

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INNOVIA FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 421 W RIVERSIDE 606 City or town, state or province, country, and ZIP or foreign postal code SPOKANE, WA 99201 F Name and address of principal officer: SHELLY O'QUINN SAME AS C ABOVE	D Employer identification number 91-0941053 E Telephone number 509-624-2606 G Gross receipts \$ 68,716,033. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.INNOVIA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1974 M State of legal domicile: WA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO IGNITE GENEROSITY THAT TRANSFORMS LIVES AND COMMUNITIES.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	22
	6	Total number of volunteers (estimate if necessary)	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	40,183.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,545,846.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,526,637.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,280,334.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,104.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,066,410.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,489,430.
	19	Revenue less expenses. Subtract line 18 from line 12	5,037,207.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	136,023,236.
	21	Total liabilities (Part X, line 26)	20,433,110.
	22	Net assets or fund balances. Subtract line 21 from line 20	115,590,126.

Part II Signature Block

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

Sign Here	Signature of officer SHELLY O'QUINN, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SUSAN VAN PLEW, CPA	Preparer's signature SUSAN VAN PLEW, CPA
	Date 03/25/21	Check if self-employed <input type="checkbox"/> PTIN P00064814
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958
	Firm's address ▶ 999 W. RIVERSIDE AVE., STE. 101 SPOKANE, WA 99201-1005	Phone no. 509-747-6154

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: INNOVIA IS A COMMUNITY FOUNDATION FORMED FOR THE BENEFIT OF THE COMMUNITIES WITHIN THEIR REGION OF OPERATION. INNOVIA SEEKS TO PARTNER WITH PEOPLE AND OTHER ORGANIZATIONS WHO WANT TO MAKE THE WORLD BETTER BY ADDRESSING OUR REGION'S PROBLEMS, HELPING THOSE IN NEED, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,280,103. including grants of \$ 1,988,423.) (Revenue \$ 63,117.) COMMUNITY LEADERSHIP: OUR VISION FOR VIBRANT AND SUSTAINABLE COMMUNITIES, WHERE EVERY PERSON THRIVES, REQUIRES DEDICATION TO COMMUNITY LEADERSHIP. EVERY COMMUNITY HAS UNIQUE OPPORTUNITIES AND CHALLENGES. IN PARTNERSHIP WITH OUR COMMUNITIES, INNOVIA FOUNDATION PROVIDES LEADERSHIP TO CATALYZE TRANSFORMATIVE CHANGE IN OUR REGION. AS A FUNDER AND CONVENER, WE ARE DEDICATED TO LEARNING ABOUT, AND INVESTING IN, COLLABORATIVE, COMMUNITY-BASED EFFORTS. THE FOLLOWING INITIATIVES HIGHLIGHT INNOVIA FOUNDATION'S COMMITMENT TO ADDRESS OUR REGION'S UNIQUE OPPORTUNITIES AND CHALLENGES.

LEADERSHIP SUMMIT: IN MARCH 2020, INNOVIA FOUNDATION HOSTED ITS INAUGURAL LEADERSHIP SUMMIT WITH OVER 200 ATTENDEES. THE SUMMIT

4b (Code:) (Expenses \$ 4,590,929. including grants of \$ 4,581,685.) (Revenue \$) DONOR-DIRECTED GRANTMAKING: INNOVIA FOUNDATION'S MISSION IS TO IGNITE GENEROSITY THAT TRANSFORMS LIVES AND COMMUNITIES. WITH OVER 460 INDIVIDUAL, FAMILY AND CORPORATE FUNDS, THIS AREA OF INVESTMENT REFLECTS THE GRANTMAKING DIRECTED BY DONORS TO SUPPORT A BROAD RANGE OF COMMUNITY INTERESTS PRIMARILY IN OUR REGION AND WASHINGTON STATE AND ALSO EXTENDING NATIONALLY AND INTERNATIONALLY.

4c (Code:) (Expenses \$ 5,021,772. including grants of \$ 4,339,380.) (Revenue \$) FOUNDATION-DIRECTED GRANTMAKING: INNOVIA FOUNDATION MANAGES OTHER FUNDS ESTABLISHED BY GENEROUS DONORS TO ADDRESS THE UNIQUE OPPORTUNITIES AND CHALLENGES IN OUR REGION. OVER 125 INDIVIDUAL AND FAMILY FUNDS ARE USED TO SUPPORT THE FOUNDATION'S FIVE IMPACT AREAS OF HEALTH & WELLBEING, ECONOMIC OPPORTUNITY, EDUCATION AND YOUTH DEVELOPMENT, ARTS & CULTURE AND QUALITY OF LIFE. INNOVIA FOUNDATION EVALUATES ORGANIZATIONS AND THEN MAKES GRANTS TO BEST REFLECT THE INTENDED PURPOSE OF THE FUNDS.

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 14	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		22
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 12		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LAUREN AUTREY - (509) 343-5752**
421 W RIVERSIDE AVENUE, STE 606, SPOKANE, WA 99201

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

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

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

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

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							431,571.	0.	81,838.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							431,571.	0.	81,838.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	3,421,277.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,989,471.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,441,645.					
	h Total. Add lines 1a-1f			22,410,748.				
Program Service Revenue	2 a SERVICE FEES	Business Code	713990	48,530.	48,530.			
	b MISCELLANEOUS INCOME		713990	14,587.	14,587.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			63,117.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,108,421.			5,108,421.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	41,133,747.				
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b	41,388,544.					
	c Gain or (loss)	7c	-254,797.					
d Net gain or (loss)			-254,797.			-254,797.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				27,327,489.	63,117.	0.	4,853,624.	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,327,489.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,688,853.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,638,636.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115,590,126.
5	Net unrealized gains (losses) on investments	5	-4,685,833.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,542,929.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11157325.	12776881.	16748520.	9940608.	22410748.	73034082.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11157325.	12776881.	16748520.	9940608.	22410748.	73034082.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10222938.
6 Public support. Subtract line 5 from line 4.						62811144.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	11157325.	12776881.	16748520.	9940608.	22410748.	73034082.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2527820.	2974362.	2627995.	3545846.	5108421.	16784444.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						89818526.
12 Gross receipts from related activities, etc. (see instructions)					12	547,172.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	69.93 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	68.33 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

INNOVIA FOUNDATION

Employer identification number

91-0941053

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 INNOVIA FOUNDATION	Employer identification number 91-0941053
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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	<hr/> <hr/> <hr/>	\$ <u>2,015,493.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>851,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>955,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,458,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>603,775.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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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
7	<hr/> <hr/> <hr/>	\$ <u>1,594,593.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>3,421,277.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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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
4	EQUITY SECURITIES _____ _____ _____	\$ <u>1,008,199.</u>	<u>12/17/19</u>
5	EQUITY SECURITIES _____ _____ _____	\$ <u>373,014.</u>	<u>11/06/19</u>
5	EQUITY SECURITIES _____ _____ _____	\$ <u>229,761.</u>	<u>11/18/19</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: INNOVIA FOUNDATION; Employer identification number: 91-0941053

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 96.45 %
 - b Permanent endowment _____ %
 - c Term endowment 3.55 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

AGENCY FUNDS HELD FOR OTHERS

PART V, LINE 4:

ENDOWMENT FUNDS ARE INVESTED TO PROVIDE FUNDS FOR FUTURE CHARITABLE DISTRIBUTIONS.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A WASHINGTON STATE NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE

Part XIII Supplemental Information (continued)

CHARITABLE CONTRIBUTION DEDUCTION, AND HAVE BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. THE FOUNDATION HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT BELIEVES THAT THE FOUNDATION HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATIONS REVENUE REMOVED	2,036,647.
INTERNAL INVESTMENT FEES	1,454,460.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,491,107.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS	3,421,277.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATIONS EXPENSES REMOVED	13,312.
INTERNAL INVESTMENT FEES	1,454,460.

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,467,772.

FORM 990, PART X, LINE 21(B)

OTHER LIABILITIES ARE AGENCY FUNDS: FUNDS HELD FOR OTHERS TOTALING
\$16,420,189.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **INNOVIA FOUNDATION** Employer identification number **91-0941053**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY OF CLARK FORK P.O. BOX 1042 CLARK FORK, ID 83811		GOVERNMENT	23,000.	0.			CHARITABLE, LIGHTENING CREEK BRIDGE - LIGHTING
4-H CLUBS P.O. BOX 267 BONNERS FERRY, ID 83805	26-1316663	501(C)(3)	6,000.	0.			CHARITABLE, 4-H FRIDAY FRIENDS PROGRAM
CITY OF GRANGEVILLE 225 W. NORTH ST. GRANGEVILLE, ID 83530		GOVERNMENT	5,000.	0.			CHARITABLE, SWIMMING POOL SEASON PASSES, SWIM LESSONS
9B TRAILS P.O. BOX 1764 BONNERS FERRY, ID 83805	82-4094576	501(C)(3)	23,000.	0.			CHARITABLE, TRAIL EXPANSION, EQUIPMENT AND OPERATIONS
CITY OF HARRINGTON P.O. BOX 492 HARRINGTON, WA 99134	91-6001441	GOVERNMENT	10,758.	0.			CHARITABLE, HARRINGTON TOWN SQUARE PROJECT
AFRICA INLAND MISSION INTERNATIONAL INCORPORATED - P.O. BOX 3611 - PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	5,500.	0.			CHARITABLE, REPATRIATION TRAVEL EXPENSES DUE TO COVID-19 AND GENERAL OPERATING SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶ 105.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MEDICAL LAKE P.O. BOX 369 MEDICAL LAKE, WA 99022	91-6001460	GOVERNMENT	10,000.	0.			CHARITABLE, CENSUS 2020 OUTREACH
AGAPE FOOD BANK MINISTRIES 2790 W. HARRISON RD. OTHELLO, WA 99344	84-2649091	501(C)(3)	5,000.	0.			CHARITABLE, SUPPORT FOR EASTERN WASHINGTON HISPANIC COMMUNITIES BY PROVIDING FOOD
CITY OF MOYIE SPRINGS 3331 E. ROOSEVELT MOYIE SPRINGS, ID 83845		GOVERNMENT	10,000.	0.			CHARITABLE, MOYIE SPRINGS PARK
ALS THERAPY DEVELOPMENT INSTITUTE 300 TECHNOLOGY SQ., STE. 400 CAMBRIDGE, MA 02139	04-3462719	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
CITY OF PULLMAN 325 S.E. PARADISE ST. PULLMAN, WA 99163		GOVERNMENT	35,749.	0.			CHARITABLE, HERTIAGE ADDITION
AMERICAN INDIAN COMMUNITY CENTER ASSOCIATION - 610 E. NORTH FOOTHILLS DR. - SPOKANE, WA 99207	91-0822523	501(C)(3)	35,000.	0.			CHARITABLE, CENSUS 2020 OUTREACH AND COVID-19 EMERGENCY ASSISTANCE
CITY OF RITZVILLE 216 E. MAIN AVE. RITZVILLE, WA 99169	91-6001272	GOVERNMENT	12,800.	0.			CHARITABLE, CITY BEAUTIFICATION
AMERICAN RED CROSS 315 W. NORA AVE. SPOKANE, WA 99205	53-0196605	501(C)(3)	9,601.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
CITY OF SPOKANE 808 W. SPOKANE FALLS BLVD SPOKANE, WA 99201	91-6001280	GOVERNMENT	38,000.	0.			CHARTIABLE, TRIBAL CULTURAL CENTER IN RIVERFRONT PARK, VIETNAM VETERANS MEMORIAL,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS OVER SANDPOINT P.O. BOX 2369 SANDPOINT, ID 83864	82-0536068	501(C)(3)	13,000.	0.			CHARITABLE, BACK TO SCHOOL PROGRAM AND COVID-19 EMERGENCY ASSISTANCE
CITY OF WALLACE 703 CEDAR ST. WALLACE, ID 83873	82-6000272	GOVERNMENT	100,000.	0.			CHARITABLE, SWIMMING POOL RENOVATION
ARC OF SPOKANE 320 E. 2ND AVE. SPOKANE, WA 99202	91-0716160	501(C)(3)	53,586.	0.			CHARITABLE, GENERAL OPERATING SUPPORT AND COVID-19 EMERGENCY ASSISTANCE
TOWN OF FAIRFIELD P.O. BOX 334 FAIRFIELD, WA 99012	91-6010686	GOVERNMENT	5,000.	0.			CHARITABLE, COMMUNITY MURAL
AT THE CORE 4903 E. PEONE PINES DR. MEAD, WA 99021	46-2937061	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
TOWN OF WILBUR P.O. BOX 214 WILBUR, WA 99185		GOVERNMENT	5,000.	0.			CHARITABLE, COVID-19 SMALL BUSINESS SUPPORT
BACKYARD HARVEST, INC. 510 W. PALOUSE RIVER DR. MOSCOW, ID 83843	26-2084792	501(C)(3)	13,750.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
ADAMS COUNTY DEVELOPMENT COUNCIL 425 E. MAIN ST., STE. 300 OTHELLO, WA 99344	26-1240570	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, COVID-19 EMERGENCY BUSINESS ASSISTANCE GRANTS
BAIL PROJECT, INC. P.O. BOX 750 VENICE, CA 90294	81-4985512	501(C)(3)	5,000.	0.			CHARITABLE, SUPPORT FOR RECENTLY INCARCERATED TO ACCESS AND/OR KEEP HOUSING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTHEM CDA, INC. 212 S. 11TH ST., STE. 1 COEUR D'ALENE, ID 83814	82-0345175	OTHER EXEMPT ENT	19,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
BENEWAH COUNTY HUMANE SOCIETY P.O. BOX 642 ST. MARIES, ID 83861	82-0430864	501(C)(3)	9,450.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
ANTHEM HAYDEN 251 W MILES AVE HAYDEN, ID 83835	82-0345175	OTHER EXEMPT ENT	20,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
BETTER TOGETHER ANIMAL ALLIANCE 870 KOOTENAI CUTOFF RD. PONDERAY, ID 83852	94-3071245	501(C)(3)	9,450.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
BEAUTIFUL DOWNTOWN LEWISTON 301 MAIN ST., STE. 103 LEWISTON, ID 83501	26-2200307	OTHER EXEMPT ENT	7,000.	0.			CHARITABLE, PUBLIC HEALTH EDUCATION AND PPE DISTRIBUTION, ARCHITECTURAL STUDY FOR
BIBLE STUDY FELLOWSHIP INTERNATIONAL - 19001 HUEBNER RD - SAN ANTONIO, TX 78258	94-1514010	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
BONNER COUNTY ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 1523 - SANDPOINT, ID 83864	82-0526763	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
BIG BEND HISTORICAL SOCIETY, INC. P.O. BOX 523 WILBUR, WA 99185	91-1284502	501(C)(3)	11,247.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
BOUNDARY COUNTY SCHOOL DISTRICT 101 - 6485 TAMARACK LN. - BONNERS FERRY, ID 83805	82-6000683	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, FIRST TEAM 2130

