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EXTENDED TO NOVEMBER 16, 2020

Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

1912

OMB No 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending

Name of foundation	A Employer identification number
EMPIRE HEALTH FOUNDATION	26-3375286
Number and street (or P O box number if mail is not delivered to street address) / Room/suite	B Telephone number
P.O. BOX 244	509-315-1260
City or town, state or province, country, and ZIP or foreign postal code	C If exemption application is pending, check here ▶ ☐
SPOKANE, WA 99210	

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) ▶$ 86,721,617.

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	572,161.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	59,522.	55,921.		STATEMENT 1
	4 Dividends and interest from securities	1,044,764.	1,101,013.		STATEMENT 2
	5a Gross rents	164,095.	164,095.		STATEMENT 3
	b Net rental income or (loss) -165,199.				STATEMENT 4
	6a Net gain or (loss) from sale of assets not on line 10	4,018,388.			
	b Gross sales price for all assets on line 6a 25,973,755.				
	7 Capital gain net income (from Part IV, line 2)		4,018,388.		
	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	6,213,287.	77,914.	0.	STATEMENT 5
	12 Total. Add lines 1 through 11	12,072,217.	5,417,331.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	324,349.	0.	0.	324,349.
	14 Other employee salaries and wages	2,008,304.	0.	0.	1,348,563.
	15 Pension plans, employee benefits	846,072.	0.	0.	664,053.
	16a Legal fees STMT 6	1,434,789.	60,480.	0.	1,782,944.
	b Accounting fees STMT 7	42,225.	0.	0.	42,225.
	c Other professional fees STMT 8	1,399,168.	783,913.	0.	767,388.
	17 Interest				
	18 Taxes STMT 9	125,206.	2,963.	0.	13,203.
	19 Depreciation and depletion	197,440.	163,168.	0.	
	20 Occupancy	179,583.	55,299.	0.	124,274.
	21 Travel, conferences, and meetings	346,339.	4,820.	0.	348,804.
	22 Printing and publications				
	23 Other expenses STMT 10	774,707.	106,238.	0.	478,057.
	24 Total operating and administrative expenses. Add lines 13 through 23	7,678,182.	1,176,881.	0.	5,893,860.
	25 Contributions, gifts, grants paid	2,858,372.			2,917,167.
	26 Total expenses and disbursements Add lines 24 and 25	10,536,554.	1,176,881.	0.	8,811,027.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,535,663.			
	b Net investment income (if negative, enter -0-)		4,240,450.		
	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	425,944.	516,517.	516,517.
	2 Savings and temporary cash investments	2,347,840.	1,051,299.	1,051,299.
	3 Accounts receivable ▶ 408,799.			
	Less: allowance for doubtful accounts ▶	689,010.	408,799.	408,799.
	4 Pledges receivable ▶ 1,000,000.			
	Less: allowance for doubtful accounts ▶	1,779,839.	1,000,000.	1,000,000.
	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	787,464.	661,951.	661,951.
	10a Investments - U.S. and state government obligations STMT 12	10,486,339.	15,274,477.	15,274,477.
	b Investments - corporate stock STMT 13	13,000,993.	12,731,845.	12,731,845.
	c Investments - corporate bonds STMT 14	5,269,435.	4,448,106.	4,448,106.
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans STMT 15	1,500,000.	1,000,000.	1,000,000.
	13 Investments - other STMT 16	40,466,708.	45,340,180.	45,340,180.
	14 Land, buildings, and equipment: basis ▶ 4,558,221.			
	Less accumulated depreciation STMT 17 ▶ 1,274,087.	3,075,150.	3,284,134.	3,284,134.
	15 Other assets (describe ▶)	425,093.	1,004,309.	1,004,309.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	80,253,815.	86,721,617.	86,721,617.
Liabilities	17 Accounts payable and accrued expenses	4,090,092.	369,499.	
	18 Grants payable	521,553.	458,748.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ WORKERS COMPENSATI)	58,000.	82,000.	
	23 Total liabilities (add lines 17 through 22)	4,669,645.	910,247.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ [X] and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions	71,240,484.	83,356,515.	
	25 Net assets with donor restrictions	4,343,686.	2,454,855.	
	Foundations that do not follow FASB ASC 958, check here ▶ [ ] and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances**	75,584,170.	85,811,370.	
	30 **Total liabilities and net assets/fund balances**	80,253,815.	86,721,617.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	75,584,170.
2	Enter amount from Part I, line 27a	2	1,535,663.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 11	3	8,691,537.
4	Add lines 1, 2, and 3	4	85,811,370.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	85,811,370.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, 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	PUBLICLY TRADED SECURITIES			
b	CAPITAL GAINS DIVIDENDS			
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	24,394,781.		21,955,367.	2,439,414.
b	1,578,974.			1,578,974.
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	(l) Gains (Col (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				2,439,414.
b				1,578,974.
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	4,018,388.
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 doesn't 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))
2018	6,323,510.	78,555,327.	.080498
2017	6,204,917.	76,509,218.	.081100
2016	9,792,557.	75,101,752.	.130391
2015	22,013,755.	90,702,379.	.242703
2014	8,601,035.	99,460,595.	.086477

