

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

818 W. RIVERSIDE AVE

Room/suite

650

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 \$ **48,647,659.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.INNOVIA.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1974**

M State of legal domicile: **WA**

Part I Summary

Activities & Governance	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.	
	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 2021 (Part V, line 2a)	24
	6	Total number of volunteers (estimate if necessary)	300
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	51,619,851.
	9	Program service revenue (Part VIII, line 2g)	140,288.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,440,216.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,124,112.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,076,243.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	39,866,444.
	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)	1,764,325.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 255,819.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,429,195.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,059,964.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	9,016,279.
	20	Total assets (Part X, line 16)	187,470,222.
	21	Total liabilities (Part X, line 26)	25,322,160.
	22	Net assets or fund balances. Subtract line 21 from line 20	162,148,062.

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** Date **3/23/23**
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **DEB NELSON, CPA** Preparer's signature **DEB NELSON, CPA** Date **03/22/23** Check if self-employed ☐ PTIN **P01264758**
Firm's name ▶ **EIDE BAILLY LLP** Firm's EIN ▶ **45-0250958**
Firm's address ▶ **800 NICOLLET MALL, STE. 1300**
MINNEAPOLIS, MN 55402-7033 Phone no. **612-253-6500**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ 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 ☒ 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 \$ 1,266,860. including grants of \$ 42,564.) (Revenue \$ 297,993.)

LAUNCHNW: IN MAY, INNOVIA ANNOUNCED AN ECONOMIC AND COMMUNITY VITALITY INITIATIVE, LAUNCHNW, WHICH BOLDLY AIMS TO REMOVE FINANCIAL BARRIERS TO POST-HIGH SCHOOL EDUCATION AND VOCATIONAL TRAINING FOR STUDENTS IN EASTERN WASHINGTON AND NORTH IDAHO. USING A PROMISE SCHOLARSHIP AS INCENTIVE, LAUNCHNW BRINGS TOGETHER PARTNERS FROM ALL SECTORS OF THE COMMUNITY BEHIND THIS COMMON GOAL, SUPPORTING AND EXPANDING INTEGRATED SUPPORTS FROM CRADLE TO CAREER. WORK FOR THE INITIATIVE IS ALREADY UNDERWAY IN SPOKANE COUNTY, WITH SURROUNDING COUNTIES AND COMMUNITIES ABLE TO JOIN IN A PHASED ROLLOUT OVER THE COMING YEARS.

5% CAMPAIGN: PEOPLE IN EASTERN WASHINGTON AND NORTH IDAHO ARE EXPECTED TO LEAVE \$42 BILLION BY 2029 TO BENEFICIARIES UP THEIR DEATH, ACCORDING

4b (Code:) (Expenses \$ 7,604,958. including grants of \$ 7,425,401.) (Revenue \$)

DONOR-DIRECTED GRANTMAKING: INNOVIA FOUNDATION'S MISSION IS TO IGNITE GENEROSITY THAT TRANSFORMS LIVES AND COMMUNITIES. WITH OVER 485 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 \$ 3,109,605. including grants of \$ 2,569,715.) (Revenue \$)

FOUNDATION-DIRECTED GRANTMAKING: INNOVIA FOUNDATION MANAGES OTHER FUNDS ESTABLISHED BY GENEROUS DONORS TO ADDRESS THE UNIQUE OPPORTUNITIES AND CHALLENGES IN OUR REGION. OVER 140 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 \$ 716,369. including grants of \$ 672,683.) (Revenue \$)

4e Total program service expenses ► 12,697,792.

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> ? See instructions	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 Rev. Proc. 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. See instructions</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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the 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? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations on 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 ComplianceCheck 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 47	
b Enter the number of Forms W-2G included on 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 24		
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 1		
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?		
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.		
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		
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 the instructions and file Form 4720, Schedule N.		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.		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