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG TABLE P.O. BOX 372 SPOKANE, WA 99210	20-8931223	501(C)(3)	43,783.	0.			CHARITABLE, GENERAL OPERATING SUPPORT, COVID-19 EMERGENCY ASSISTANCE
CALIFORNIA LUTHERAN UNIVERSITY 60 W. OLSEN RD. #1600 THOUSAND OAK, CA 91360	95-2962604	OTHER EXEMPT ENT	7,741.	0.			CHARITABLE, PACIFIC LUTHERAN THEOLOGICAL SEMINARY
BLANCHARD AREA SENIORS INCORPORATED - P.O. BOX 127 - BLANCHARD, ID 83804	82-0418029	501(C)(3)	7,000.	0.			CHARITABLE, FOOD AND BASIC NEEDS FOR VULNERABLE SENIORS, COVID-19 EMERGENCY
CAPITAL UNIVERSITY 1 COLLEGE AND MAIN COLUMBUS, OH 43209	31-4379435	OTHER EXEMPT ENT	7,741.	0.			CHARITABLE, TRINITY LUTHERAN SEMINARY
BLESSINGS UNDER THE BRIDGE P.O. BOX 14317 SPOKANE, WA 99214	26-1620304	501(C)(3)	10,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
CATALDO CATALDO CATHOLIC SCHOOL 455 W. 18TH AVE. SPOKANE, WA 99203	91-1427965	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
BONNER COMMUNITY FOOD CENTER 1707 CULVERS DR. SANDPOINT, ID 83864	82-0385747	501(C)(3)	20,500.	0.			CHARITABLE, FOOD, COVID-19 EMERGENCY ASSISTANCE
CATHEDRAL OF OUR LADY OF LOURDES 1115 W. RIVERSIDE AVE. SPOKANE, WA 99201	01-0962155	OTHER EXEMPT ENT	16,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
BONNER COUNTY HOMELESS TASK FORCE AKA T.I.P.S. - 330 S. FLORENCE - SANDPOINT, ID 83864	82-0452673	501(C)(3)	24,000.	0.			CHARITABLE, EXPENSES RELATED TO FOOD SECURITY, TRANSITION CASE MANAGEMENT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF SPOKANE P.O. BOX 1453 SPOKANE, WA 99210	53-0196617	OTHER EXEMPT ENT	6,450.	0.			CHARITABLE, ANNUAL CATHOLIC APPEAL
BOY SCOUTS OF AMERICA, INLAND NORTHWEST COUNCIL - 411 W. BOY SCOUT WY - SPOKANE, WA 99201	91-0567262	501(C)(3)	24,240.	0.			CHARTIABLE, GENERAL OPERATING SUPPORT
CHAS- COMMUNITY HEALTH ASSOCIATION OF SPOKANE - 203 N. WASHINGTON ST., STE. 300 - SPOKANE, WA 99205	91-1641797	OTHER EXEMPT ENT	7,637.	0.			CHARITABLE, AIR PURIFICATION AT MARKET STREET CLINIC
BOY SCOUTS OF AMERICA, TROOP 696 38368 HWY 41 OLDTOWN, ID 83822	91-0567262	501(C)(3)	5,000.	0.			CHARITABLE, TROOP EQUIPMENT
CLARK FORK JR/SR HIGH SCHOOL 502 N. MAIN ST. CLARK FORK, ID 83811		OTHER EXEMPT ENT	22,324.	0.			SCHOLARSHIPS
BOYS & GIRLS CLUB OF KOOTENAI COUNTY - 925 N. 15 ST. - COEUR D'ALENE, ID 83814	84-1635505	501(C)(3)	6,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT, SUMMER PROGRAMMING SCHOLARSHIPS
CLEARWATER ECONOMIC DEVELOPMENT ASSOCIATION - 1626 6TH AVE. N. - LEWISTON, ID 83501	82-0288410	OTHER EXEMPT ENT	30,000.	0.			CHARITABLE, COMMUNITY DEVELOPMENT TRAINING SERIES
BOYS & GIRLS CLUB OF SPOKANE COUNTY - 544 E. PROVIDENCE AVE. - SPOKANE, WA 99207	91-1983357	501(C)(3)	131,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
COEUR D'ALENE CHURCH OF THE NAZARENE - 4000 N. 4TH ST. #5114 - COEUR D'ALENE, ID 83815		OTHER EXEMPT ENT	8,000.	0.			CHARITABLE, QUEST SUMMER DAY CAMP SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER CARE NORTHWEST FOUNDATION 1204 N. VERCLER RD. SPOKANE VALLEY, WA 99216	20-1453390	501(C)(3)	9,437.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
COEUR D'ALENE PUBLIC LIBRARY FOUNDATION - 702 E. FRONT AVE. - COEUR D'ALENE, ID 83814	82-0485529	OTHER EXEMPT ENT	21,595.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
CARL MAXEY CENTER 1312 N. MONROE ST., STE. 148 SPOKANE, WA 99201	82-4396555	501(C)(3)	20,000.	0.			CHARITABLE, CAPACITY BUILDING
COEUR D'ALENE ROTARY ENDOWMENT FOUNDATION - P.O. BOX 444 - COEUR D'ALENE, ID 83816	26-1725990	OTHER EXEMPT ENT	5,778.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF SPOKANE 101 E. HARTSON AVE. SPOKANE, WA 99202	53-0196617	501(C)(3)	124,698.	0.			CHARITABLE, HOMELESS FAMILY STABILIZATION, CHRISTMAS FUND, GENERAL OPERATING SUPPORT
COEUR D'ALENE SCHOOL DISTRICT 1400 N. NORTHWOOD CENTER CT. COEUR D'ALENE, ID 83814	82-6000811	OTHER EXEMPT ENT	76,500.	0.			CHARITABLE, OPENING BOOKS, OPENING DOORS
CDA BACKPACK PROGRAM 2200 N. 7TH ST. COEUR D'ALENE, ID 83814	84-3182296	501(C)(3)	15,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
COEUR D'ALENE TRIBE P.O. BOX 200 PLUMMER, ID 83851		OTHER EXEMPT ENT	35,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
CDAIDE P.O. BOX 1042 COEUR D'ALENE, ID 83816	82-1514707	501(C)(3)	16,860.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLVILLE DOLLARS FOR SCHOLARS P.O. BOX 333 COLVILLE, WA 99114	75-3022676	OTHER EXEMPT ENT	14,572.	0.			SCHOLARSHIPS
CENTER FOR JUSTICE 35 W. MAIN AVE., STE. 300 SPOKANE, WA 99201	91-1939768	501(C)(3)	11,118.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
COLVILLE NOW 986 S. MAIN ST., STE. B COLVILLE, WA 99114	91-1736146	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, LOCAL ECONOMIC RESILIENCE
CHASE YOUTH FOUNDATION 10 N. POST ST., STE. 649 SPOKANE, WA 99201	91-1582748	501(C)(3)	50,000.	0.			CHARITABLE, SISTER CITIES YOUTH SCHOLARSHIP FUND
COLVILLE SCHOOL DISTRICT 217 S. HOFSTETTER ST. COLVILLE, WA 99114		OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, ONLINE AND REMOTE LEARNING OPPORTUNITIES
CHEWELAH FAITH RESOURCES GROUP 502 E. MAIN AVE. CHEWELAH, WA 99109	53-0196617	501(C)(3)	8,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
COMMUNITES IN SCHOOLS OF SPOKANE COUNTY - 104 S. FREYA ST., STE. 109 - SPOKANE, WA 99202	26-1581358	OTHER EXEMPT ENT	16,450.	0.			CHARITABLE, REMOTE LEARNING RESOURCES, FOOD/HYGIENE SUPPLIES FOR STUDENTS, DATA STUDY ON
CITIZENS' COUNCIL FOR THE ARTS P.O. BOX 901 COEUR D'ALENE, ID 83816	51-0197066	501(C)(3)	19,564.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
CONFEDERATED TRIBES OF COLVILLE RESERVATION - P.O. BOX 150 - NESPELEM, WA 99155		OTHER EXEMPT ENT	67,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLASSICAL CHRISTIAN ACADEMY P.O. BOX 1209 RATHDRUM, ID 83858	82-0483395	501(C)(3)	6,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
COEUR D'ALENE HOMES (THE VILLAGE AT ORCHARD RIDGE) - 624 W. HARRISON AVE. - COEUR D'ALENE, ID 83814	82-0201589	501(C)(3)	21,800.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
CUSICK COMMUNITY DEVELOPMENT ASSOCIATION - P.O. BOX 126 - CUSICK, WA 99119	91-1102635	OTHER EXEMPT ENT	8,500.	0.			CHARITABLE, FOOD DISTRIBUTION, COVID-19 EMERGENCY ASSISTANCE
COLFAX SCHOOLS FOUNDATION 223 N. MAIN ST. COLFAX, WA 99111	71-0873664	501(C)(3)	14,240.	0.			SCHOLARSHIPS
DAVENPORT SCHOOL DISTRICT 801 7TH ST. DAVENPORT, WA 99122		OTHER EXEMPT ENT	6,000.	0.			CHARITABLE, REMOTE LEARNING SUPPORT
COMMUNITY ACTION CENTER 350 S.E. FAIRMONT RD. PULLMAN, WA 99163	94-3080214	501(C)(3)	48,750.	0.			CHARITABLE, FOOD PANTRY SUPPORT, COVID-19 EMERGENCY ASSISTANCE, EVICTIION PREVENTION
DEARBORN PARK PTA 2820 S. ORCAS ST., MS SM-251 SEATTLE, WA 98108	91-1180799	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
COMMUNITY ACTION PARTNERSHIP 124 N. 6TH ST. LEWISTON, ID 83501	82-0263863	501(C)(3)	15,500.	0.			CHARITABLE, FOOD BANK ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESTINY MINISTRIES CHURCH 82625 SHOWCASE PKWY INDIO, CA 99203	20-1530892	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, BUILDING FUND
COMMUNITY CANCER SERVICES 1205 HWY. 2, STE. 101-B SANDPOINT, ID 83864	71-0899963	501(C)(3)	17,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, TRANSITION CASE MANAGEMENT
ELSON S. FLOYD COLLEGE OF MEDICINE P.O. BOX 1495 SPOKANE, WA 99210	91-6001108	OTHER EXEMPT ENT	40,000.	0.			CHARITABLE, RURAL HEALTHCARE, CANCER RESEARCH
COMMUNITY COALITION FOR FAMILIES P.O. BOX 3223 BONNERS FERRY, ID 83805	84-1393413	501(C)(3)	18,500.	0.			CHARITABLE, HOUSING ASSISTANCE, FOOD SECURITY
EVANGELICAL LUTHERAN CHURCH IN AMERICA - P.O. BOX 1809 - MERRIFIELD, VA 22116	41-1568278	OTHER EXEMPT ENT	60,000.	0.			CHARITABLE, WORLD HUNGER, DISASTER RESPONSE
COMMUNITY COLLEGES OF SPOKANE FOUNDATION - P.O. BOX 6000, MS 1005 - SPOKANE, WA 99217	91-0886962	501(C)(3)	36,746.	0.			CHARITABLE, SCHOLARSHIPS, GENERAL OPERATING SUPPORT
EWU FINANCIAL AID AND SCHOLARSHIPS 102 SUTTON HALL CHENEY, WA 99004	91-1019819	OTHER EXEMPT ENT	6,549.	0.			SCHOLARSHIPS
COMMUNITY FRAMEWORKS 907 W. RIVERSIDE AVE., STE. 100 SPOKANE, WA 99201	91-0933023	501(C)(3)	32,500.	0.			CHARITABLE, HIGHLAND VILLAGE OUTREACH, GENERAL OPERATING SUPPORT
FIRST CHRISTIAN CHURCH IN CLARKSTON - 840 10TH ST. - CLARKSTON, WA 99403	91-0974796	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, PACKAGING FOR TAKEOUT FOOD DELIVERY