2	Total of line 1, column (d)	2	.621169
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	.124234
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	77,607,140.
5	Multiply line 4 by line 3	5	9,641,445.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	42,405.
7	Add lines 5 and 6	7	9,683,850.
8	Enter qualifying distributions from Part XII, line 4	8	9,747,452.

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.

3

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	42,405.
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	42,405.
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	42,405.
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 93,465.		
b	Exempt foreign organizations - tax withheld at source — 6b: 0.		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0.		
d	Backup withholding erroneously withheld — 6d: 0.		
7	Total credits and payments. Add lines 6a through 6d	7	93,465.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0.
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	51,060.
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 51,060. **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 the instructions for the definition	1b		X
	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 21			
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? SEE STATEMENT 20	2	X	
	If "Yes," attach a detailed description of the activities			
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?	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 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

2

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 STMT 23	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 22 SEE STATEMENT 24	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. ▶ 509-315-1260
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 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 2019?	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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? ☐ 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 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
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 2019?	4b		X

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

			Yes	No
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			
	Organizations relying on a current notice regarding disaster assistance, check here	▶ [ ]		
		5b		X
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		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	[ ] Yes [X] No		

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

1 List all officers, directors, trustees, and 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 25		461,242.	85,155.	6,659.

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
ALISON M POULSEN - 12515 S HANGMAN VALLEY ROAD, VALLEYFORD, WA 99036	LEASED EXEC DIRECTOR--BETTER HEALTH 40.00	165,704.	33,254.	0.
LAURA F CANTRELL - 1037 NE 65TH ST #104, SEATTLE, WA 98115	EXEC DIRECTOR--CARE PROGRAM 40.00	135,915.	46,450.	2,058.
SHEILA K MORLEY 4209 S HATCH, SPOKANE, WA 99203	LEASED EXEC DIRECTOR--FAMILY IMPACT 40.00	127,550.	27,879.	0.
BRIAN J MYERS - 101 WHITE ASH DRIVE, ASHVILLE, NC 28803	VICE PRESIDENT--PROGRAMS 40.00	114,406.	38,120.	1,909.
DAPHNE K WILLIAMS 3804 E 58TH LANE, SPOKANE, WA 99223	DIRECTOR OF HR AND OPERATIONS 40.00	103,389.	39,907.	4,590.

Total number of other employees paid over $50,000 ▶ 16

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
SIRIANNI YOUTZ SPOONEMORE & HAMBURGER 701 5TH AVE, SUITE 2, SEATTLE, WA 98104	LEGAL	1677676.
DRINKER BIDDLE & REATH, LLP - ONE LOGAN SQUARE STE 2000, PHILADELPHIA, PA 19103	LEGAL	129,344.
PATRICK DUNN & ASSOCIATES, LTD 13531 NORTHSHIRE ROAD NW, SEATTLE, WA 98177	CONSULTING	100,414.
HALLOCK CONSULTING/ERICA BENSON-HALLOCK 1224 E BLACKHAWK DRIVE, SPOKANE, WA 99208	CONSULTING	66,205.
ALTRUIST PARTNERS LLC 220 SECOND AVE SOUTH #408, SEATTLE, WA 98104	CONSULTING	52,500.
Total number of others receiving over $50,000 for professional services ▶		1

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 26	971,695.
2 SEE STATEMENT 27	693,907.
3 SEE STATEMENT 28	413,388.
4 SEE STATEMENT 29	1,016,308.

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 SEE STATEMENT 30	530,000.
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	530,000.

Form **990-PF** (2019)

923561 12-17-19

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	75,889,984.
b	Average of monthly cash balances		1b	2,898,991.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	78,788,975.
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	78,788,975.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,181,835.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	77,607,140.
6	**Minimum investment return.** Enter 5% of line 5		6	3,880,357.

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	3,880,357.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	42,405.		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	2,656.		
c	Add lines 2a and 2b			2c	45,061.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,835,296.
4	Recoveries of amounts treated as qualifying distributions			4	13,337.
5	Add lines 3 and 4			5	3,848,633.
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	3,848,633.

