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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

For	caler	dar year 2015 or tax year beginning		, and ending		
Na	me of	foundation			A Employer identification	n number
S	AN	TE, INC.			27-4294766	5
Nui	nber a	nd street (or P O box number if mail is not delivered to st	reet address)	Room/suite	B Telephone number	
P	0	BOX 1356			208-755-59	004
		own, state or province, country, and ZIP or foreig	n postal code		C If exemption application is p	pending, check here
C	OE	UR D'ALENE, ID 83816				
G (Check	all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2 Foreign organizations m	eeting the 95% test
		Address change	Name change		Foreign organizations m check here and attach contacts.	omputation
H_(_		exempt private foundation		E If private foundation sta	
<u> </u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private found		under section 507(b)(1)(A), check here
		· 1 -	Inting method: X Cash	Accrual	F If the foundation is in a	
	rom i ►\$	Part II, col. (c), line 16)	Other (specify)olumn (d) must be on cash	hagie l	under section 507(b)(1)(B), check here
	art l	Analysis of Revenue and Expenses	(-) D		/ > A	(d) Dichimomento
	11 (1	(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	43,404.		N/A	<u></u>
	2	Check from fithe foundation is not required to attach Sch. B. Interest on savings and temporary	ļ			
	3	cash investments	655.	655.		STATEMENT 1
	4	Dividends and interest from securities				
	".	Gross rents	 		ļ	
	۱ ـ	Net rental income or (loss)			 	
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a	-		BECE!	/ED
ě	7	Capital gain net income (from Part IV, line 2)		0.		<u> </u>
ш.	8	Net short-term capital gain			APR 26	2017
	9	Income modifications Gross sales less returns			APR 20	2017 S
	10a	and allowances				
	l	Less Cost of goods sold			OGDEN	<u> </u>
	l	Gross profit or (loss)				
	11	Other income	44 050	CEE		
	12	Total. Add lines 1 through 11	44,059.	655. 0.		0.
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0.	<u></u>		
	1	Pension plans, employee benefits				
es	١	Legal fees STMT 2	500.	0.		500.
ens	h	Accounting fees STMT 3	1,954.	100.		1,854.
Expense		Other professional fees	2,3321			1,051
ě		Interest				
ŧ,	1	Taxes				
Administrative		Depreciation and depletion				
Ē	1	Occupancy				
Ą	1	Travel, conferences, and meetings				
and	22	Printing and publications				
ğ	23	Other expenses STMT 4	3,083.	0.		3,083.
Operating	24	Total operating and administrative				
ğ	1	expenses. Add lines 13 through 23	5,537.	100.		5,437.
0	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.				
	<u> </u>	Add lines 24 and 25	5,537.	100.		5,437.
	27	Subtract line 26 from line 12:		li .		
	ì	Excess of revenue over expenses and disbursements	38,522.			ļ
		Net investment income (if negative, enter -0-)		555.		
5225		Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	<u> </u>

27-4294766 Form 990-PF (2015) SANTE, INC Page 2 Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 504,962, 159,498. 159,498. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less; allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation STATEMENT 6 1,963 383,986. 383,986. Other assets (describe 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) 506,925 543,484 543,484. 17 Accounts payable and accrued expenses Grants payable 18 19 Deferred revenue 20 1,963. Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe 1,963 23 Total liabilities (add lines 17 through 22) ► X Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 504,962. 543,484. 24 Unrestricted 25 Temporarily restricted 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 504,962. 543,484 30 Total net assets or fund balances 506,925. 543,484 31 Total liabilities and net assets/fund balances 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) 504,962. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 543,484. 4 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 543,484. Form **990-PF** (2015)