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COMMUNITY-MINDED ENTERPRISES P.O. BOX 48150 SPOKANE, WA 99228	91-1764236	501(C)(3)	26,000.	0.			CHARITABLE, CENSUS 2020 OUTREACH, CHILD CARE ASSISTANCE
FIRST PRESBYTERIAN CHURCH OF SPOKANE - 318 S. CEDAR ST. - SPOKANE, WA 99201	91-0564965	OTHER EXEMPT ENT	8,585.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
COUNCIL ON AGING AND HUMAN SERVICES - P.O. BOX 107 - COLFAX, WA 99111	91-0964790	501(C)(3)	37,800.	0.			CHARITABLE, FOOD DISTRIBUTION
FREEMAN SCHOOL DISTRICT 15001 S. JACKSON RD. ROCKFORD, WA 99030		OTHER EXEMPT ENT	8,000.	0.			CHARITABLE, SCHOLARSHIP, TECHNOLOGY SUPPORT FOR REMOTE LEARNING
COUNCIL ON FOUNDATIONS 1255 23RD ST. NW, STE. 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	5,250.	0.			CHARITABLE, MEMBERSHIP DUES
FRIENDS OF NEILL PUBLIC LIBRARY 210 N. GRAND AVE. PULLMAN, WA 99163	91-1049324	OTHER EXEMPT ENT	13,961.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
DAYBREAK YOUTH SERVICES 960 E. 3RD AVE. SPOKANE, WA 99202	91-1083936	501(C)(3)	6,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
FRIENDS OF WHITMAN COUNTY LIBRARY 102 S. MAIN ST. COLFAX, WA 99111	91-1651792	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, COVID-19 EMERGENCY SUPPORT
DEER PARK DOLLARS FOR SCHOLARS P.O. BOX 1241 DEER PARK, WA 99006	46-5230181	501(C)(3)	6,000.	0.			SCHOLARSHIPS

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GONZAGA PREPARATORY 1224 E. EUCLID AVE. SPOKANE, WA 99207	91-6072663	OTHER EXEMPT ENT	9,569.	0.			CHARITABLE, TRACK RENOVATION, GENERAL OPERATING SUPPORT
DISHMAN HILLS CONSERVANCY P.O. BOX 8536 SPOKANE, WA 99203	91-6087260	501(C)(3)	9,861.	0.			CHARITABLE, LAND ACQUISITION, GENERAL OPERATING SUPPORT
GONZAGA UNIVERSITY 502 E. BOONE AVE. SPOKANE, WA 99258	91-0236600	OTHER EXEMPT ENT	19,073.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
EARLY LIFE SPEECH & LANGUAGE 506 W. 2ND AVE. SPOKANE, WA 99201	91-1239678	501(C)(3)	6,011.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
GOOD HOPE LUTHERAN CHURCH P.O. BOX 336 LIND, WA 99341		OTHER EXEMPT ENT	5,638.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
EASTERN WASHINGTON UNIVERSITY FOUNDATION - 102 HARGREAVES HALL - CHENEY, WA 99004	91-1019819	501(C)(3)	19,458.	0.			CHARITABLE, SCHOLARSHIP SUPPORT
HAPPY HORIZONS CHILDCARE 1428 S. BLAINE ST. MOSCOW, ID 83843	84-1794319	OTHER EXEMPT ENT	10,558.	0.			CHARITABLE, COVID-19 EMERGENCY SUPPORT
ETERNAL HOPE, INC. 2525 E. 19TH AVE. SPOKANE, WA 99223	46-3276542	501(C)(3)	8,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
HISPANIC BUSINESS/PROFESSIONAL ASSOCIATION - P.O. BOX 3661 - SPOKANE, WA 99220	74-3200153	OTHER EXEMPT ENT	22,500.	0.			CHARITABLE, COORDINATED FOOD DISTRIBUTION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EUREKA INSTITUTE 513 OAK ST. SANDPOINT, ID 83864	45-3828828	501(C)(3)	8,500.	0.			CHARITABLE, BUS SHELTER PROGRAM, FREE MEALS THOROUGH RESTAURANT COLLABORATION
HOSPICE OF SALMON VALLEY 506 VAN DREFF ST. SALMON, ID 83467	82-0374295	OTHER EXEMPT ENT	9,108.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
FAIRFIELD CARE 503 S. HILLTOP LN. FAIRFIELD, WA 99012	27-2904285	501(C)(3)	15,000.	0.			CHARITABLE, BACKUP GENERATOR
HOSPICE OF SPOKANE P.O. BOX 2215 SPOKANE, WA 99210	91-0995069	OTHER EXEMPT ENT	7,797.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
FAMILY IMPACT NETWORK P.O. BOX 183 SPOKANE, WA 99210	47-1405203	501(C)(3)	554,400.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
HOUSE OF THE LORD CHRISTIAN ACADEMY - 754 SILVER BIRCH LANE - OLDTOWN, ID 83822	82-0460225	OTHER EXEMPT ENT	13,000.	0.			CHARITABLE, COMPUTERS AND SOFTWARE
FAMILY PROMISE OF SPOKANE 904 E. HARTSON AVE. SPOKANE, WA 99202	91-1707988	501(C)(3)	22,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
IMMACULATE HEART RETREAT CENTER 6910 S. BEN BURR RD. SPOKANE, WA 99223	91-0564957	OTHER EXEMPT ENT	40,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
FAMILY PROMISE OF THE PALOUSE P.O. BOX 9389 MOSCOW, ID 83843	45-5497267	501(C)(3)	7,000.	0.			CHARITABLE, CHILDCARE SCHOLARSHIPS, COVID-19 EMERGENCY ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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IMMANUEL EVANGELICAL COVENANT CHURCH - 7402 N. FOX POINT DR. - SPOKANE, WA 99208	46-1987190	OTHER EXEMPT ENT	25,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
FIG TREE 1323 S. PERRY ST. SPOKANE, WA 99202	91-2091823	501(C)(3)	15,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, CENSUS 2020 OUTREACH
INTERLINK, INC. 817-A SIXTH ST. CLARKSTON, WA 99403	94-3156974	OTHER EXEMPT ENT	7,000.	0.			CHARITABLE, NEIGHBOR-TO-NEIGHBOR DELIVERY PROGRAM
FIRST JUDICIAL DISTRICT CASA PROGRAM - 1417 N. 4TH ST. - COEUR D'ALENE, ID 83814	82-0458229	501(C)(3)	15,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
KALISPEL TRIBE OF INDIANS P.O. BOX 39 USK, WA 99180		OTHER EXEMPT ENT	48,000.	0.			CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT
FIRST STEP 4 LIFE 1002 IDAHO ST. LEWISTON, ID 83501	83-2521142	501(C)(3)	7,000.	0.			CHARITABLE, COVID-19 EMERGENCY SUPPORT
KOOTENAI TRIBAL COUNCIL P.O. BOX 1269 BONNERS FERRY, ID 83805		OTHER EXEMPT ENT	9,000.	0.			CHARITABLE, FOOD SECURITY
FOOD FOR OUR CHILDREN P.O. BOX 1049 SANDPOINT, ID 83864	47-3061449	501(C)(3)	10,500.	0.			CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT
LAKESIDE ASSISTED LIVING P.O. BOX 1562 WINCHESTER, ID 83555	26-1425085	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FRED HUTCHINSON CANCER RESEARCH CENTER - P.O. BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	49,883.	0.			CHARITABLE, CANCER RESEARCH
LAPWAI SCHOOL DISTRICT 271 B STREET LAPWAI, ID 83540	82-6000843	OTHER EXEMPT ENT	25,000.	0.			CHARITABLE, TENNIS COURT RESURFACING AND PICKELBALL
FREE REIN THERAPEUTIC RIDING P.O. BOX 30893 SPOKANE, WA 99203	20-8377385	501(C)(3)	10,250.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
LATINOS EN SPOKANE 947 E. ERMINA AVE. SPOKANE, WA 99207	60-4615812	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, PPE AND BASIC NEEDS SUPPORT
FREEDOM FOUNDATION P.O. BOX 552 OLYMPIA, WA 98507	94-3136961	501(C)(3)	25,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
LEWIS AND CLARK HIGH SCHOOL 521 W. 4TH AVE. SPOKANE, WA 99204		OTHER EXEMPT ENT	6,634.	0.			SCHOLARSHIPS
FRIENDS OF KSPS 3911 S. REGAL ST. SPOKANE, WA 99223	23-7203753	501(C)(3)	73,438.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
LEWIS CLARK VALLEY CHAMBER OF COMMERCE - 825 6TH ST. - CLARKSTON, WA 99403		OTHER EXEMPT ENT	8,085.	0.			CHARITABLE, SMALL BUSINESS COVID RELIEF
FRIENDS OF MONGOLIA P.O. BOX 53314 WASHINGTON, DC 20009	06-1571562	501(C)(3)	18,832.	0.			SCHOLARSHIPS

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LEWIS-CLARK STATE COLLEGE 500 8TH AVE. LEWISTON, ID 83501	82-6000935	OTHER EXEMPT ENT	10,950.	0.			CHARITABLE, GENERAL OPERATING SUPPORT, SCHOLARSHIPS, REMOTE LEARNING TECHNOLOGY
FRIENDS OF STONEROSE FOSSIL P.O. BOX 987 REPUBLIC, WA 99166	31-1274608	501(C)(3)	24,600.	0.			CHARITABLE, GENERAL OPERATING SUPPORT, FREE/LOW COST EDUCATIONAL EXPERIENCES
LINCOLN COUNTY ECONOMIC DEVELOPMENT COUNCIL - P.O. BOX 1304 - DAVENPORT, WA 99122	20-4994743	OTHER EXEMPT ENT	14,500.	0.			CHARITABLE, COVID-19 BUSINESS ASSISTANCE
FUTUREWISE 816 SECOND AVE., STE. 200 SEATTLE, WA 98104	91-1539831	501(C)(3)	20,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
LUTHER SEMINARY 2481 COMO AVE. ST. PAUL, MN 55108	41-1425961	OTHER EXEMPT ENT	7,741.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
GARFIELD COUNTY FOOD BANK P.O. BOX 15 POMEROY, WA 99347	91-1657333	501(C)(3)	7,000.	0.			CHARITABLE, FOOD SECURITY
MARSHALL CEMETERY ASSOCIATION 12011 S. AUSTIN RD. SPOKANE, WA 99224	36-4503101	OTHER EXEMPT ENT	14,403.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
GEMS COMMUNITY CITIZENS PROJECTS 9428 N. GOVERNMENT WAY HAYDEN, ID 83835	82-0522106	501(C)(3)	10,000.	0.			CHARITABLE, COVID-19 EMERGENCY RESPONSE
MARY WALKER SCHOOL DISTRICT 500 N. 4TH ST. SPRINGDALE, WA 99173		OTHER EXEMPT ENT	13,240.	0.			CHARITABLE, REFRIGERATED TRAILER FOR FOOD DELIVERY