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	8,811,027.
b	Program-related investments - total from Part IX-B	1b	530,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	406,425.
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	9,747,452.
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	42,405.
6	**Adjusted qualifying distributions** Subtract line 5 from line 4	6	9,705,047.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				3,848,633.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 3,727,023.				
b From 2015 17,508,573.				
c From 2016 5,382,506.				
d From 2017 2,411,402.				
e From 2018 2,455,028.				
f Total of lines 3a through e	31,484,532.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 9,747,452.				
a Applied to 2018, 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) **	2,401,391.			
d Applied to 2019 distributable amount				3,848,633.
e Remaining amount distributed out of corpus	3,497,428.			
5 Excess distributions carryover applied to 2019 (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	37,383,351.			
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 2018 Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				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)	2,401,391.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	1,325,632.			
9 Excess distributions carryover to 2020 Subtract lines 7 and 8 from line 6a	33,656,328.			
10 Analysis of line 9:				
a Excess from 2015 17,508,573.				
b Excess from 2016 5,382,506.				
c Excess from 2017 2,411,402.				
d Excess from 2018 2,455,028.				
e Excess from 2019 5,898,819.				

** SEE STATEMENT 31

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 2019, 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) 2019	Prior 3 years (b) 2018	(c) 2017	(d) 2016	(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 ▶ [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

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	PC	TO PROMOTE IMPROVED HEALTH	130,500.
ALLIANCE FOR INTEGRATED MEDICATION MGT PO BOX 2046 FAIRFAX, VA 22031	NONE	PC	TO PROMOTE IMPROVED HEALTH	249,000.
AMERICAN INDIAN COMMUNITY CENTER 610 E NORTH FOOTHILLS DRIVE SPOKANE, WA 99207	NONE	PC	TO PROMOTE IMPROVED HEALTH	3,000.
BETTER HEALTH TOGETHER PO BOX 271 SPOKANE, WA 99210	FOUNDATION IS A MEMBER	PC	TO PROMOTE IMPROVED HEALTH	2,500.
BLUEPRINTS FOR LEARNING 35 W MAIN AVE, STE 280 SPOKANE, WA 99201	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	290.
Total SEE CONTINUATION SHEET(S)			▶ 3a	2,917,167.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

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
CATHOLIC CHARITIES EASTERN WA PO BOX 2253 SPOKANE, WA 99210-2253	NONE	PC	TO PROMOTE IMPROVED HEALTH	331,952.
CONFEDERATED TRIBES OF THE COLVILLE RESER P.O.BOX 150 NESPELEM, WA 99155	FOUNDATION DIRECTOR AFFILIAT	GOV	TO PROMOTE IMPROVED HEALTH	180,000.
EMBRACE WASHINGTON ATTN:MONICA CHENEY SPOKANE, WA 99201	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	250.
FAMILY IMPACT NETWORK PO BOX 183 SPOKANE, WA 99210	FOUNDATION IS A MEMBER	PC	TO PROMOTE IMPROVED HEALTH	91,500.
FAMILY PROMISE OF SPOKANE 904 E HARTSON AVENUE SPOKANE, WA 99202	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	102.
FREEMAN PTSG 15001 S JACKSON RD ROCKFORD, WA 99030	NONE	GOV	MATCH EMPLOYEE CONTRIBUTION	100.
FREEMAN SCHOOL DISTRICT 15001 S JACKSON RD ROCKFORD, WA 99030	NONE	GOV	TO PROMOTE IMPROVED HEALTH	1,010.
GRAND COULEE DAM SCHOOL DIST. 301-J 110 STEVENS AVE. COULEE DAM, WA 99116	NONE	GOV	TO PROMOTE IMPROVED HEALTH	13,000.
GRANTMAKERS IN AGING INC 2001 JEFFERSON DAVIS HWY, STE 1011 ARLINGTON, VA 22202	NONE	PC	TO PROMOTE IMPROVED HEALTH	5,000.
HABITAT FOR HUMANITY SPOKANE 1805 E TRENT AVE. SPOKANE, WA 99202	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	310.
Total from continuation sheets				2,531,877.