	TE, INC.	wootmont Income		27-429	4766 Page 3
	and Losses for Tax on Ir		(b) How acquired	(c) Date acquired	(d) Date sold
2-story brick wa	rehouse; or common stock, 200 sh	s. MLC Co.)	(b) How acquired P - Purchase D - Donation	(mo., day, yr.)	(mo., day, yr.)
ia					
b NOI	NE				
<u>c</u>					
<u>d</u>	· · · · - · · · · · · · · · · · · · · ·				·
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss)	
	(UI dilUWable)	plus expense of sale		(e) plus (f) minus (9)
a b	···				
C					
d					
<u>e</u>					· · · · · · · · · · · · · · · · · ·
Complete only for assets showin	g gain in column (h) and owned by	T	─	(I) Gains (Col. (h) gain ol. (k), but not less than	minus 0-) or
(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		Losses (from col. (I	
<u>a</u>					
<u>b</u>					
d d					
e				 	
	(If gain, also enter	r ın Part I. line 7	1		
2 Capital gain net income or (net cap	pital loss) $ \begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0} \end{cases} $	- ın Part I, line 7) 2		
Net short-term capital gain or (los		nd (6):			
If gain, also enter in Part I, line 8,	column (c).		}		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	Reduced Tax on Net	: Investment In	icome	
For optional use by domestic private	<u></u>				
•		(-)	,		
f section 4940(d)(2) applies, leave th	ns part diank.				
Was the foundation liable for the sect		• • • • • • • • • • • • • • • • • • • •	rıod?		Yes X No
f "Yes," the foundation does not quali 1 Enter the appropriate amount in e			antriae		
(a) Base period years	(b)	istructions before making any e	(c)		(d) ution ratio
Base period years Calendar year (or tax year beginnin	1 8 4 4 1 1	tributions Net value of no	oncharitable-use asse	ts (col. (b) divi	ution ratio ded by col. (c))
2014					
2013					
2012					
2011					
2010				- - - - - - - - - - 	
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5	5-vear base period - divide the total o	on line 2 by 5, or by the number	of vears		
the foundation has been in exister			,,	3	
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X,	line 5		4	
Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
B Enter qualifying distributions from	n Part XII. line 4			8	
	line 7, check the box in Part VI, line	1b, and complete that part using	ng a 1% tax rate.	L <u> </u>	
523521 11-24-15					orm 990-PF (2015

	990-PF (2015) SANTE, INC. rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	27- or 4948	- <u>4294</u> - see i	766 instru	ction	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.		Γ			
	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 and enter 1%	1				11.
	of Part I, line 27b					
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	<u> </u>			<u>0.</u>
3	Add lines 1 and 2	3	ļ			<u>11.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_	↓			<u>11.</u>
	Credits/Payments:					
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a		[
	Exempt foreign organizations - tax withheld at source 6b		1			
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d					•
	Total credits and payments. Add lines 6a through 6d	7	 			_0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				11
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7	9	-			<u>11.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded rt VII-A Statements Regarding Activities	<u>▶ 11</u>				
					Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte any political campaign?	vene m		10	103	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defi	nition\2		1a 1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pui	•		טו		
	distributed by the foundation in connection with the activities.	nished of] [
	Did the foundation file Form 1120-POL for this year?			1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$	0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u> </u>				
	managers. ►\$0.					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	ion, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ŕ		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?	1	I/A	4b_		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
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 Pa	rt XV		7_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	ID					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1 _ 1		
_	of each state as required by General Instruction G? If "No," attach explanation			86	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r calendar				v
40	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM	r 8	9	Х	X
IU	Did any persons become substaintal continuators during the tax year if "Yes," attach a schedule listing their names and addresses	O LIT.	r O	1 10	Δ	L

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

Form 4720, to determine if the foundation had excess business holdings in 2015.)

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?

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,

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X

3h

4a

Yes X No

during the year?

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y6	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		☐ Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f			
the prevention of cruelty to children or animals?	or deductional porposod, or .		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i		3 22 110	1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	ii riogalations	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		nad		
expenditure responsibility for the grant?		/A 🗀 Ye	es No	ŀ
If "Yes," attach the statement required by Regulations section 53.4945		/A16	s	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
	pay premiums on		es X No	
a personal benefit contract?	araanal banasid a anton M	Y6	1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb X
If "Yes" to 6b, file Form 8870	b. b		[]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attributed and the foundation of the state of t				'b
Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors	ees, roundation ma	nagers, nigni	y	
List all officers, directors, trustees, foundation managers and their				
List all officers, directors, il distees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter'-0-)	compensation	allowances
	PRESIDENT			
PO BOX 1356	4 00			•
COEUR D'ALENE, ID 83816	1.00	0.	0.	0.
	VICE PRESIDEN	ļ.,		
PO BOX 1356	4 4 4			_
COEUR D'ALENE, ID 83816	1.00	0.	0.	<u> </u>
	BOARD MEMBER			
PO BOX 1356			_]	_
COEUR D'ALENE, ID 83816	0.50	0.	0.	<u> </u>
	SECRETARY			
PO BOX 1356				
COEUR D'ALENE, ID 83816	0.50	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	hours per week devoted to position	(c) companication	compensation	allowances
NONE	 			
<u></u>				
			L	
Total number of other employees paid over \$50,000				0
			Form	990-PF (2015)

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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
NONE	
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 10	5,437.
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 DURING 2015 THE ORGANIZATION PURCHASED A PARCEL OF LAND ON	
WHICH FUTURE PROGRAM FACILITIES WILL BE BUILT.	383,986.
2	
All other program related investments. Cas instructions	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3	383,986. Form 990-PF (2015)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	<u> </u>
b	Average of monthly cash balances	1b	238,397.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	238,397.
е	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	238,397.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u>3,576.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	234,821.
6	Minimum investment return. Enter 5% of line 5	6	11,741.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Mınımum ınvestment return from Part X, line 6	1	11,741.
2a	Tax on investment income for 2015 from Part VI, line 5		
Ь	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	11.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,730.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,730.
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	11,730.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,437. 383,986.
b	·	1b	383,986.
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:	[[
а		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	389,423.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	389,423.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	
			Form 990-PF (2015)

SANTE, INC.