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GENESIS ASSOCIATES 421 COEUR D'ALENE., #2 COEUR D'ALENE, ID 83814	82-0479588	501(C)(3)	11,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MCDOWELL MOUNTAIN CHURCH 10700 N. 124TH ST. SCOTTSDALE, AZ 85259	86-0792834	OTHER EXEMPT ENT	100,000.	0.			CHARITABLE, BUILDING FUND, GENERAL OPERATING SUPPORT
GIRL SCOUTS EASTERN WASHINGTON & NORTHERN IDAHO - 1404 N. ASH ST. - SPOKANE, WA 99201	91-0570844	501(C)(3)	110,249.	0.			CHARITABLE, MOBILE STEM LAB, GENERAL OPERATING SUPPORT
MILLWOOD COMMUNITY PRESBYTERIAN CHURCH - 3223 N. MARGUERITE RD. - SPOKANE VALLEY, WA 99212		OTHER EXEMPT ENT	12,376.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
GIZMO-CDA, INC. 1000 W. GARDEN AVE. COEUR D'ALENE, ID 83814	46-5487834	501(C)(3)	5,250.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MORNING STAR BAPTIST CHURCH 3909 W. ROWAN AVE. SPOKANE, WA 99205		OTHER EXEMPT ENT	22,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
GLOBAL NEIGHBORHOOD P.O. BOX 10330 SPOKANE, WA 99209	26-2571035	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MOSCOW AFFORDABLE HOUSING TRUST 510 W. PALOUSE RIVER DR. MOSCOW, ID 83843	27-0306873	OTHER EXEMPT ENT	17,250.	0.			CHARITABLE, CONSTRUCTION OF 2 AFFORDABLE HOUSES
GOODWILL INDUSTRIES OF THE INLAND NORTHWEST - 130 E. 3RD AVE. - SPOKANE, WA 99202	91-0597006	501(C)(3)	7,741.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

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NEZ PERCE TRIBE P.O. BOX 305 LAPWAI, ID 83540		OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
GRANGEVILLE SENIOR CITIZENS CENTER P.O. BOX 446 GRANGEVILLE, ID 83530	82-0337966	501(C)(3)	6,000.	0.			CHARITABLE, COVID-19 EMERGENCY SUPPORT
NIMIIPUU COMMUNITY DEVELOPMENT FUND - P.O. BOX 114 - LAPWAI, ID 83540	47-1926181	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, TRIBAL MEMBER SMALL BUSINESS NEEDS
GREATER SPOKANE COUNTY MEALS ON WHEELS - 12101 E. SPRAGUE AVE. - SPOKANE, WA 99206	91-1042546	501(C)(3)	22,343.	0.			CHARITABLE, GENERAL OPERATING SUPPORT, COVID-19 EMERGENCY ASSISTANCE
NIMIIPUU HEALTH P.O. BOX 367 LAPWAI, ID 83540	45-4997702	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, PURCHASING PPE
HABITAT FOR HUMANITY SPOKANE P.O. BOX 4130 SPOKANE, WA 99220	94-3066722	501(C)(3)	44,217.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
NORTH IDAHO HIGH SCHOOL AEROSPACE PROGRAM - P.O. BOX 1083 - SAGLE, ID 83860	47-4476166	OTHER EXEMPT ENT	8,000.	0.			CHARITABLE, STUDENT AVIATION EDUCATION SUPPORT
HEALTH EQUITY CIRCLE 31015 N. SPOTTED RD. DEER PARK, WA 99006	83-2138955	501(C)(3)	5,000.	0.			CHARITABLE, LGBTQ COMMUNITY HEALING
ORCHARD PRAIRIE SCHOOL DISTRICT 7626 N. ORCHARD PRAIRIE RD. SPOKANE, WA 99217		OTHER EXEMPT ENT	5,376.	0.			CHARITABLE, CULTURAL ACTIVITIES FOR STUDENTS

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HERITAGE HEALTH (DIRNE COMMUNITY HEALTH CENTER) - P.O. BOX 3648 - COEUR D'ALENE, ID 83816	94-3036820	501(C)(3)	8,000.	0.			CHARITABLE, COVID-19 EMERGENCY SUPPORT
OTHELLO CHURCH OF THE NAZARENE 835 S. 10TH AVE. OTHELLO, WA 99344	91-0950822	OTHER EXEMPT ENT	48,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
HISTORIC FLIGHT FOUNDATION 5829 E. RUTTER AVE. SPOKANE, WA 99212	20-3837894	501(C)(3)	5,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
OTHELLO COMMUNITY HOSPITAL AUXILIARY - P.O. BOX 587 MSC-R17 - OTHELLO, WA 99344	91-6016170	OTHER EXEMPT ENT	7,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
HUB SPORTS CENTER 19619 E. CATALDO AVE. LIBERTY LAKE, WA 99016	26-0173199	501(C)(3)	17,500.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE. S. TACOMA, WA 98447	91-0565571	OTHER EXEMPT ENT	100,300.	0.			CHARITABLE, NURSING SCHOOL BUILDING, GENERAL OPERATING SUPPORT
HUTTON SETTLEMENT 422 W. RIVERSIDE AVE., STE. 931 SPOKANE, WA 99201	91-0564969	501(C)(3)	206,776.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PEACE LUTHERAN CHURCH 309 N. LAKE COLFAX, WA 99133		OTHER EXEMPT ENT	7,518.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
ICARE, INC. 2134 CANYON CREEK RD. OROFINO, ID 83544	27-4647105	501(C)(3)	5,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

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PENINSULA BIBLE CHURCH CUPERTINO 10601 N. BLANEY AVE. CUPERTINO, CA 95014	77-0269849	OTHER EXEMPT ENT	7,500.	0.			CHARITABLE, ROMANIAN MINISTRY
IDAHO CONSERVATION LEAGUE P.O. BOX 844 BOISE, ID 83702	82-6042478	501(C)(3)	8,750.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PILGRIM SLAVIC BAPTIST CHURCH 212 S. LINCOLN ST. SPOKANE, WA 99201		OTHER EXEMPT ENT	22,500.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
IDAHO FOODBANK WAREHOUSE, INC. 3630 E. COMMERCIAL CT. MERIDIAN, ID 83642	82-0425400	501(C)(3)	16,500.	0.			CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT
POMEROY SCHOOL DISTRICT P.O. BOX 950 POMEROY, WA 99347		OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, REMOTE LEARNING EQUIPMENT
IDAHO NONPROFIT CENTER 5257 W. FAIRVIEW AVE., STE. 260 BOISE, ID 83705	94-3419016	501(C)(3)	7,500.	0.			CHARITABLE, REGIONAL FORUMS
PORT OF COLUMBIA 1 PORT WAY DAYTON, WA 99328		OTHER EXEMPT ENT	20,000.	0.			CHARITABLE, SMALL BUSINESS MICROGRANTS
IDAHO YOUTH RANCH 1609 N. GOVERNMENT WY. COEUR D'ALENE, ID 83814	82-0253346	501(C)(3)	17,000.	0.			CHARITABLE, COVID-19 EMERGENCY SUPPORT
PRIEST RIVER LAMANNA HIGH SCHOOL 1103 9TH ST. PRIEST RIVER, ID 83856	82-0508740	OTHER EXEMPT ENT	20,000.	0.			CHARITABLE, AFTER SCHOOL PROGRAMS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IF YOU COULD SAVE JUST ONE (JUST ONE) - 4420 N. CINCINNATI ST. - SPOKANE, WA 99207	82-4898269	501(C)(3)	32,360.	0.			CHARITABLE, SCHOOL'S OUT WASHINGTON TRAINING, GENERAL OPERATING SUPPORT
REARDAN-EDWALL SCHOOL DISTRICT 255 S. CEDAR REARDAN, WA 99029	91-6001623	OTHER EXEMPT ENT	6,000.	0.			CHARITABLE, REMOTE LEARNING EQUIPMENT AND SUPPORT
INLAND NORTHWEST LAND CONSERVANCY 35 W. MAIN AVE. STE. 210 SPOKANE, WA 99201	91-1510539	501(C)(3)	121,336.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
RIVERSIDE SCHOOL DISTRICT 34515 N. NEWPORT HWY. CHATTOROY, WA 99003		OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, REMOTE LEARNING EQUIPMENT AND SUPPORT
INTERNATIONAL EYE INSTITUTE, INC. 310 S. 13TH ST. COEUR D'ALENE, ID 83814	32-0249964	501(C)(3)	5,000.	0.			CHARITABLE, A-SCAN UNIT FOR GUATEMALA
ROCKWOOD RETIREMENT 2903 E. 25TH AVE. SPOKANE, WA 99223	91-0715658	OTHER EXEMPT ENT	6,349.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	13,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
ROTARY COMMUNITY SERVICE P.O. BOX 1117 SPOKANE, WA 99210	91-6054990	OTHER EXEMPT ENT	5,350.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
ISLA HOLBOX SPAY NEUTER PROJECT 33925 EGLON RD. NE KINGSTON, WA 98346	26-3973218	501(C)(3)	5,000.	0.			CHARITABLE, SPAYING AND NEUTERING

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SACRED HEART CATHOLIC CHURCH 43-775 DEEP CANYON RD. PALM DESERT, CA 92260		OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, ONGOING MINISTRY
JOYA CHILD & FAMILY DEVELOPMENT 2118 W. GARLAND AVE. SPOKANE, WA 99205	91-0863163	501(C)(3)	91,187.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SANDPOINT HIGH SCHOOL 410 S. DIVISION ST. SANDPOINT, ID 83864	82-0411808	OTHER EXEMPT ENT	7,500.	0.			SCHOLARSHIPS
KANIKSU LAND TRUST P.O. BOX 2123 SANDPOINT, ID 83864	47-0898549	501(C)(3)	12,000.	0.			CHARITABLE, PINE STREET WOODS
SOUTHEAST WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION - 845 PORT WY. - CLARKSTON, WA 99403	91-1319496	OTHER EXEMPT ENT	12,000.	0.			CHARITABLE, CENSUS 2020 OUTREACH
KINDERHAVEN, INC. P.O. BOX 2097 SANDPOINT, ID 83864	82-0491527	501(C)(3)	50,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SOUTHSIDE CHRISTIAN CHURCH 2934 E. 27TH AVE. SPOKANE, WA 99223	91-2153486	OTHER EXEMPT ENT	40,015.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
KITTITAS COUNTY GENEALOGICAL SOCIETY - 413 N. MAIN ST., STE. L - ELLENSBURG, WA 98926	91-1265723	501(C)(3)	7,919.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SPOKANE AREA TENANTS UNITED 615 S. WOODRUFF RD., APT. 17 SPOKANE VALLEY, WA 99206		OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, TENANT BASED CENSUS 2020 OUTREACH

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KOOTENAI HUMANE SOCIETY P.O. BOX 1005 HAYDEN, ID 83835	82-0334845	501(C)(3)	11,011.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SPOKANE FOURSQUARE CHURCH 1202 N. GOVERNMENT WY. SPOKANE, WA 99224	91-1019013	OTHER EXEMPT ENT	50,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
KRISTA FOUNDATION FOR GLOBAL CITIZENSHIP - 6827 OSWEGO PL. N.E., STE. A - SEATTLE, WA 98115	91-1995569	501(C)(3)	21,498.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SPOKANE KAREN BAPTIST CHURCH 3307 W. ROWAN AVE. SPOKANE, WA 99205		OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, SUPPORT OF BASIC NEEDS
LADIES & GENTLEMEN OF THE STATE VETERANS CEMETERY - P.O. BOX 1562 - AIRWAY HEIGHTS, WA 99001	27-2759459	501(C)(3)	20,000.	0.			CHARITABLE, KOREAN WAR MEMORIAL
SPOKANE PUBLIC LIBRARY 906 W. MAIN AVE. SPOKANE, WA 99201	91-6001280	OTHER EXEMPT ENT	6,960.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
LAKE PEND OREILLE WATERKEEPER P.O. BOX 732 SANDPOINT, ID 83864	26-4219188	501(C)(3)	12,000.	0.			CHARITABLE, KEEPING NORTH IDAHO WATERS SWIMMABLE AND FISHABLE
SPOKANE TRIBE OF INDIANS P.O. BOX 100 WELLPINIT, WA 99040	91-0606339	OTHER EXEMPT ENT	215,500.	0.			CHARITABLE, UPFRONT ASSESSMENT INITIATIVE, WELLPINIT FOOD BANK, COVID-19 EMERGENCY
LILAC SERVICES FOR THE BLIND 1212 N. HOWARD ST. SPOKANE, WA 99201	23-7121726	501(C)(3)	6,259.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