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
HANDS ACROSS THE FALLS PO BOX 48150 SPOKANE, WA 99228	NONE	PC	TO PROMOTE IMPROVED HEALTH	500.
HOLISTIC NATIVE 55 E LINCOLN RD, STE 102 SPOKANE, WA 99208	NONE	PC	TO PROMOTE IMPROVED HEALTH	39,500.
HRC MINISTRIES PO BOX 14257 SPOKANE VALLEY, WA 99214	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	100.
INNOVIA FOUNDATION 421 W RIVERSIDE AVE, #606 SPOKANE, WA 99201-0405	NONE	PC	TO PROMOTE IMPROVED HEALTH	730,000.
JOYA CHILD & FAMILY DEVELOPMENT 2118 W GARLAND AVE SPOKANE, WA 99205	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	500.
KALISPEL TRIBE OF INDIANS PO BOX 39 USK, WA 99180	FOUNDATION DIRECTOR AFFILIAT	GOV	TO PROMOTE IMPROVED HEALTH	136,000.
LIFE CENTER FOURSQUARE CHURCH 1202 N. GOVERNMENT WAY SPOKANE, WA 99224	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	2,500.
LIFE SERVICES OF SPOKANE 2659 N ASH SPOKANE, WA 99205	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	250.
MARCH OF DIMES 1904 3RD AVE STE 230 SEATTLE, WA 98101	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	10.
NAACP SPOKANE 25 W MAIN AVE, STE 239 SPOKANE, WA 99201	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	1,000.
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
NEW ESD101 4202 S REGAL ST SPOKANE, WA 99223	NONE	GOV	TO PROMOTE IMPROVED HEALTH	20,000.
NORTHWEST JUSTICE PROJECT 401 SECOND AVE S, SUITE 407 SEATTLE, WA 98104	NONE	PC	TO PROMOTE IMPROVED HEALTH	299,084.
PHILANTHROPY IN ACTION 1020 W RIVERSIDE AVENUE SPOKANE, WA 99201	FOUNDATION IS A MEMBER	PC	TO PROMOTE IMPROVED HEALTH	357,804.
PHILANTHROPY NORTHWEST 2101 4TH AVE, STE 650 SEATTLE, WA 98121	NONE	PC	TO PROMOTE IMPROVED HEALTH	73,750.
PLANNED PARENTHOOD OF GREATER WA & N ID 1117 TIETON DRIVE YAKIMA, WA 98902	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	15.
PROVIDENCE HEALTH CARE FOUNDATION 101 W 8TH AVENUE SPOKANE, WA 99204-2364	NONE	PC	TO PROMOTE IMPROVED HEALTH	4,500.
PUBLIC HOSPITAL DISTRICT NO.1 OF PEND ORE 714 W PINE STREET NEWPORT, WA 99156	NONE	GOV	TO PROMOTE IMPROVED HEALTH	75,000.
RURAL DEVELOPMENT INITIATIVES 150 SHELTON-MCMURPHEY BLVD EUGENE, OR 97401	NONE	PC	TO PROMOTE IMPROVED HEALTH	30,000.
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	10.
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 99202	NONE	PC	TO PROMOTE IMPROVED HEALTH	10,500.
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
SNAP 3102 W. FT. GEORGE WRIGHT DR. SPOKANE, WA 99224	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	51.
SPOKANE PUBLIC SCHOOLS 200 N BERNARD STREET SPOKANE, WA 99201-0282	FORMER FOUNDATION DIRECTOR A	GOV	TO PROMOTE IMPROVED HEALTH	193.
SPOKANE TRIBE SENIOR PROGRAM PO BOX 100 WELLPINIT, WA 99040	FOUNDATION DIRECTOR AFFILIATED WITH GRANTEE	GOV	TO PROMOTE IMPROVED HEALTH	200.
TERRAIN PROGRAMS 304 W PACIFIC AVE #190 SPOKANE, WA 99201	NONE	PC	TO PROMOTE IMPROVED HEALTH.	5,000.
THE SALISH SCHOOL OF SPOKANE ATTN: KIM RICHARDS SPOKANE, WA 99209	NONE	PC	TO PROMOTE IMPROVED HEALTH	15,000.
THE SALVATION ARMY-SPOKANE 222 E INDIANA AVE SPOKANE, WA 99207	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	75.
TOASTMASTERS INTERNATIONAL - CDA C/O 16016 E 17TH AVE SPOKANE VALLEY, WA 99037	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	71.
UNION GOSPEL MISSION 1224 E TRENT AVE SPOKANE, WA 99202	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	250.
UNITED WAY OF SPOKANE COUNTY 920 N WASHINGTON, STE100 SPOKANE, WA 99201	NONE	PC	TO PROMOTE IMPROVED HEALTH	10,739.
UNITED WAY OF SPOKANE COUNTY 920 N WASHINGTON, STE100 SPOKANE, WA 99201	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	3,997.
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
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVENUE SPOKANE, WA 99202-2431	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	34.
VOLUNTEERS OF AMERICA OF E WA & N ID 525 W 2ND AVENUE SPOKANE, WA 99201	NONE	PC	TO PROMOTE IMPROVED HEALTH	2,000.
VOLUNTEERS OF AMERICA OF E WA & N ID 525 W 2ND AVENUE SPOKANE, WA 99201	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	1,013.
WSU COLLEGE OF NURSING ADVANCEMENT OFFICE - ROOM 443 SPOKANE, WA 99210	FOUNDATION DIRECTOR AFFILIAT	GOV	TO PROMOTE IMPROVED HEALTH	88,154.
YWCA 930 NORTH MONROE STREET SPOKANE, WA 99201	NONE	PC	MATCH EMPLOYEE CONTRIBUTION	853.
Total from continuation sheets				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	59,522.	
4 Dividends and interest from securities			14	1,044,764.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	-165,199.	
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	4,018,388.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SEE STATEMENT 32		1,003,930.		5,209,357.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		1,003,930.		10,166,832.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	11,170,762.