☒ X

Section A. Governing Body and Management

	1a	12	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		12		
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.				
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?		2	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?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		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?		7a		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?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	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		9		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 on Schedule O the process, if any, used by the organization to review this Form 990.		
11a		
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	
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on Schedule O. See instructions.		
15a		
15b		
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**
818 W. RIVERSIDE AVE., SUITE 650, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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	39.00 1.00			X				240,578.	0.	33,744.
(2) AARON MCMURRAY CHIEF STRATEGY OFFICER	39.00 1.00			X				131,335.	0.	32,396.
(3) LAUREN AUTREY CHIEF FINANCIAL OFFICER	38.00 2.00			X				127,867.	0.	21,083.
(4) MOLLY SANCHEZ DIRECTOR OF GRANTS AND COMMUNITY ENGAGEMENT	40.00					X		108,730.	0.	20,350.
(5) CHRIS STILES/ SR DIRECTOR OF GIFT PLANNING & DEVELOPMENT	40.00					X		100,938.	0.	18,439.
(6) GERALDINE LEWIS PRESIDENT	6.00 4.00	X		X				0.	0.	0.
(7) TYLER LAFFERTY VICE PRESIDENT	4.00	X		X				0.	0.	0.
(8) RICK RASMUSSEN SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(9) SCOTT HUSTELL DIRECTOR	2.00	X						0.	0.	0.
(10) RYAN NIPP DIRECTOR	2.00	X						0.	0.	0.
(11) RUEBEN MAYES DIRECTOR	2.00	X						0.	0.	0.
(12) JEFF PHILIPPS DIRECTOR	2.00	X						0.	0.	0.
(13) SANDY PATANO DIRECTOR	2.00	X						0.	0.	0.
(14) BETSY WILKERSON DIRECTOR	2.00	X						0.	0.	0.
(15) MARCELO MORALES DIRECTOR	2.00	X						0.	0.	0.
(16) ROBERT LARSON DIRECTOR	2.00	X						0.	0.	0.
(17) GARY STOKES DIRECTOR	2.00	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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								709,448.	0.	126,012.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								709,448.	0.	126,012.

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 ►

5

		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
FEG INVESTMENT ADVISORS, 201 EAST FIFTH STREET STE 1600, CINCINNATI, OH 45202	CONSULTATION AND INVESTMENT MANAGEMEN	141,194.
RICHARDS MERRILL AND PETERSON 612 WEST MAIN, SUITE 201, SPOKANE, WA 99201	CONSULTATION AND INVESTMENT MANAGEMEN	106,596.

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	2
---	--	---

2

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	226,307.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,721,003.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 6,175,235.			
	h	Total. Add lines 1a-1f		18,947,310.			
	Program Service Revenue	2 a	MISCELLANEOUS INCOME	Business Code	713990	297,993.	297,993.
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		297,993.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		10,506,678.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	17,080,023.			
	b	Less: cost or other basis and sales expenses		18,565,902.			
	c	Gain or (loss)		-1,485,879.			
	d	Net gain or (loss)		-1,485,879.			-1485879.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	AGENCY FUNDS INVESTMENT OFFSET	Business Code	900001	1,815,655.		1815655.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,815,655.			
	12	Total revenue. See instructions		30,081,757.	297,993.	0.	10836454.

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,076,029.	10,076,029.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	634,334.	634,334.		
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	600,744.	411,439.	104,034.	85,271.
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	877,352.	571,849.	208,865.	96,638.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	144,217.	94,795.	33,251.	16,171.
10 Payroll taxes	114,496.	76,086.	24,430.	13,980.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,729.		21,729.	
c Accounting	27,481.		27,481.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	583,997.		583,997.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	52,411.		52,411.	
12 Advertising and promotion	142,586.	94,753.	30,424.	17,409.
13 Office expenses	51,988.	34,548.	11,092.	6,348.
14 Information technology				
15 Royalties				
16 Occupancy	152,263.	77,230.	65,802.	9,231.
17 Travel	22,118.	14,698.	4,719.	2,701.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,868.	16,526.	5,306.	3,036.
20 Interest	81,247.	81,247.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,758.		37,758.	
23 Insurance	7,969.		7,969.	
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	1,057,385.	1,057,385.		
b PHILANTHROPIC SERVICES	322,721.	309,345.	13,376.	
c DUES AND SUBSCRIPTIONS	35,787.	23,782.	7,636.	4,369.
d DONOR RELATIONS	5,447.	3,620.	1,162.	665.
e All other expenses	-879,874.	-879,874.		
25 Total functional expenses. Add lines 1 through 24e	14,195,053.	12,697,792.	1,241,442.	255,819.
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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck 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	-35,256.	1	606.
	2 Savings and temporary cash investments	15,092,749.	2	15,694,857.
	3 Pledges and grants receivable, net		3	25,000.
	4 Accounts receivable, net	35,891.	4	397,508.
	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	7,290.	9	5,760.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 223,129.		
	b Less: accumulated depreciation	10b 163,521.		
	11 Investments - publicly traded securities	80,746.	10c	59,608.
	12 Investments - other securities. See Part IV, line 11	71,282,613.	11	65,448,986.
	13 Investments - program-related. See Part IV, line 11	92,993,754.	12	78,698,430.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	8,012,435.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	187,470,222.	15	7,458,717.	
17 Accounts payable and accrued expenses	381,762.	16	167,789,472.	
18 Grants payable	136,734.	17	710,204.	
19 Deferred revenue		18	493,026.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21,721,514.	20		
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		21	19,025,985.	
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	3,082,150.	24		
26 Total liabilities. Add lines 17 through 25	25,322,160.	25	2,458,371.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	22,687,586.	
28 Net assets without donor restrictions	156,847,782.	27	139,963,688.	
29 Net assets with donor restrictions	5,300,280.	28	5,138,198.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	162,148,062.	32	145,101,886.	
34 Total net assets or fund balances	187,470,222.	33	167,789,472.	