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SPOKESMAN REVIEW CHRISTMAS FUND P.O. BOX 516 SPOKANE, WA 99210		OTHER EXEMPT ENT	31,979.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
LUTHERAN COMMUNITY SERVICES NORTHWEST - 210 W. SPRAGUE AVE. - SPOKANE, WA 99201	93-0386860	501(C)(3)	11,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT, COVID-19 EMERGENCY ASSISTANCE
ST. JOHN'S LUTHERAN CHURCH 223 S. HALLET ST. MEDICAL LAKE, WA 99022		OTHER EXEMPT ENT	40,902.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
LUTHERHAVEN MINISTRIES 3258 W. LUTHERHAVEN RD. COEUR D'ALENE, ID 83814	91-6000231	501(C)(3)	244,538.	0.			CHARITABLE, GENERAL OPERATING SUPORT
ST. PIUS X CATHOLIC CHURCH 625 E. HAYCRAFT AVE. COEUR D'ALENE, ID 83814		OTHER EXEMPT ENT	8,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MAKE-A-WISH FOUNDATION 104 S. FREYA ST., STE. 210 SPOKANE, WA 99202	91-1329433	501(C)(3)	5,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SUMMIT CHURCH 1801 E. 29TH SPOKANE, WA 99203		OTHER EXEMPT ENT	20,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MARTIN LUTHER KING, JR. FAMILY OUTREACH CENTER - 845 S. SHERMAN ST. - SPOKANE, WA 99202	91-0912823	501(C)(3)	8,000.	0.			CHARITABLE, FOOD SECURITY, CHILDCARE
TRINITY CATHOLIC SCHOOL 2315 N. CEDAR ST. SPOKANE, WA 99205	91-1427985	OTHER EXEMPT ENT	11,345.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

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MERCY SHIPS P.O. BOX 1930 LINDALE, TX 75771	26-2414132	501(C)(3)	20,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
TRINITY LUTHERAN CHURCH 6784 CODY ST. BONNERS FERRY, ID 83805	82-0226150	OTHER EXEMPT ENT	10,000.	0.			CHARITABLE, BOCO BACKPACK PROGRAM
MEXICO MEDICAL MISSIONS 1302 WAUGH DR., STE. #685 HOUSTON, TX 77019	74-2548761	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
UNIVERSITY OF REDLANDS P.O. BOX 3080 REDLANDS, CA 92373	95-1643389	OTHER EXEMPT ENT	5,000.	0.			CHARITABLE, THEATER ARTS
MIA- MUJERES IN ACTION P.O. BOX 7287 SPOKANE, WA 99207	83-2464309	501(C)(3)	5,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PL. DUBUQUE, IA 52003	42-0681105	OTHER EXEMPT ENT	7,741.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MID CITY CONCERNS 1222 W. 2ND AVE. SPOKANE, WA 99201	91-0833015	501(C)(3)	316,312.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
WASHINGTON STATE UNIVERSITY OF NURSING - 412 E. SPOKANE BLVD. - SPOKANE, WA 99202	91-6001108	OTHER EXEMPT ENT	6,240.	0.			SCHOLARSHIPS
MILLWOOD IMPACT 3223 N. MARGUERITE RD. SPOKANE VALLEY, WA 99212	83-3272171	501(C)(3)	5,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

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WHITWORTH COMMUNITY PRESBYTERIAN CHURCH - 312 W. HAWTHORNE RD. - SPOKANE, WA 99218	91-0625510	OTHER EXEMPT ENT	14,300.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MOBIUS SPOKANE 808 W. MAIN AVE. SPOKANE, WA 99201	91-1694299	501(C)(3)	15,489.	0.			CHARITABLE, SUPPORT FOR PROGRAMS AND EXHIBITS
WHITWORTH UNIVERSITY 300 W. HAWTHORNE RD. SPOKANE, WA 99218	91-0473310	OTHER EXEMPT ENT	36,277.	0.			CHARITABLE, SCHOLARSHIPS, GENERAL OPERATING SUPPORT
MORNING STAR BOYS RANCH P.O. BOX 8087 SPOKANE, WA 99203	91-0664709	501(C)(3)	5,784.	0.			CHARITABLE, GENERAL OPERATING SUPPORT, ATHLETIC PROGRAMS
WIBUR CEMETERY ASSOCIATION P.O. BOX 168 WILBUR, WA 99185	91-1383048	OTHER EXEMPT ENT	14,344.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MOUNTAIN STATES LEGAL FOUNDATION 2596 S. LEWIS WAY LAKEWOOD, CO 80227	84-0736725	501(C)(3)	25,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
WORD OF LIFE COMMUNITY CHURCH 6703 N. IDAHO RD. NEWMAN LAKE, WA 99025	84-1428225	OTHER EXEMPT ENT	6,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
MUSIC CONSERVATORY OF SANDPOINT P.O. BOX 907 SANDPOINT, ID 83864	27-1017841	501(C)(3)	10,000.	0.			CHARITABLE, MUSIC MATTERS COMMUNITY OUTREACH
WSU OFFICE OF SCHOLARSHIP SERVICES P.O. BOX 641068 PULLMAN, WA 99164	91-6001108	OTHER EXEMPT ENT	18,888.	0.			SCHOLARSHIPS

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NAMI FAR NORTH P.O. BOX 2415 SANDPOINT, ID 83864	26-0283018	501(C)(3)	10,500.	0.			CHARITABLE, INCREASING ACCESSIBILITY TO MENTAL HEALTH SERVICES
NAMI SPOKANE 10 N. POST ST., STE. 638 SPOKANE, WA 99201	91-1153510	501(C)(3)	12,000.	0.			CHARITABLE, ACCESS TO REMOTE MENTAL HEALTH SERVICES, COVID-19 EMERGENCY ASSISTANCE
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NORTHWEST - 192 NICKERSON STREET, SUITE 100 - SEATTLE, WA 98109	13-5661935	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
NATIONAL RIGHT TO WORK LEGAL DEFENSE & EDUCATION FOUNDATION, INC. - 8001 BRADDOCK RD. - SPRINGFIELD, VA 22160	59-1588825	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
NEW HEALTH PROGRAMS ASSOCIATION P.O. BOX 1114 CHEWELAH, WA 99109	91-1053847	501(C)(3)	5,000.	0.			CHARITABLE, PROVIDE PPE FOR STAFF AND PATIENTS
NEW HOPE 311 W. THIRD AVE. MOSES LAKE, WA 98837	91-6001319	501(C)(3)	10,000.	0.			CHARITABLE, PROVIDING HOUSING AND ASSISTANCE TO DOMESTIC VIOLENCE VICTIMS
NEWPORT HOSPITAL AND HEALTH SERVICES FOUNDATION - 714 W. PINE ST. - NEWPORT, WA 99156	26-3367189	501(C)(3)	18,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
NORTHEAST COMMUNITY CENTER ASSOCIATION - 4001 N. COOK ST. - SPOKANE, WA 99207	91-1196071	501(C)(3)	252,000.	0.			CHARITABLE, THE ZONE PROJECT, COVID-19 EMERGENCY ASSISTANCE
NORTHEAST YOUTH CENTER 3004 E. QUEEN AVE. SPOKANE, WA 99217	71-0886315	501(C)(3)	47,000.	0.			CHARITABLE, NEYC ZONE-IN CAMP

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NORTHPORT COMMUNITY PRESERVATION AND RESTORATION - P.O. BOX 967 - NORTHPORT, WA 99157	80-0221273	501(C)(3)	21,000.	0.			CHARITABLE, HYBRID HUT PROJECT
NORTHWEST MUSEUM OF ARTS & CULTURE 2316 W. FIRST AVE. SPOKANE, WA 99201	91-6000186	501(C)(3)	12,854.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
ODYSSEY YOUTH CENTER 1121 S. PERRY ST. SPOKANE, WA 99202	91-2045932	501(C)(3)	5,000.	0.			CHARITABLE, SUPPORT ONLINE CONNECTIONS WITH VULNERABLE POPULATIONS
ONE-HEART WILD EDUCATION SANCTUARY 12620 WILLIAMETTE MERIDIAN SILVERDALE, WA 98383	47-3649523	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
OUR PLACE COMMUNITY MINISTRIES 1509 W. COLLEGE AVE. SPOKANE, WA 99201	91-1384287	501(C)(3)	5,250.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PACIFIC NORTHWEST RESEARCH INSTITUTE - 720 BROADWAY - SEATTLE, WA 98122	91-0667886	501(C)(3)	14,883.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PALOUSE CARE NETWORK 1515 W. A ST. MOSCOW, ID 83843	45-3719771	501(C)(3)	201,000.	0.			CHARITABLE, NEW PULLMAN CENTER, COVID-19 OUTREACH
PANHANDLE ALLIANCE FOR EDUCATION P.O. BOX 1675 SANDPOINT, ID 83864	61-1416176	501(C)(3)	47,229.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	6,149.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

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PARTNERS WITH FAMILIES & CHILDREN 106 W. MISSION AVE. SPOKANE, WA 99201	68-0576560	501(C)(3)	29,996.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PAWSITIVE OUTREACH SPAY/NEUTER ALLIANCE - P.O. BOX 1241 - NEWPORT, WA 99156	45-3062989	501(C)(3)	31,400.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PEND OREILLE PARAMEDICS P.O. BOX 1942 NEWPORT, WA 99156	82-3857792	501(C)(3)	5,000.	0.			CHARITABLE, COVID-19 TESTING KITS
PEOPLE'S PANTRY OF FERRY COUNTY P.O. BOX 1114 REPUBLIC, WA 99166	47-1246202	501(C)(3)	6,300.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PET SAVERS 7525 E. TRENT AVE. SPOKANE VALLEY, WA 99212	91-1741239	501(C)(3)	6,300.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PLANNED PARENTHOOD 1117 TIETON DR. YAKIMA, WA 98902	91-6071384	501(C)(3)	15,458.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
PLUS DELTA AFTER SCHOOL STUDIOS 528 W. CAMERON ST. DAYTON, WA 99328	82-1340967	501(C)(3)	30,500.	0.			CHARITABLE, CHILDCARE FOR EMERGENCY RESPONDES, COVID-19 EMERGENCY ASSISTANCE
POMEROY ASSIST P.O. BOX 804 POMEROY, WA 99347	83-1867905	501(C)(3)	21,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PREVENT HOMELESS PETS 1000 IRMA LANE BENTON CITY, WA 99320	01-0919961	501(C)(3)	20,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

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PRIEST COMMUNITY FOREST CONNECTION 138 MAIN ST. PRIEST RIVER, ID 83856	75-3173821	501(C)(3)	13,000.	0.			CHARITABLE, SECOND AND THIRD PHASE OF PEND OREILLE PROJECT
PRIEST LAKE NORDIC CLUB 6827 W. LAKESHORE RD. PRIEST LAKE, ID 83856	30-0715902	501(C)(3)	5,000.	0.			CHARITABLE, EQUIPMENT MAINTENANCE
PRIEST RIVER MINISTRIES P.O. BOX 334 PRIEST RIVER, ID 83856	51-0582172	501(C)(3)	42,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PROJECT TIMOTHY 249 E. MAIN ST. DAYTON, WA 99328	91-1434774	501(C)(3)	20,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
PROVIDENCE HEALTH CARE FOUNDATION 101 W. 8TH AVE. SPOKANE, WA 99204	32-0014330	501(C)(3)	16,223.	0.			CHARITABLE, VARIOUS PROGRAM SUPPORT
PULLMAN REGIONAL HOSPITAL FOUNDATION - 840 S.E. BISHOP BLVD., STE. 200 - PULLMAN, WA 99163	91-6028220	501(C)(3)	29,307.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
REACH OUT AND READ 89 SOUTH ST., STE. 201 BOSTON, WA 21111	04-3481253	501(C)(3)	5,000.	0.			CHARITABLE, OPENING BOOKS, OPENING DOORS
REFUGEE CONNECTIONS 35 W. MAIN AVE., STE. 205 SPOKANE, WA 99201	90-0652201	501(C)(3)	96,500.	0.			CHARITABLE, REFUGEE KIDS CONNEC, COVID-19 EMERGENCY ASSISTANCE
RONALD MCDONALD HOUSE CHARITIES 1015 W/ 5TH AVE. SPOKANE, WA 99204	91-1176115	501(C)(3)	237,404.	0.			CHARITABLE, CAPITAL CAMPAIGN, GENERAL OPERATING SUPPORT