(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) (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) (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.

▶ David E. Luhn 11/11/2020 ▶ CHIEF FINANCIAL OFFICER

Signature of officer or trustee David E. Luhn Date Title

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
TINA HENTON	TINA HENTON	11/11/20		P00630282

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

Firm's address ▶ 2210 EAST ROUTE 66 GLENDORA, CA 91740 Phone no. (626) 857-7300

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

OMB No 1545-0047

2019

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 Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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	$ 20,161.	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)
		$	Person [ ] 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 INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST FROM NOTES RECEIVABLE	39,601.	36,000.	0.
INTEREST ON SAVINGS AND CHECKING ACCOUNTS	19,921.	19,921.	0.
TOTAL TO PART I, LINE 3	59,522.	55,921.	0.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
SECURITIES INTEREST & DIVIDENDS	2,623,738.	1,578,974.	1,044,764.	1,101,013.	0.
TO PART I, LINE 4	2,623,738.	1,578,974.	1,044,764.	1,101,013.	0.

FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
1020 W RIVERSIDE AVENUE SPOKANE, WA 99201	1	160,095.
3000 W SUNSET BLVD SPOKANE, WA 99224	2	4,000.
TOTAL TO FORM 990-PF, PART I, LINE 5A		164,095.

FORM 990-PF RENTAL EXPENSES STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LEGAL FEES		125.	
TAXES		7.	
OCCUPANCY		55,299.	
OTHER EXPENSES		104,491.	
DEPRECIATION		159,811.	
- SUBTOTAL -	1		319,733.
LEGAL FEES		1,600.	
OTHER PROFESSIONAL FEES		2,549.	
TAXES		1,234.	
DEPRECIATION		3,357.	
OTHER EXPENSES		821.	
- SUBTOTAL -	2		9,561.
TOTAL RENTAL EXPENSES			329,294.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			-165,199.

FORM 990-PF OTHER INCOME STATEMENT 5

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
DISTRIBUTIONS FROM TRUSTS	17,768.	17,768.	0.
REFUND OF PY QUALIFIED EXPENSES	13,337.	0.	0.
COST REPORT INCOME	3,118,106.	0.	0.
TRAILING LITIGATION AWARDS	2,000,000.	0.	0.
DEVELOPER FEES EARNED	36,074.	36,074.	0.
ORDINARY INCOME ON PARTNERSHIP K-1S	24,072.	24,072.	0.
SERVICES AGRMTS NON-AFFILIATES	579,999.	0.	0.
SHARED SERVICES AFFILIATES	423,931.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	6,213,287.	77,914.	0.

FORM 990-PF LEGAL FEES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	1,433,064.	58,755.	0.	1,782,944.
LEGAL FEES	125.	125.		0.
LEGAL FEES	1,600.	1,600.		0.
TO FM 990-PF, PG 1, LN 16A	1,434,789.	60,480.	0.	1,782,944.

FORM 990-PF ACCOUNTING FEES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	42,225.	0.	0.	42,225.
TO FORM 990-PF, PG 1, LN 16B	42,225.	0.	0.	42,225.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	1,396,619.	781,364.	0.	767,388.
OTHER PROFESSIONAL FEES	2,549.	2,549.		0.
TO FORM 990-PF, PG 1, LN 16C	1,399,168.	783,913.	0.	767,388.

FORM 990-PF TAXES STATEMENT 9

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES AND LICENSES	123,965.	1,135.	0.	13,203.
FOREIGN TAXES	0.	587.	0.	0.
TAXES	7.	7.		0.
TAXES	1,234.	1,234.		0.
TO FORM 990-PF, PG 1, LN 18	125,206.	2,963.	0.	13,203.