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,				11,730.
line 7				11,150.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015	j.			
a From 2010	"			
b From 2011	7			
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 389, 423				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	1	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			_
d Applied to 2015 distributable amount				11,730.
e Remaining amount distributed out of corpus	377,693.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	:			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	377,693.			
b Prior years' undistributed income. Subtract	0.1.7000			
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	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	377,693.			
10 Analysis of line 9:				
a Excess from 2011	_			
b Excess from 2012				
c Excess from 2013	_			
d Excess from 2014	_			
e Excess from 2015 377,693	3.			

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Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		-	Lun contron	4040(1)(2) 05 140	140(4)(5)
b Check box to indicate whether the found		Ing roundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(a) 2013	(0) 2014	(6) 20 10	(0) 2012	(e) iolai
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	<u> </u>	 	ļ		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	ļ				
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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(1)(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	1				
(4) Gross investment income					
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during	the year-see inst	ructions.)			
Information Regarding Foundation a List any managers of the foundation why year (but only if they have contributed if SEE STATEMENT 11	o have contributed more		ntributions received by the	foundation before the clo	se of any tax
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large porti	on of the ownership of a p	artnership or
NONE	-				
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does i	•	
a The name, address, and telephone num	`	· — — — — — — — — — — — — — — — — — — —			
a The name, address, and telephone hun	idei oi e-iiali addiess di	the person to whom app	nications stiduly be adule	ъъ с и.	
b The form in which applications should	oe submitted and inform	ation and materials they	should include:		
c Any submission deadlines:				- <u>- </u>	
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable field	s, kinds of institutions, or	other factors:	

Form 990-PF (2015)

				···	
Enter gross amounts unless otherwise indicated.	(a) Business	usiness income (b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Amount	
a					
b					
c					
d					
e	1 1				
f	l l				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	655.	
4 Dividends and interest from securities					
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			1 1	Ì	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
ab					
	1 1				
					
d					
e	· 	0		655.	0.
13 Total: Add line 12, columns (b), (d), and (e)	L		•	13	
(See worksheet in line 13 instructions to verify calculations.)				13	000.
Part XVI-B Relationship of Activities	to the Accom	nplishment of E	exempt P	urposes	
Line No. Explain below how each activity for which inc	ome is reported in c	column (e) of Part XVI	-A contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other than				,	F
					
					· · · · · · · · · · · · · · · · · · ·
					
	· · · · · · · · · · · · · · · · · · ·				
					

27-4294766 Page 13 SANTE, Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Yes No 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: X 1a(1) Х (2) Other assets 1a(2) **b** Other transactions: 1b(1) X (1) Sales of assets to a noncharitable exempt organization X 1b(2) (2) Purchases of assets from a noncharitable exempt organization X 1b(3) (3) Rental of facilities, equipment, or other assets X (4) Reimbursement arrangements 1b(4) X 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) Х X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no 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 5277	Yes A No
b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

May the IRS discuss this return with the preparer shown below (see instr)? mplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here VICE PRESIDENT X Yes Title Signature of officer or trustee Date Date Check Print/Jype preparer's name Preparer's signature self- employed Paid KEVIN R. COX P00224804 02/25/17 KEVIN R. COX **Preparer** Firm's EIN $\triangleright 41-0746749$ Firm's name ► CLIFTONLARSONALLEN LLP **Use Only** Firm's address ▶ 601 WEST RIVERSIDE, SUITE 700

Form **990-PF** (2015)

Phone no. 509-363-6300

SPOKANE, WA 99201-0622

Schedule B

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

Employer identification number Name of the organization 27-4294766 INC Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

SANTE, INC

27-4294766

DUTATIO	, 1110		
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INNERCEPT LLC 1115 IRONWOOD DR. COEUR D'ALENE, ID 83814	\$\\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

SANTE, INC.