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck 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	30,081,757.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,195,053.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,886,704.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	162,148,062.
5	Net unrealized gains (losses) on investments	5	-32,932,880.
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	145,101,886.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public
Inspection

Name of the organization

INNOVIA FOUNDATION

Employer identification number

91-0941053

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16748520.	9940608.	22410748.	51619851.	18947310.	119667037
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	16748520.	9940608.	22410748.	51619851.	18947310.	119667037
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)						3581337.
6 Public support. Subtract line 5 from line 4.						116085700

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	16748520.	9940608.	22410748.	51619851.	18947310.	119667037
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2627995.	3545846.	5108421.	4644177.	10506678.	26433117.
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						146100154
12 Gross receipts from related activities, etc. (see instructions)					12	690,567.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	79.46	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	82.04	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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? 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.		
2		

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)? 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).		
1		

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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? 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.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization	Employer identification number
INNOVIA FOUNDATION	91-0941053

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
<u>1</u>		\$ <u>647,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,030,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>460,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
INNOVIA FOUNDATION	91-0941053

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
<u>7</u>		\$ <u>520,421.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>405,470.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>429,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>2,073,689.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>1,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>609,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INNOVIA FOUNDATION**91-0941053****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
13		\$ 418,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 512,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
INNOVIA FOUNDATION	91-0941053

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
7	EQUITY SECURITIES	\$ 520,421.	10/06/21
8	EQUITY SECURITIES	\$ 405,470.	12/13/21
9	REAL ESTATE	\$ 429,000.	11/17/21
10	EQUITY SECURITIES	\$ 2,073,689.	09/23/21
13	EQUITY SECURITIES	\$ 418,986.	07/08/21
		\$	

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	

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

2021Open 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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	200	5
2 Aggregate value of contributions to (during year)	11,267,472.	281,248.
3 Aggregate value of grants from (during year)	6,299,797.	193,542.
4 Aggregate value at end of year	48,473,411.	664,397.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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 d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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	154,071,512.	118,423,047.	109,348,179.	105,341,931.	89,967,689.
b Contributions	22,686,056.	22,515,827.	22,834,161.	8,131,286.	19,450,309.
c Net investment earnings, gains, and losses	-16,370,665.	29,503,643.	79,064.	4,128,815.	4,378,607.
d Grants or scholarships	21,438,513.	14,836,581.	12,383,897.	6,878,293.	7,066,778.
e Other expenditures for facilities and programs					
f Administrative expenses	1,806,685.	1,534,424.	1,454,460.	1,375,560.	1,387,896.
g End of year balance	137,141,705.	154,071,512.	118,423,047.	109,348,179.	105,341,931.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 96.2500 %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ 3.7500 %

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

- 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				
c Leasehold improvements				
d Equipment		223,129.	163,521.	59,608.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				59,608.