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ROTARY FIRST HARVEST 1201 1ST AVE. S., STE. 327 SEATTLE, WA 98134	91-1229941	501(C)(3)	7,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
RURAL DEVELOPMENT INITIATIVES 150 SHELTON-MCMURPHEY BLVD., STE. 2 EUGENE, OR 97401	93-1073746	501(C)(3)	20,000.	0.			CHARITABLE, PALOUSE RURAL COMMUNITY LEADERSHIP PROGRAM
SAFE PASSAGE 850 N. 4TH ST. COEUR D'ALENE, ID 83814	82-0341451	501(C)(3)	21,750.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SALEM ARMS COMMUNITY HOUSING 1022 W. SHANNON SPOKANE, WA 99205	91-1545042	501(C)(3)	5,000.	0.			CHARITABLE, HELP WITH RENTAL ASSISTANCE
SALVATION ARMY KROC CENTER 1765 W. GOLF COURSE RD. COEUR D'ALENE, ID 83815	94-1156347	501(C)(3)	33,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	7,500.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SANDPOINT AREA SENIORS 820 MAIN ST. SANDPOINT, ID 83864	82-0418894	501(C)(3)	29,600.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
SANDPOINT COMMUNITY RESOURCE CENTER - 231 N. 3RD AVE., STE. 101 - SANDPOINT, ID 83864	27-1833740	501(C)(3)	41,500.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SANDPOINT NORDIC CLUB 2222 HIDDEN VALLEY RD. SANDPOINT, ID 83864	27-1782211	501(C)(3)	10,000.	0.			CHARITABLE, PROGRAM EXPANSION AND SUSTAINABILITTY

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SCHOLARSHIP AMERICA P.O. BOX 240 ST. PETER, MN 56082	04-2296967	501(C)(3)	139,375.	0.			SCHOLARSHIPS
SCHOOL'S OUT WASHINGTON SCHOOL'S OUT WASHINGTON SEATTLE, WA 98144	46-0809713	501(C)(3)	33,175.	0.			CHARITABLE, THE ZONE PROJECT
SCRAPS HOPE FOUNDATION 4612 S. SCHAFFER BRANCH RD. SPOKANE, WA 99206	26-4118735	501(C)(3)	7,623.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SECOND CHANCE RANCH P.O. BOX 19602 SPOKANE, WA 99224	91-1999946	501(C)(3)	5,000.	0.			CHARITABLE, CONSTRUCTION OF FENCING AND PROGRAM SPACE
SECOND HARVEST INLAND NORTHWEST 1234 E. FRONT AVE. SPOKANE, WA 99202	23-7173826	501(C)(3)	216,078.	0.			CHARITABLE, BITE2GO PROGRAM, GENERAL OPERATING SUPPORT
SEEDS IN HIS GARDEN P.O. BOX 12583 FRESNO, CA 93778	81-1055200	501(C)(3)	13,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SELKIRK CONSERVATION ALLIANCE P.O. BOX 1809 PRIEST RIVER, ID 83856	82-0418651	501(C)(3)	10,250.	0.			CHARITABLE, 2020 PRIEST LAKE CITIZEN'S VOLUNTARY MONITORING
SELKIRK OUTDOOR LEADERSHIP & EDUCATION - 1255 MEADOWOOD RD. - SANDPOINT, ID 83864	27-4704091	501(C)(3)	13,000.	0.			CHARITABLE, PROJECT INSIDE OUT, YURT INSTALLATION
SHOSHONE COUNTY CRISIS AND RESOURCE CENTER - 415 7TH ST., STE. 1 - WALLACE, ID 83873	82-0374610	501(C)(3)	23,500.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR. TAMPA, FL 33607	36-2193608	501(C)(3)	14,777.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SHRINERS HOSPITAL FOR CHILDREN-SPOKANE - 911 W. 5TH AVE. - SPOKANE, WA 99204	36-2193608	501(C)(3)	15,509.	0.			CHARITABLE, ARM X-RAY EQUIPMENT, GENERAL OPERATING SUPPORT
SILVER VALLEY SENIORS P.O. BOX 887 OSBURN, ID 83849	82-6043133	501(C)(3)	15,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
SMITH-BARBIERI PROGRESSIVE FUND 820 N. POST ST. #603 SPOKANE, WA 99201	91-1914985	501(C)(3)	62,500.	0.			CHARITABLE, FEAST WORLD KITCHEN, CENSUS 2020 OUTREACH, SPOKANE FOOD FIGHTERS, COVID-19
SNAKE RIVER COMMUNITY CLINIC 215 10TH ST. LEWISTON, ID 83501	31-1726460	501(C)(3)	5,250.	0.			CHARITABLE, PPE EQUIPMENT, GENERAL OPERATING SUPPORT
SPOKANE AIDS NETWORK 1121 S. PERRY ST. SPOKANE, WA 99202	91-1380583	501(C)(3)	9,000.	0.			CHARITABLE, FOOD SECURITY, COVID-19 EMERGENCY SUPPORT
SPOKANE ALLIANCE 1526 E. 11TH AVE. SPOKANE, WA 99202	91-1937810	501(C)(3)	25,000.	0.			CHARITABLE, MONITORING OF PATIENTS POSITIVE FOR COVID-19
SPOKANE AREA BUSINESS FOUNDATION 801 W. RIVERSIDE AVE., STE. 100 SPOKANE, WA 99201	91-1896341	501(C)(3)	15,115.	0.			CHARITABLE, REGIONAL FAFSA CAMPAIGN, OPERATION SPOKANE HEROES
SPOKANE ART SCHOOL 811 W. GARLAND AVE. SPOKANE, WA 99205	45-4610507	501(C)(3)	51,229.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE COUNTY HUMAN RIGHTS TASK FORCE - P.O. BOX 4552 - SPOKANE, WA 99220	81-1667705	501(C)(3)	5,000.	0.			CHARITABLE, AHANA BUSINESS SUPPORT IN RESPONSE TO COVID-19
SPOKANE COUNTY UNITED WAY 920 N. WASHINGTON ST., STE. 100 SPOKANE, WA 99201	91-0606058	501(C)(3)	166,609.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SPOKANE HUMANE SOCIETY P.O. BOX 6247 SPOKANE, WA 99217	91-0565011	501(C)(3)	43,320.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SPOKANE NEIGHBORHOOD ACTION PARTNERS - 3102 W. FORT GEORGE WRIGHT DR. - SPOKANE, WA 99224	91-1311127	501(C)(3)	33,616.	0.			CHARITABLE, CENSUS 2020 OUTREACH, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
SPOKANE PARKS FOUNDATION P.O. BOX 8127 SPOKANE, WA 99203	91-6033504	501(C)(3)	9,942.	0.			CHARITABLE, RIVERFRONT PARK OPERATION
SPOKANE PUBLIC RADIO 1229 N. MONROE ST. SPOKANE, WA 99201	23-7097524	501(C)(3)	11,251.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SPOKANE PUBLIC SCHOOLS FOUNDATION P.O. BOX 1002 SPOKANE, WA 99210	20-5163305	501(C)(3)	102,292.	0.			CHARITABLE, THE ZONE PROJECT, OFFICE OF FAMILY AND COMMUNITY ENGAGEMENT, EXPRESS CHILDCARE
SPOKANE RIVER FORUM 2206 S. SHERMAN ST. SPOKANE, WA 99203	61-1566039	501(C)(3)	10,000.	0.			CHARITABLE, RE-CONSTRUCTION OF AUBREY WHITE TAKEOUT, RIVER CLEANUP, GENERAL
SPOKANE SCHOLARS FOUNDATION P.O. BOX 1278 SPOKANE, WA 99210	91-1568725	501(C)(3)	13,250.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE SYMPHONY SOCIETY P.O. BOX 365 SPOKANE, WA 99210	91-0730435	501(C)(3)	41,205.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
SPOKANE VALLEY PARTNERS P.O. BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501(C)(3)	51,096.	0.			CHARITABLE, BASIC NEEDS, FOOD BANK SUPPORT, COVID-19 EMERGENCY ASSISTANCE, GENERAL
ST. MARIES YOUTH ROOTS 120 S. 13TH ST. ST. MARIES, ID 83861	83-3905477	501(C)(3)	5,500.	0.			CHARITABLE, 4 WEEK-LONG THEMED CAMPS
ST. VICENT DE PAUL NORTH IDAHO 201 E. HARRISON AVE. COEUR D'ALENE, ID 83814	82-0250389	501(C)(3)	40,500.	0.			CHARITABLE, TEMPORARY HOUSING, FOOD INSECURITY, COVID-19 EMERGENCY ASSISTANCE
STAND WASHINGTON 600 1ST AVE., #202 SEATTLE, WA 98104	52-1957214	501(C)(3)	10,000.	0.			CHARITABLE, MENTAL HEALTH AND SOCIAL/EMOTION LEARNING SUPPLIES
TENANTS UNION OF WASHINGTON STATE 35 W. MAIN, STE. 310 SPOKANE, WA 99201	91-0967863	501(C)(3)	10,000.	0.			CHARITABLE, CENSUS 2020 OUTREACH
THACHER SCHOOL 5025 THACHER RD. OJAI, CA 93023	95-1642398	501(C)(3)	7,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
THE GREENHOUSE COMMUNITY CENTER P.O. BOX 62 DEER PARK, WA 99006	02-0797827	501(C)(3)	8,042.	0.			CHARITABLE, COVID-19 EMERGENCY SUPPORT
THE LIGHTHOUSE FOR THE BLIND 2501 S. PLUM ST. SEATTLE, WA 98144	91-0295070	501(C)(3)	9,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LUKE COMMISSION P.O. BOX 1335 SAGLE, ID 83860	20-8635797	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
THIN AIR COMMUNITY RADIO 35 W. MAIN AVE., STE. 340 SPOKANE, WA 99201	20-5354265	501(C)(3)	21,500.	0.			CHARITABLE, CENSUS 2020 OUTREACH, GENERAL OPERATING SUPPORT
TIMBERLINE SCHOOL 22869 HWY 11 WEIPPE, ID 83553	82-6000734	501(C)(3)	10,350.	0.			CHARITABLE, LEADER IN ME PROGRAM
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N. HEMLOCK ST. SPOKANE, WA 99205	91-1307272	501(C)(3)	17,178.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
TRI-COUNTY COMMUNITY HEALTH FUND 1200 E. COLUMBIA AVE. COLVILLE, WA 99114	43-1992627	501(C)(3)	10,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
TRI-STATE HOSPITAL FOUNDATION P.O. BOX 636 CLARKSTON, WA 99403	91-1307818	501(C)(3)	5,000.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE
U DISTRICT PHYSICAL THERAPY FOUNDATION - 730 N. HAMILTON - SPOKANE, WA 99202	30-0391912	501(C)(3)	7,437.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
UNION GOSPEL MISSION P.O. BOX 4066 SPOKANE, WA 99220	91-0613587	501(C)(3)	61,228.	0.			CHARITABLE, ANNA OGDEN HALL, GENERAL OPERATING SUPPORT,
UNIVERSITY OF IDAHO FOUNDATION 875 PERIMETER DR. MS-3143 MOSCOW, ID 83844	23-7098404	501(C)(3)	35,072.	0.			CHARITABLE, FOOD DISTRIBUTION, MENTAL HEALTH FIRST AID TRAINING, VIRTUAL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MONTANA FOUNDATION P.O. BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)(3)	23,000.	0.			CHARITABLE, SCHOLARSHIPS, GENERAL OPERATING SUPPORT
VALLEY COMMUNITY CENTER 549 5TH ST., STE. F CLARKSTON, WA 99403	94-3097598	501(C)(3)	7,000.	0.			CHARITABLE, COVID-19 EMERGENCY RESPONSE
VANESSA BEHAN CRISIS NURSERY 2230 E. SPRAGUE AVE. SPOKANE, WA 99202	91-1196575	501(C)(3)	134,761.	0.			CHARITABLE, COVID-19 EMERGENCY RESPONSE, GENERAL OPERATING SUPPORT
VDARE FOUNDATION P.O. BOX 211 LITCHFIELD, CT 06759	22-3691487	501(C)(3)	7,500.	0.			SEE SCHEDULE O
VITAL GROUND FOUNDATION 20 FORT MISSOULA RD. MISSOULA, MT 59804	87-0483446	501(C)(3)	5,000.	0.			CHARITABLE, KOOTENAI VALLEY LINKAGE PROJECT
VOLUNTEER FOOD & RESOURCE CENTER 210 S. WYNNE ST. COLVILLE, WA 99114	91-1192094	501(C)(3)	23,000.	0.			CHARITABLE, CENSUS 2020 OUTREACH, COVID-19 EMERGENCY ASSISTANCE
VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON AND NORTHERN IDAHO - 525 W. 2ND AVE. - SPOKANE, WA 99201	13-1692595	501(C)(3)	35,007.	0.			CHARITABLE, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
WALLACE DISTRICT MINING MUSEUM P.O. BOX 469 WALLACE, ID 83873	82-6009559	501(C)(3)	15,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
WASHINGTON ADVOCATES OF THE DEAF AND HARD OF HEARING - 301 SE HEARTHWOOD BLVD. - VANCOUVER, WA 98684	94-3144885	501(C)(3)	5,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON NONPROFITS 1265 S. MAIN ST., STE. 206 SEATTLE, WA 98144	27-1768789	501(C)(3)	10,500.	0.			CHARITABLE, INLAND NORTHWEST NONPROFIT LEARNING SERIES
WASHINGTON POLICY CENTER 9 S. WASHINGTON ST., STE. 212 SPOKANE, WA 99201	91-1752769	501(C)(3)	43,000.	0.			CHARITABLE, AGRICULTURE INITIATIVE, GENERAL OPERATING SUPPORT
WASHINGTON STATE UNIVERSITY FOUNDATION - P.O. BOX 641927 - PULLMAN, WA 99164	91-1075542	501(C)(3)	60,190.	0.			CHARITABLE, NW PUBLIC BROADCASTING STORYCORPS PROJECT, CROSETTO MOBILE HEALTH CARE UNIT, 4H
WEST CENTRAL COMMUNITY DEVELOPMENT ORGANIZATION - 1603 N. BELT ST. - SPOKANE, WA 99205	91-1128972	501(C)(3)	13,840.	0.			CHARITABLE, CENSUS 2020 OUTREACH, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT
WHITMAN HOSPITAL & MEDICAL CENTER FOUNDATION - 1200 W. FAIRVIEW ST. - COLFAX, WA 99111	91-1460475	501(C)(3)	7,518.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
WOMEN & CHILDREN'S FREE RESTAURANT 1408 N. WASHINGTON ST. SPOKANE, WA 99201	91-1399742	501(C)(3)	45,800.	0.			CHARITABLE, FEEDING VULNERABLE POPULATIONS, COVID-19 EMERGENCY ASSISTANCE, GENERAL
WOMEN HELPING WOMEN 3704 N. NEVADA, STE. 201 SPOKANE, WA 99207	91-1561874	501(C)(3)	68,238.	0.			CHARITABLE, GENERAL OPERATING SUPPORT
WORLD RELIEF SPOKANE 1522 N. WASHINGTON ST., STE. 200 SPOKANE, WA 99201	23-6393344	501(C)(3)	53,750.	0.			CHARITABLE, TRANSLATION OF TIME SENSITIVE MATERIALS, EDUCATION OUTREACH TO
YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	19,000.	0.			CHARITABLE, GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO VARIOUS UNIVERSITIES	109	219,332.	0.		