FORM 990-PF OTHER EXPENSES STATEMENT 10

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & LICENSES	37,789.	30.	0.	37,759.
INSURANCE	224,376.	0.	0.	96,919.
PROGRAM DIRECT SERVICES & EXPENSES	800.	0.	0.	800.
SPONSORSHIPS, PRINT & MEDIA	77,292.	0.	0.	77,292.
OFFICE EXPENSE	31,257.	125.	0.	27,165.
REPAIRS AND MAINTENANCE	13,606.	0.	0.	12,972.
WORKER'S COMPENSATION FEES	62,020.	0.	0.	38,406.
ANNUITY PAYMENTS MADE	3,442.	0.	0.	6,130.
SOFTWARE TECH & LICENSES	136,411.	109.	0.	98,330.
BANK & CREDIT CARD FEES	698.	0.	0.	911.
PRINT MEDIA MARKETING	27,379.	0.	0.	27,830.
EQUIPMENT LEASE/RENTAL	662.	662.	0.	0.
PLAN TERMINATION PREMIUM	35,155.	0.	0.	35,155.
COMPUTERS & EQUIPMENT <$5K	18,508.	0.	0.	18,388.
OTHER EXPENSES	104,491.	104,491.		0.
OTHER EXPENSES	821.	821.		0.
TO FORM 990-PF, PG 1, LN 23	774,707.	106,238.	0.	478,057.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 11

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON PERMENANTLY RESTRICTED ASSETS	27,133.
UNREALIZED GAIN ON SECURITIES	8,664,404.
TOTAL TO FORM 990-PF, PART III, LINE 3	8,691,537.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 12

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED PDF	X		15,274,477.	15,274,477.
TOTAL U.S. GOVERNMENT OBLIGATIONS			15,274,477.	15,274,477.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			15,274,477.	15,274,477.

FORM 990-PF CORPORATE STOCK STATEMENT 13

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED PDF	12,731,845.	12,731,845.
TOTAL TO FORM 990-PF, PART II, LINE 10B	12,731,845.	12,731,845.

FORM 990-PF CORPORATE BONDS STATEMENT 14

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED PDF	4,448,106.	4,448,106.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,448,106.	4,448,106.

FORM 990-PF MORTGAGE LOANS STATEMENT 15

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED PDF	1,000,000.	1,000,000.
TOTAL TO FORM 990-PF, PART II, LINE 12	1,000,000.	1,000,000.

FORM 990-PF OTHER INVESTMENTS STATEMENT 16

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED PDF	FMV	45,340,180.	45,340,180.
TOTAL TO FORM 990-PF, PART II, LINE 13		45,340,180.	45,340,180.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 17

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT AND FIXTURES	596,668.	495,129.	101,539.
REAL PROPERTY	3,526,789.	778,958.	2,747,831.
LAND	319,712.	0.	319,712.
LAND DEVELOPEMENT	115,052.	0.	115,052.
TOTAL TO FM 990-PF, PART II, LN 14	4,558,221.	1,274,087.	3,284,134.

FORM 990-PF OTHER ASSETS STATEMENT 18

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INVESTMENT INCOME	169,061.	191,144.	191,144.
BENEFICIAL INTERESTS IN TRUSTS	256,032.	283,165.	283,165.
NOTE RECEIVABLE FROM J AULD APTS. LLC	0.	530,000.	530,000.
TO FORM 990-PF, PART II, LINE 15	425,093.	1,004,309.	1,004,309.

FORM 990-PF OTHER LIABILITIES STATEMENT 19

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
WORKERS COMPENSATION PAYABLE	58,000.	82,000.
TOTAL TO FORM 990-PF, PART II, LINE 22	58,000.	82,000.

FORM 990-PF STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED STATEMENT 20
PART VII-A, LINE 2

EXPLANATION

THROUGH LLC'S WE'VE ENGAGED IN TAX-CREDIT HOUSING CONSTRUCTION/OPERATIONS/INVESTMENTS.

FORM 990-PF EXPLANATION OF LEGISLATIVE OR POLITICAL ACTIVITIES - PART VII-A, LINE 1 STATEMENT 21

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 QUALIFYING DISTRIBUTION STATEMENT — STATEMENT 22

EXPLANATION

THE CONTRIBUTION TO THE DONOR ADVISED FUND HAS BEEN TREATED AS A QUALIFYING DISTRIBUTION.

FORM 990-PF SCHEDULE OF CONTROLLED ENTITIES PART VII-A, LINE 11 — STATEMENT 23

NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
PHILANTHROPY CENTER LLC	46-3212731

ADDRESS
PO BOX 244
SPOKANE, WA 99210

EXCESS BUSINESS HOLDING [ ] YES [X] NO

NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
SUNSET HEALTH	84-2554438

ADDRESS
PO BOX 244
SPOKANE, WA 99210

EXCESS BUSINESS HOLDING [ ] YES [X] NO

NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
FAMILY IMPACT NETWORK	47-1405203

ADDRESS
PO BOX 271
SPOKANE, WA 99210

EXCESS BUSINESS HOLDING [ ] YES [X] NO

NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
PHILANTHROPY IN ACTION	81-1438586