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	2,843,313.	END-OF-YEAR MARKET VALUE
(B) SCHWAB US LARGE CAP	10,216,214.	END-OF-YEAR MARKET VALUE
(C) ISHARES CORE S&P	13,545,134.	END-OF-YEAR MARKET VALUE
(D) DODGE & COX INCOME	11,116,034.	END-OF-YEAR MARKET VALUE
(E) DOUBLELINE CORE FIXED		
(F) INCOME	11,317,985.	END-OF-YEAR MARKET VALUE
(G) JOHCM INTERNATIONAL	9,635,870.	END-OF-YEAR MARKET VALUE
(H) PIMCO RAE INTERNATIONAL	10,258,402.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	78,698,430.	

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	2,458,371.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,458,371.

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	-1,846,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-32,932,880.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,765,261.	
e	Add lines 2a through 2d		2e	-31,167,619.
3	Subtract line 2e from line 1		3	29,321,524.
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	533,926.	
b	Other (Describe in Part XIII.)	4b	226,307.	
c	Add lines 4a and 4b		4c	760,233.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	30,081,757.

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	15,432,221.
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	1,771,094.	
e	Add lines 2a through 2d		2e	1,771,094.
3	Subtract line 2e from line 1		3	13,661,127.
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	533,926.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	533,926.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,195,053.

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:

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

Part XIII Supplemental Information (continued)

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 9,312.

INTERNAL INVESTMENT FEES 1,755,949.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,765,261.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS 226,307.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATIONS EXPENSES REMOVED 15,145.

INTERNAL INVESTMENT FEES 1,755,949.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,771,094.

FORM 990, PART X, LINE 21(B)

OTHER LIABILITIES ARE AGENCY FUNDS: FUNDS HELD FOR OTHERS TOTALING
\$19,025,985.

**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.

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4-H CLUBS & AFFILIATED 4-H ORGANIZATIONS - P.O. BOX 267 - BONNERS FERRY, ID 83805	82-6000945	501(C)(3)	5,000.	0.			4-H FRIDAY FRIENDS
ACACIA FRATERNITY FOUNDATION INC. 12721 MEETING HOUSE RD. CARMEL, IN 46032	35-1778332	501(C)(3)	10,000.	0.			RESTRICTED FOR THE WSU CHAPTER FUND
AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST - P.O. BOX 8031 - SPOKANE, WA 99203	91-1890353	501(C)(3)	5,114.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN RED CROSS - GREATER INLAND NORTHWEST - P.O. BOX 3097 - SEATTLE, WA 98144	53-0196605	501(C)(3)	8,544.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
AMERICAN RED CROSS NATIONAL HEADQUARTERS - P.O. BOX 37839 - BOONE, IA 50037-0839	53-0196605	501(C)(3)	5,792.	0.			FOR GENERAL OPERATING SUPPORT.
ANGELS OVER SANDPOINT P.O. BOX 2369 SANDPOINT, ID 83864	82-0536068	501(C)(3)	11,000.	0.			BACK TO SCHOOL PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **346.**