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

PART I, LINE 2:

THE GRANT DISBURSEMENT COMMITTEE OF INNOVIA FOUNDATION MONITORS THE USE OF GRANT FUNDS

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AGAPE FOOD BANK MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, SUPPORT FOR EASTERN

WASHINGTON HISPANIC COMMUNITIES BY PROVIDING FOOD DISTRIBUTION SERVICES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARTIABLE, TRIBAL CULTURAL CENTER
IN RIVERFRONT PARK, VIETNAM VETERANS MEMORIAL, COVID-19 EMERGENCY UTILITY
ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: BEAUTIFUL DOWNTOWN LEWISTON

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, PUBLIC HEALTH EDUCATION
AND PPE DISTRIBUTION, ARCHITECTURAL STUDY FOR ECONOMIC DEVELOPMENT
PARTNER AGENCY CO-LOCATION

NAME OF ORGANIZATION OR GOVERNMENT: BLANCHARD AREA SENIORS INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, FOOD AND BASIC NEEDS FOR
VULNERABLE SENIORS, COVID-19 EMERGENCY ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITES IN SCHOOLS OF SPOKANE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, REMOTE LEARNING
RESOURCES, FOOD/HYGIENE SUPPLIES FOR STUDENTS, DATA STUDY ON FAMILY
VIOLENCE PROSECUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE TRIBE OF INDIANS

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, UPFRONT ASSESSMENT
INTIATIVE, WELLPINIT FOOD BANK, COVID-19 EMERGENCY ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: SMITH-BARBIERI PROGRESSIVE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, FEAST WORLD KITCHEN,
CENSUS 2020 OUTREACH, SPOKANE FOOD FIGHTERS, COVID-19 EMERGENCY
ASSISTANCE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE RIVER FORUM

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, RE-CONSTRUCTION OF AUBREY WHITE TAKEOUT, RIVER CLEANUP, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE VALLEY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, BASIC NEEDS, FOOD BANK SUPPORT, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IDAHO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, FOOD DISTRIBUTION, MENTAL HEALTH FIRST AID TRAINING, VIRTUAL POSSIBILITES NETWORK, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARTIABLE, NW PUBLIC BROADCASTING STORYCORPS PROJECT, CROSETTO MOBILE HEALTH CARE UNIT, 4H PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN & CHILDREN'S FREE RESTAURANT

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, FEEDING VULNERABLE POPULATIONS, COVID-19 EMERGENCY ASSISTANCE, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: WORLD RELIEF SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE, TRANSLATION OF TIME SENSITIVE MATERIALS, EDUCATION OUTREACH TO REFUGEES/IMMIGRANT COMMUNITIES, GENERAL OPERATING SUPPORT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

INNOVIA FOUNDATION

Employer identification number

91-0941053

Part I Questions Regarding Compensation

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

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

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **INNOVIA FOUNDATION** Employer identification number **91-0941053**

Part I Types of Property

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE FIGURES LISTED ON SCHEDULE M, PAGE 1, COLUMN B ARE DESIGNATED AS
NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

REAL ESTATE AGENTS ARE USED TO SELL DONATED REAL ESTATE. BROKERS ARE
USED TO LIQUIDATE SECURITIES RECEIVED BY THE ORGANIZATION AS A GIFT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

INNOVIA FOUNDATION

Employer identification number

91-0941053

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IDENTIFYING AND RESPONDING TO OUR REGION'S GREATEST OPPORTUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPLORED HOW, TOGETHER, WE CAN ADVANCE VIBRANT AND SUSTAINABLE

COMMUNITIES IN EASTERN WASHINGTON AND NORTH IDAHO. THROUGH INSPIRING

GUEST SPEAKERS AND INFORMATIVE BREAKOUT DISCUSSIONS, PARTICIPANTS IN

THE TWO-DAY CONVENING GAINED A BETTER UNDERSTANDING OF INNOVIA

FOUNDATION'S MISSION AND VISION FOR VIBRANT COMMUNITIES WHERE EVERY

PERSON HAS THE OPPORTUNITY TO THRIVE. ATTENDEES ENGAGED THOUGHTFULLY

WITH PEOPLE FROM ACROSS THE REGION AND DISCOVERED WAYS TO BE

AMBASSADORS IN THEIR LOCAL COMMUNITIES TO IGNITE GENEROSITY AND CREATE

LASTING CHANGE. LOCAL AND NATIONAL GUEST SPEAKERS INFORMED ON A

VARIETY OF TOPICS, INCLUDING HOW TRENDS IN THE COMING YERAS WILL

PROVIDE BOTH OPPORTUNITIES AND RISKS ALONG WITH PATHS TO SUCCESS; THE

VITAL ROLE THAT TRIBAL COMMUNITIES PLAY AS CULTURAL AND ECONOMIC ASSETS

IN OUR REGION; STRATEGIES FOR CLOSING THE URBAN AND RURAL DIVIDE; AND

THE CRITICAL IMPORTANCE OF EDUCATION IN FUELING OUR REGIONAL ECONOMY.

CENSUS 2020: AN ACCURATE COUNT OF ALL PEOPLE LIVING ACROSS EASTERN

WASHINGTON AND NORTH IDAHO IS CRITICAL TO THE HEALTH AND VIBRANCY OF

OUR REGION. FOR EVERY PERSON MISSED BY THE CENSUS, STATES LOSE OUT ON

CRITICAL SERVICE DOLLARS AND THE CENSUS DETERMINES OUR VOICE IN THE

DEMOCRATIC PROCESS. UNFORTUNATELY, MANY POPULATIONS ARE HISTORICALLY

UNDERCOUNTED IN CENSUS CAMPAIGNS, INCLUDING CHILDREN, RURAL RESIDENTS,

INDIVIDUALS OF COLOR, IMMIGRANTS, THE ELDERLY, AND THOSE EXPERIENCING

Name of the organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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HOMELESSNESS. IN PARTNERSHIP WITH OTHER FOUNDATIONS, NONPROFITS AND PUBLIC AGENCIES ACROSS THE STATE, INNOVIA FOUNDATION TOOK AN ACTIVE ROLE IN CENSUS 2020. INNOVIA'S WORK INCLUDED HOSTING THE POSITION OF CENSUS 2020 COMPLETE COUNT COORDINATOR FOR SPOKANE COUNTY AND PARTNERING WITH RURAL RESOURCES COMMUNITY ACTION TO STAFF A NORTHEAST WASHINGTON CENSUS COORDINATOR POSITION. IN ADDITION, THE FOUNDATION COLLABORATED WITH WASHINGTON NONPROFITS TO PROVIDE GRANT FUNDING TO GRASSROOTS ORGANIZATIONS WORKING TO EDUCATE WASHINGTON RESIDENTS ABOUT THE 2020 CENSUS; MOBILIZE "TRUSTED MESSENGERS" WITHIN COMMUNITITES TO BUILD CONFIDENCE AND SUPPORT BROAD PARTICIPATION IN THE CENSUS.

LEADERSHIP COUNCILS: LEADERSHIP COUNCILS PLAY A VITAL ROLE IN THE FOUNDATION'S WORK BY PROVIDING REPRESENTATION FROM THROUGHOUT OUR 20-COUNTY SERVICE AREA. COUNCIL MEMBERS SERVE AS AMBASSADORS AND ADVISORS TO INNOVIA FOUNDATION, AND ADVOCATE FOR PHILANTHROPY IN GENERAL. EACH OF INNOVIA'S 10 LEADERSHIP COUNCILS IS COMPRISED OF 15 LOCAL COMMUNITY MEMBERS WHO SERVE AS TRUSTED VOICES AND ENGAGED REPRESENTATIVES FROM THE COMMUNITIES WHERE THEY LIVE AND WORK. OUR COUNCIL VOLUNTEERS BRING ON-THE-GROUND EXPERIENCE FROM A VARIETY OF SECTORS INCLUDING EDUCATION, HEALTH CARE, BUSINESS, NONPROFIT MANAGEMENT, ELECTED OFFICES, TRIBAL GOVERNMENTS AND MORE. THE COUNCILS MEET REGULARLY TO KEEP THE FOUNDATION EDUCATED ABOUT THE NEEDS AND OPPORTUNITIES IN THEIR COMMUNITIES AND HELP LEVERAGE THE POWER OF PHILANTHROPY FOR LOCAL IMPACT.

COVID RESPONSE AND RECOVERY: PARTNERS FROM PHILANTHROPY, GOVERNMENT AND BUSINESS JOINED TOGETHER TO LAUNCH A COVID-19 RESPONSE AND RECOVERY INITIATIVE TO SUPPORT TO GRASSROOTS AND COMMUNITY-BASED ORGANIZATIONS

Name of the organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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IN EASTERN WASHINGTON AND NORTH IDAHO. COMMUNITY MEMBERS FROM THROUGHOUT INNOVIA'S SERVICE AREA CONVENED TO IDENTIFY THE MOST CRITICAL NEEDS STEMMING FROM THE COVID-19 PANDEMIC AND RECOMMEND GRANTS TO MITIGATE THE IMPACT. GRANTS WERE AIMED AT ORGANIZATIONS SERVING COMMUNITIES DISPROPORTIONATELY IMPACTED BY COVID-19 INTENDED TO COMPLEMENT THE WORK OF PUBLIC HEALTH OFFICIALS, MEDICAL PROVIDERS, BUSINESSES AND GOVERNMENTS TO ADDRESS THE OUTBREAK AS EFFECTIVELY AS POSSIBLE. IN 2020, THE COVID-19 RESPONSE AND RECOVERY FUNDS DISTRIBUTED MORE THAN \$1.5 MILLION TO SUPPORT OUR REGION'S MOST VULNERABLE POPULATIONS AND HELP LOCAL BUSINESSES WEATHER THE ECONOMIC FALLOUT FROM THE PANDEMIC.