ADDRESS
PO BOX 244
SPOKANE, WA 99210

EXCESS BUSINESS HOLDING [ ] YES [X] NO

NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
EMPIRE HEALTH COMMUNITY ADVOCACY FUND	84-3155527

ADDRESS

PO BOX 244
SPOKANE, WA 99210

EXCESS BUSINESS HOLDING [ ] YES [X] NO

NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
EHF JAM MM LLC	37-1950446

ADDRESS

PO BOX 244
SPOKANE, WA 99210

EXCESS BUSINESS HOLDING [ ] YES [X] NO

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 12 STATEMENT 24
SECTION 170(C)(2)(B) STATEMENT

EXPLANATION

THE DISTRIBUTIONS TO INNOVIA FOUNDATION WAS USED TO ACCOMPLISH OUR CHARITABLE PURPOSE AS FOLLOWS. $554,400 OF THE DISTRIBUTIONS WAS DONATED TO FAMILY IMPACT NETWORK WHO PROVIDE MEDICAID SERVICES TO TRIBES. $120,000 WAS DONATED DIRECTLY TO SPOKANE TRIBES. THE FINAL $5,600 WAS USED AS AN ADMINISTRATION FEE TO INNVOIA FOUNDATION.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 25

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARY SELECKY 1610 HIGHWAY 20 EAST COLVILLE, WA 99114	BOARD CHAIR 0.50	0.	0.	3,368.
LUISITA FRANCIS 6012 S HELENA SPOKANE, WA 99223	BOARD SECRETARY 0.50	0.	0.	0.
NATHAN SMITH 1107 W 18TH AVE SPOKANE, WA 99203	BOARD TREASURER 0.50	0.	0.	94.
DAVID E LUHN 2237 HILLSIDE DR CHENEY, WA 99004	CHIEF FINANCIAL OFFICER 40.00	136,893.	38,136.	162.
RODNEY MCCAULEY 3501 S WHIPPLE SPOKANE, WA 99206	DIRECTOR 0.50	0.	0.	0.
TAWHNEE COLVIN PO BOX 594 WELLPINIT, WA 99040	DIRECTOR 0.50	0.	0.	365.
THOMAS QUIGLEY 601 W MAIN ST. SUITE 400 SPOKANE, WA 99201	DIRECTOR 0.50	0.	0.	0.
ALISON BOYD-BALL PO BOX 150 NEPELEM, WA 99155	DIRECTOR 0.50	0.	0.	0.
JEFF THOMAS 107 S DIVISION SPOKANE, WA 99202	DIRECTOR 0.50	0.	0.	0.
BILL BOUTEN PO BOX 3507 SPOKANE, WA 99220	DIRECTOR 0.50	0.	0.	0.

JESSICA PAKOOTAS 619 E VICKSBURG AVE SPOKANE, WA 99208	DIRECTOR (RESIGNED 3/4/19) 0.50	0.	0.	0.
ANGELA JONES 129 SHOWALTER HALL CHENEY, WA 99004	DIRECTOR (RESIGNED 7/2/19) 0.50	0.	0.	0.
GLORIA OCHOA-BRUCK 16802 N GOLDEN DR COLBERT, WA 99005	DIRECTOR (RESIGNED 8/27/19) 0.50	0.	0.	0.
JEFFREY BELL 600 N RIVERPOINT BLVD STE 411B SPOKANE, WA 99202	DIRECTOR (RESIGNED 8/30/19) 0.50	0.	0.	485.
MATTHEW LAYTON 17204 W DENO ROAD MEDICAL LAKE, WA 99022	DIRECTOR (TERMED OFF 3/26/19) 0.50	0.	0.	0.
MIKE NOWLING 1401 E WHITETAIL LANE SPOKANE, WA 99206	DIRECTOR (TERMED OFF 3/26/19) 0.50	0.	0.	0.
GARY STOKES 3911 S REGAL SPOKANE, WA 99223	IMMEDIATE PAST CHAIR 0.50	0.	0.	268.
JEFFREY BELL 600 N RIVERPOINT BLVD STE 411B SPOKANE, WA 99202	PRESIDENT (EFFECTIVE 9/1/2019) 40.00	89,000.	9,792.	948.
ANTONY CHIANG PO BOX 244 SPOKANE, WA 99210	PRESIDENT (RESIGNED 9/30/2019) 40.00	235,349.	37,227.	969.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		461,242.	85,155.	6,659.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 26