27-4294766

Part II	Noncash Property (see instructions) Use duplicate copies of F	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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
Part I		(coc mod dottorio)		
(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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
Part I				
		\$		
(a)		(c)		
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received	
		\$ _		
3453 10-26-	-15		990, 990-EZ, or 990-PF) (

me of orga	nization		Employer identification number		
ANTE,	INC.	butions to organizations described	27-4294766 in section 501(c)(7), (8), or (10) that total more than \$1,000 for		
Part III	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	olumns (a) through (e) and the follow , chantable, etc , contributions of \$1,000 or	WING LINE ENTRY For organizations		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-		(e) Transfer of giff			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	(e) Transfer of gift				
	Transferee's name, address, an	d 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 gif	t		
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1	
SOURCE	(A REVE PER B	NUE NET I	(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
INTEREST INCOME		655.	655.		
TOTAL TO PART I, LINE 3		655.	655.		
FORM 990-PF	LEGAL	FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
LEGAL FEES	500.	0.		500.	
TO FM 990-PF, PG 1, LN 16A	500.	0.		500.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING	1,954.	100.		1,854.	
TO FORM 990-PF, PG 1, LN 16B	1,954.	100.		1,854.	
FORM 990-PF	OTHER EXPENSES			STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK FEES INSURANCE PROPERTY TAXES UTILITIES OFFICE SUPPLIES	67. 703. 1,907. 393. 13.	0. 0. 0. 0.		67. 703. 1,907. 393. 13.	

SANTE, INC.

27-4294766

FORM 990-PF

REASONABLE CAUSE FOR LATE FILING

STATEMENT

5

THE ORGANIZATION FILED A TIMELY FORM 990 FOR 2015. DURING PREPARATION OF THE 2016 FORM 990 IT WAS DETERMINED THAT THE ORGANIZATION DID NOT MEET THE PUBLIC SUPPORT TEST FOR 2015 OR 2016 AS SUBSTANTIALLY ALL CHARITABLE CONTRIBUTIONS TO THE ORGANIZATION SINCE INCEPTION HAVE BEEN MADE BY DISQUALIFIED PERSONS. AS A RESULT, THE ORGANIZATION IS FILING AN ORIGINAL 2015 FORM 990-PF, AND REQUESTS THE LATE FILING PENALTY FOR THE 2015 FORM 990-PF BE WAIVED DUE TO REASONABLE CAUSE.

FORM 990-PF	(OTHER ASSETS		STAT	EMENT	6
DESCRIPTION	BEGINNING OF END OF YEAR YR BOOK VALUE BOOK VALUE					
CAPITALIZED LEGAL FEES		1,963.	(0.	•	
LAND FOR FUTURE PROGRAM ACTIVITIES		0.	383,980	5.	383,9	86.
TO FORM 990-PF, PART II, LIN	NE 15 =	1,963.	383,980	5. ========	383,986.	
FORM 990-PF IN	NTEREST	AND PENALTIES		STAT	EMENT	7
TAX DUE FROM FORM 990-PF, I	PART VI					11.
TOTAL AMOUNT DUE						12.
FORM 990-PF LIST (TANTIAL CONTRIB	BUTORS	STAT	EMENT	8
NAME OF CONTRIBUTOR		ADDRESS				
INNERCEPT LLC		1115 IRONWOOD COEUR D'ALENE				
GEORGE J ULLRICH AND JAMI		PO BOX 1356				
STURGES-ULLRICH		COEUR D'ALENE	c, ID 83816			
FORM 990-PF	LATE	PAYMENT PENALT	Y	STAT	EMENT	9
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENAL	ΤΥ
	05/15/1 03/15/1		11. 11.	10		1.

1.

TOTAL LATE PAYMENT PENALTY

SANTE, INC.

27-4294766

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 10

ACTIVITY ONE

THE PRIMARY PURPOSE OF SANTE' INC. IS TO PROVIDE EXPERIENCE AND EDUCATION TO CHILDREN, YOUNG ADULTS AND FAMILIES ABOUT NUTRITION, PHYSICAL EXERCISE, AND MENTAL WELL BEING TO IMPROVE AND MAINTAIN GOOD OVERALL/GENERAL HEALTH TO FOSTER, PROMOTE, ENHANCE, SUPPORT, TRAIN AND PROVIDE EXPERIENCES, AS WELL AS ADVICE FOR CHILDREN, YOUNG ADULTS AND FAMILIES TO ACCOMPLISH THESE PURPOSES. DURING 2015 THE ORGANIZATION PURCHASED LAND FOR A PLANNED FACILITY. THE ORGANIZATION IS CONTINUING TO RAISE FUNDS IN ORDER TO PUT PLANNED PROGRAMS INTO ACTION.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

5,437.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 11

NAME OF MANAGER

GEORGE J ULLRICH JAMI STURGES-ULLRICH