	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	1,500.
THE SALVATION ARMY-SPOKANE 222 E INDIANA AVE SPOKANE, WA 99207	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	8,100.
UNITED WAY OF SPOKANE COUNTY PO BOX 18 SPOKANE, WA 99210-0018	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	13,811.
UNIVERSITY OF WASHINGTON ATTN: BEN DE HAAN SEATTLE, WA 98195	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	125,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
VITAL GROUND FOUNDATION INC 20 FORT MISSOULA RD MISSOULA, MT 59804	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	100.
VOLUNTEERS OF AMERICA OF E WA & N ID 525 W 2ND AVENUE SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	105,150.
WASHINGTON NONPROFITS 120 STATE AVENUE NE #303 OLYMPIA, WA 98501	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	20,000.
WASHINGTON STATE DEPARTMENT OF HEALTH PO BOX 47848 OLYMPIA, WA 98504	NONE	GOVERNMENT AGENCY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	48.
WASHINGTON STATE UNIVERSITY ROOM 423 NEILL HALL PULLMAN, WA 99164	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	14,462.
WASHINGTON STATE UNIVERSITY FOUNDATION PO BOX 1495 SPOKANE, WA 99210	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,600.
WASHINGTON STATE UNIVERSITY SPOKANE COLLEGE OF NURSING, ROOM 161 SPOKANE, WA 99210-1495	NONE	SCHOOL	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	2,500.
WOMEN & CHILDRENS FREE RESTAURANT & COMMUNITY KITCHEN SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	11,800.
WOODLAND PRODUCTIONS PO BOX 524 COLVILLE, WA 99114	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	6,800.
YMCA YOUTH & GOVENMENT PO BOX 193 OLYMPIA, WA 98507	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
YOUNG WOMEN'S CHRISTIAN ASSOCIATION 930 N. MONROE ST SPOKANE, WA 99201	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	13,500.
YOUTH VILLAGES OREGON PO BOX 368 MARYLHURST, OR 97036	NONE	OTHER PUBLIC CHARITY	TO ASSIST ORGANIZATION TO PROMOTE GOOD HEALTH IN THEIR COMMUNITY	5,000.
Total from continuation sheets				