ACTIVITY ONE

AGING SERVICES - TODAY, 35% OF THE PEOPLE IN OUR REGION ARE AGE 50 OR OLDER, YET MOST FAMILIES AND COMMUNITIES DON'T HAVE THE RESOURCES TO PROVIDE VITAL CARE TO OUR AGING POPULATION—ESPECIALLY IN RURAL AREAS AND TRIBAL COMMUNTIES. FOR AT-RISK OLDER PEOPLE IN RURAL AREAS, WE SUPPORT A PROGRAM THAT INCORPORATES THEIR MOST-TRUSTED MEDICAL PROFESSIONALS: PRIMARY CARE PROVIDERS AND PHARMACISTS. FOR OLDER ADULTS IN THE SPOKANE TRIBE OF INDIANS, WE SUPPORT HEALTH COACHES, A CARE COORDINATOR AND FITNESS PROGRAMS. TARGETED RESULTS INCLUDE A 15% INCREASE IN PATIENT ACTIVATION MEASURES (AN ASSESSMENT OF HOW CAPABLE AN INDIVIDUAL IS OF MANAGING THEIR OWN HEALTH AND HEALTHCARE). THIS EFFORT IS FUNDED THROUGH A GRANT FROM A PRIVATE FOUNDATION CONTRIBUTOR

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	971,695.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 27

ACTIVITY TWO

COMPLEX TRAUMA/ACE'S - HEAVILY FOCUSED ON A PROGRAM CALLED RISING STRONG, THE GOAL IS TO TRANSFORM THE HEALTH OF GENERATIONS TO COME WITH FAMILY-FOCUSED TREATMENT AND RECOVERY. A MAIN GOAL IS TO PREVENT THE SEPARATION OF CHILDREN FROM THEIR PARENTS DURING THE TIME THE PARENTS ARE OBTAINING REHABILITATIVE SERVICES. THIS PROGRAM AIMS TO SERVE 64 CHILDREN AND THEIR FAMILIES, WITH A 70% REUNIFICATION RATE. THIS EFFORT IS FUNDED FROM THE FOUNDATION'S OWN RESOURCES.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 2	693,907.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 28

ACTIVITY THREE

CANCER RESEARCH - THE FOUNDATION IS THE ADMINISTRATOR FOR THE ANDY HILL CANCER RESEARCH ENDOWMENT (CARE) FUND, WHICH IS A STATE-FUNDED EFFORT TO MOVE CANCER RESEARCH FURTHER AND FASTER. APPROXIMATELY $20 MILLION OF GRANTS HAVE BEEN AWARDED TO SUPPORT CANCER RESEARCH IN WASHINGTON STATE (NOTE: THE ADMINISTRATION OF THIS CONTRACT IS BY THE FOUNDATION PURSUANT TO ITS CONTRACT WITH THE WASHINGTON DEPARTMENT OF COMMERCE—THE GRANT FUNDS ARE HELD AND AWARDED THROUGH THE FOUNDATION'S AFFILIATE, PHILANTHROPY IN ACTION).

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 3	413,388.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 29

ACTIVITY FOUR

NATIVE AMERICAN FAMILY PRESERVATION (UP-FRONT ASSESSMENT) - THE PURPOSE IS TO REDUCE OUT-OF-HOME PLACEMENTS AMONG AMERICAN INDIAN/ALASKA NATIVE CHILDREN IN UP TO THREE COMMUNITIES IN EASTERN WASHINGTON BY 50% WITHIN THREE YEARS BY PROVIDING ACCESS TO CULTURALLY COMPETENT ASSESSMENTS, SAFETY PLANS AND MENTAL HEALTH SERVICES. THIS EFFORT IS FUNDED THROUGH A GRANT FROM A PRIVATE FOUNDATION CONTRIBUTOR.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 4	1,016,308.

FORM 990-PF SUMMARY OF PROGRAM-RELATED INVESTMENTS STATEMENT 30

DESCRIPTION

SUBORDINATED 4TH LIEN MORTGAGE LOAN, 2% SIMPLE INTEREST, MATURITY DATE 2049 TO J AULD APTS LLC, A TAX-CREDIT FINANCED, AFFORDABLE HOUSING DEVELOPMENT IN THE CITY OF SPOKANE, WA.

	AMOUNT
TO FORM 990-PF, PART IX-B, LINE 1	530,000.

FORM 990-PF

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

STATEMENT 31

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 OTHER REVENUE STATEMENT 32

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
DISTRIBUTIONS FROM TRUSTS			01	17,768.	
REFUND OF PY QUALIFIED EXPENSES			01	13,337.	
COST REPORT INCOME			01	3,118,106.	
TRAILING LITIGATION AWARDS			01	2,000,000.	
DEVELOPER FEES EARNED			01	36,074.	
ORDINARY INCOME ON PARTNERSHIP K-1S			01	24,072.	
SERVICES AGRMTS NON-AFFILIATES	541200	579,999.			
SHARED SERVICES AFFILIATES	541200	423,931.			
TOTAL TO FORM 990-PF, PG 12, LN 11		1,003,930.		5,209,357.	