RURAL LEADERSHIP DEVELOPMENT: A THREE-YEAR RURAL LEADERSHIP PROGRAM IN PARTNERSHIP WITH OTHER REGIONAL FUNDERS TO BUILD THE SUSTAINABILITY OF RURAL COMMUNITIES IN EASTERN WASHINGTON AND NORTH IDAHO. SIXTEEN PEOPLE REPRESENTING FOUR COMMUNITIES IN THE PALOUSE REGION OF EASTERN WASHINGTON PARTICIPATED IN THIS YEAR'S COHORT. THE GROUP RESEARCHED AND DEVELOPED A CAMPAIGN TO ENCOURAGE RESIDENTS TO PATRONIZE SMALL LOCAL BUSINESSES AND PROVIDED GUIDANCE TO BUSINESSES AROUND UNDERSTANDING DIVERSITY, EQUITY AND INCLUSION (DEI) CONCEPTS. THE GOAL WAS TO INCREASE AWARENESS OF DEI IN THE COMMUNITY AND SUPPORT LOCAL BUSINESSES DURING THE COVID-19 PANDEMIC. THEIR WORK WAS INFORMED BY A SURVEY OF 243 RESIDENTS AND SUPPORTED BY A PARTNERSHIP WITH THE MOSCOW, IDAHO CHAMBER OF COMMERCE. THE GROUP CREATED A "SHOP SMALL" MARKETING CAMPAIGN FOR THE 2020 HOLIDAY SHOPPING SEASON AND DEVELOPED A DEI TOOL KIT TO HELP BUSINESSES ADD DEI COMPONENTS TO THEIR BUSINESS STRATEGIES.

RURAL EDUCATION ENGAGEMENT: FUNDED BY A GRANT FROM COLLEGE SPARK

Name of the organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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WASHINGTON, INNOVIA FOUNDATION WILL EMBARK ON A TWO-YEAR INITIATIVE TO STRENGTHEN SUPPORT FOR SCHOOLS IN RURAL COMMUNITIES. THE PROJECT WILL INVOLVE AN EXTENDED COMMUNITY CONVERSATION THAT INCLUDES THE ADMINISTRATION OF AN EVIDENCE-BASED QUALITY IMPROVEMENT SURVEY, ANALYSIS OF RELEVANT DATA INDICATORS AND A SERIES OF COMMUNITY FORUMS. THE INITIATIVE IS DESIGNED TO BUILD SUPPORT FOR A DISTRICT-WIDE PROMISE SCHOLARSHIP DESIGNED AND DIRECTED THROUGH COMMUNITY INVOLVEMENT AND INVESTMENT.

OPENING BOOKS, OPENING DOORS: MOTIVATED BY COMMUNITY INTEREST IN COEUR D'ALENE, THIS PROGRAM WAS ANCHORED BY \$600,000 FROM INNOVIA FOUNDATION AND OTHER FUNDERS. THE FOURTH YEAR OF THE INITIATIVE COORDINATES THE EFFORTS OF CDA2030, THE COEUR D'ALENE SCHOOL DISTRICT, AND COMMUNITY PARTNERS TO HELP EVERY THIRD-GRADE STUDENT IN COEUR D'ALENE SCHOOL DISTRICT READ AT GRADE-LEVEL. CURRENT STRATEGIES OF THE INITIATIVE INCLUDE: 1) KINDERGARTEN READINESS IN PARTNERSHIP WITH UNITED WAY OF NORTH IDAHO; 2) QUALITY TEACHERS IN A LITERACY-RICH LEARNING ENVIRONMENT THROUGH PROFESSIONAL DEVELOPMENT AND CLASSROOM LIBRARY ADOPTIONS. IN SCHOOL YEAR 2020/21, 118 SOCIAL AND EMOTIONAL LEARNING BOOK BUNDLES HAVE BEEN DONATED TO K-3 CLASSROOMS BY COMMUNITY MEMBERS. THE CONTINUED SUCCESS OF THE "THIS BOOK" CAMPAIGN LAUNCHED IN 2019 CREATES COMMUNITY-WIDE AWARENESS AND OWNERSHIP FOR CHILDHOOD READING SUCCESS AND CALLS EVERYONE TO READ TO A CHILD, DONATE A BOOK AND HELP BUILD A STRONGER COMMUNITY.

EXPANDING BROADBAND ACCESS: INNOVIA FOUNDATION IS WORKING COLLABORATIVELY WITH MULTIPLE PARTNERS TO EXPAND ACCESS TO HIGH SPEED BROADBAND THROUGHOUT RURAL COUNTIES IN THIS REGION. ACTIVITIES INCLUDE

Name of the organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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CO-LEADING A SERIES OF EDUCATIONAL WEBINARS WITH INDUSTRY LEADERS TO FOUNDATIONS THROUGHOUT A SIX-STATE REGION, CO-FUNDING TECHNICAL ASSISTANCE ACTIVITIES DESIGNED TO INCREASE FEDERAL GRANT FUNDING AND CONDUCTING PRIMARY RESEARCH UTILIZING BROADBAND SPEEDTEST DATA THAT DEMONSTRATES THE ROLE OF DIGITAL.

EXTENDED LEARNING OPPORTUNITIES IN THE ZONE: FUNDED BY A GRANT FROM THE BALLMER FOUNDATION, INNOVIA FOUNDATION IS WORKING COLLABORATIVELY TO EXPAND HIGH-QUALITY AFTER SCHOOL PROGRAMMING IN HIGH POVERTY NEIGHBORHOODS SERVED BY A PLACED-BASED INITIATIVE CALLED THE ZONE. INNOVIA FOUNDATION LAUNCHED A COMPETITIVE GRANT PROCESS TO SELECT AND GRANT TO COMMUNITY ORGANIZATIONS THAT COULD BEST SERVE THE DIVERSE NEEDS OF STUDENTS IN THIS AREA. INNOVIA STAFF ALSO ENTERED INTO A DATA SHARING AGREEMENT WITH SPOKANE PUBLIC SCHOOLS AND WILL MONITOR AND EVALUATE OUTCOMES OF PROGRAM PARTICIPANTS TO REPORT RESULTS BACK TO FUNDING PARTNERS.

PRIORITY SPOKANE: THE GOAL OF PRIORITY SPOKANE, A COALITION OF 20 COMMUNITY ORGANIZATIONS, IS TO FOSTER MEASURABLE IMPROVEMENTS IN KEY AREAS OF COMMUNITY VITALITY. INNOVIA FOUNDATION WAS A FOUNDING MEMBER, AND REMAINS A KEY CONTRIBUTOR TO PRIORITY SPOKANE ACTIVITIES. AFTER AN EXTENSIVE STAKEHOLDER PARTICIPATION PROCESS, PRIORITY SPOKANE RECENTLY LAUNCHED ITS THIRD COMMUNITY WIDE INITIATIVE, ADDRESSING FAMILY TRAUMA AND VIOLENCE. THE COALITION WILL SUPPORT AND EXPAND USE OF PEER MENTORS THAT WILL ASSIST IN THE WORK OF ORGANIZATIONS ADDRESSING IMPACTS OF FAMILY TRAUMA DURING (AND FOLLOWING) THE COVID-19 PANDEMIC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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SCHOLARSHIPS: THESE FUNDS SUPPORT STUDENT EDUCATIONAL ACHIEVEMENT.

OVER 40 FUNDS ARE USED TO SUPPORT STUDENTS FROM THE INLAND NORTHWEST WITH SCHOLARSHIPS TO ATTEND COLLEGES, UNIVERSITIES OR VOCATIONAL SCHOOLS IN THE REGION AND BEYOND.

EXPENSES \$ 280,410. INCLUDING GRANTS OF \$ 257,701. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

A BUSINESS RELATIONSHIP EXISTS AMONGST THE INDIVIDUALS REPORTED IN PART VII AS THEY SERVE AS OFFICERS AND DIRECTORS OF A RELATED TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

EACH FISCAL YEAR A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY BOARD MEMBERS AND MANAGEMENT. RESPONSES ARE REVIEWED BY THE BOARD FOR POSSIBLE CONFLICTS. ANY POTENTIAL CONFLICT OF INTEREST IS RECORDED IN THE MINUTES OF THE BOARD MEETING. IF IT IS DEMONSTRATED THAT A BOARD OR COMMITTEE MEMBER HAS A CONFLICT, THEY ARE EXCUSED FROM VOTING ON A MOTION WHERE IT IS PERCEIVED A CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A:

A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS SET

Name of the organization

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THE CEO'S COMPENSATION ANNUALLY USING COMPARATIVE DATA FROM SALARY SURVEYS AND FORM 990 DATA FROM OTHER ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

INNOVIA FOUNDATION POSTS THEIR RETURNS AND POLICIES ON THEIR WEBSITE FOR PUBLIC INSPECTION.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE HAS OVERSIGHT OVER THE ANNUAL AUDIT

SCHEDULE I, PART II, COLUMN (H) PURPOSE OF GRANT

IN THE FALL OF 2019, THE DONOR-ADVISOR OF A FUND AT INNOVIA FOUNDATION SUBMITTED GRANT RECOMMENDATIONS TOTALING \$7,500 FOR AN ORGANIZATION THAT WAS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS A 501(C)(3) PUBLIC CHARITY. THIS ORGANIZATION, THE VDARE FOUNDATION, IS KNOWN TO HAVE A MISSION AND ENGAGE IN PRACTICES THAT ARE CONTRARY TO THE VALUES AND MISSION OF INNOVIA AND THE COMMUNITIES WE SERVE. THIS WAS THE SIXTH YEAR THAT THE DONOR-ADVISOR OF THIS FUND HAD RECOMMENDED A GRANT TO THIS ORGANIZATION, AND AT THE TIME OF THE REQUESTS, INNOVIA DID NOT HAVE A POLICY IN PLACE TO DENY GRANT RECOMMENDATIONS TO THIS IRS-RECOGNIZED NONPROFIT ORGANIZATION.

ON APRIL 2, 2020, INNOVIA'S BOARD OF DIRECTORS FORMALLY ADOPTED AN ANTI-HATE POLICY THAT MADE IT CLEAR TO DONOR-ADVISORS THAT CONTRIBUTIONS TO ORGANIZATIONS THAT FOSTER HATE WOULD NO LONGER BE FUNDED BY DONOR-ADVISED FUNDS AT INNOVIA. IT WAS REGRETTABLE THAT THE ADOPTION OF THIS POLICY OCCURRED AFTER THE FUNDING REQUEST THAT IS REPORTED ON SCHEDULE I THIS YEAR, BUT THE APPLICATION OF THIS POLICY

Name of the organization INNOVIA FOUNDATION	Employer identification number 91-0941053
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HAS STRICTLY PROHIBITED SIMILAR FUNDING AFTER THE DATE OF ADOPTION. AS AN EXAMPLE, IN MID-2020 OUR DUE DILIGENCE PROCESS FLAGGED A GRANT RECOMMENDATION AS A POTENTIAL HATE GROUP. WE REQUESTED THAT A THIRD PARTY EVALUATE THE ORGANIZATION AND THE COMPREHENSIVE REVIEW FOUND THAT THE ORGANIZATION'S ACTIVITIES VIOLATED THE INNOVIA ANTI-HATE POLICY. THE DONOR WAS UNAWARE OF THIS ACTIVITY, AND WHEN PRESENTED WITH THE RESEARCH, WITHDREW THE GRANT REQUEST. WE CONTINUE OUR WORK, BOTH INTERNALLY AND WITH THE ENTIRE SECTOR, TO STEM THE PHILANTHROPIC FUNDING OF GROUPS THAT PROMOTE HATE.

OUR NEW MISSION, VISION AND VALUES STATEMENT IS REFLECTIVE OF OUR COMMITMENT TO DIVERSITY, EQUITY AND INCLUSION. THIS FRAMEWORK INFLUENCES EVERYTHING WE DO AT INNOVIA, FROM POLICY DEVELOPMENT TO GRANTMAKING, AND OTHER PRACTICES THAT CAN SERVE ALL MEMBERS OF OUR COMMUNITY.

FOR MORE ADDITIONAL INFORMATION ON INNOVIA FOUNDATION'S STRATEGIC FRAMEWORK, PLEASE SEE: [HTTPS://INNOVIA.ORG/NEWS/STRATEGIC-FRAMEWORK/](https://innovia.org/news/strategic-framework/)

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HENRY TREEDE SUPPORTING ORGANIZATION	C	3,421,277.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. INNOVIA FOUNDATION	Taxpayer identification number (TIN) 91-0941053
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 421 W RIVERSIDE, NO. 606	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPOKANE, WA 99201	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LAUREN AUTREY

- The books are in the care of ▶ **421 W RIVERSIDE AVENUE, STE 606 - SPOKANE, WA 99201**
Telephone No. ▶ **(509) 343-5752** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.