3 Enter total number of other organizations listed in the line 1 table **22.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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. 623 E. WALLACE AVE. COEUR D'ALENE, WA 83814	82-0345175	501(C)(3)	149,000.	0.			FOR GENERAL OPERATING SUPPORT
ANTHEM HAYDEN 251 W. MILES AVE. HAYDEN LAKE, ID 83835	82-0345175	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING EXPENSES
ARC OF SPOKANE 320 E. 2ND AVE. SPOKANE, WA 99202	91-0716160	501(C)(3)	50,687.	0.			USED FOR THE GENERAL SUPPORT OF THE COMMUNITY CENTER PROGRAMS IN FULFILLING ITS CHARITABLE
ASOTIN COUNTY LIBRARY FOUNDATION 417 SYCAMORE ST. CLARKSTON, WA 99403	26-2683583	501(C)(3)	7,000.	0.			1000 BOOKS BEFORE KINDERGARTEN
AT THE CORE 4903 E. PEONE PINES DR. MEAD, WA 99021	46-2937061	501(C)(3)	24,000.	0.			RESTRICTED FOR GIFT CARDS AND BITE2GO RURAL INITIATIVE
AU SABLE TRAILS INSTITUTE OF ENVIRONMENTAL STUDIES - 7526 SUNSET TRAIL NE - MANCELONA, MI 49659	38-1713340	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
AUGIE'S QUEST TO CURE ALS P.O. BOX 9886 DENVER, CO 80209	83-0934624	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
BAYT HEALTH 412 E. SPOKANE FALLS BLVD. SPOKANE, WA 99202	82-2375859	501(C)(3)	22,500.	0.			TO SUPPORT OPERATIONS OF THE WILLIAM A. CROSETTO MOBILE HEALTHCARE UNIT IN PROVIDING SERVICES
BENEWAH COUNTY HUMANE SOCIETY P.O. BOX 642 ST. MARIES, ID 83861	82-0430864	501(C)(3)	13,000.	0.			BENEWAH HUMANE SOCIETY'S COMMUNITY CAT PROGRAM; SALARY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	20,625.	0.			FOR GENERAL OPERATING SUPPORT OF BIG TABLE'S WORK IN THE RESTAURANT AND HOSPITALITY COMMUNITY
BLUE MOUNTAIN ARTISAN GUILD (BMAG) P.O. BOX 76 POMEROY, WA 99347	27-1394209	501(C)(3)	10,000.	0.			BUILDING IMPROVEMENTS
BLUE MOUNTAIN COMMUNITY FOUNDATION P.O. BOX 603 WALLA WALLA, WA 99362-1934	91-1250104	501(C)(3)	10,000.	0.			VALLEY GIVING GUIDE SPONSORSHIP
BONNER COMMUNITY FOOD BANK 1707 CULVERS DR. SANDPOINT, ID 83864	82-0385747	501(C)(3)	11,500.	0.			ACTION AGAINST HUNGER
BONNER GENERAL HEALTH FOUNDATION 520 N. 3RD AVE. SANDPOINT, ID 83864-1507	82-0207116	501(C)(3)	10,750.	0.			FOR GENERAL OPERATING SUPPORT
BOUNDARY COUNTY BIKE AND PEDESTRIAN COMMITTEE DBA 9B TRAILS - P.O. BOX 1764 - BONNERS FERRY, ID 83805	82-4094576	501(C)(3)	10,000.	0.			ENCHANTED FOREST - TRAIL/PARKING CONSTRUCTION & EQUIPMENT PURCHASE
BOY SCOUTS OF AMERICA, INLAND NORTHWEST COUNCIL - 411 W. BOY SCOUT WAY - SPOKANE, WA 99201-2387	91-0567262	501(C)(3)	42,495.	0.			FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF KOOTENAI COUNTY - 925 N. 15TH ST. - COEUR D'ALENE, ID 83814	84-1635505	501(C)(3)	16,500.	0.			TO FUND ONGOING OPERATIONS AND PROGRAMS
BOYS & GIRLS CLUBS OF SPOKANE COUNTY - 544 E. PROVIDENCE AVE. - SPOKANE, WA 99207	91-1983357	501(C)(3)	15,667.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRIDGEPORT FFA SUPPORTERS AND ALUMNI - ATTN. ADAM CORUM - BRIDGEPORT, WA 98813	54-0524844	501(C)(3)	8,500.	0.			FOR GENERAL OPERATING SUPPORT
BUCKNER HOMESTEAD HERITAGE FOUNDATION - P.O. BOX 184 - MANSON, WA 98831	45-2913458	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT AND THE ESTABLISHMENT OF A NEW TOILET FACILITY
CALIFORNIA LUTHERAN UNIVERSITY 60 W. OLSEN RD., #1625 THOUSAND OAKS, CA 91360	95-2962604	501(C)(3)	7,742.	0.			RESTRICTED FOR THE GENERAL SUPPORT OF PACIFIC LUTHERAN THEOLOGICAL SEMINARY IN
CANCER CARE NORTHWEST FOUNDATION 1204 N. VERCLER RD. SPOKANE VALLEY, WA 99216-1020	20-1453390	501(C)(3)	21,304.	0.			FOR GENERAL OPERATING SUPPORT
CAPITAL UNIVERSITY 1 COLLEGE AND MAIN COLUMBUS, OH 43209-2394	31-4379435	501(C)(3)	7,742.	0.			RESTRICTED FOR THE GENERAL SUPPORT OF TRINITY LUTHERAN SEMINARY IN FULFILLING ITS
CARL MAXEY CENTER 1312 N. MONROE ST., STE. 148 SPOKANE, WA 99201-2623	82-4396555	501(C)(3)	12,500.	0.			CARL MAXEY CENTER: GENERAL OPERATIONS SUPPORT 2022
CATHOLIC CHARITIES OF SPOKANE P.O. BOX 2253 SPOKANE, WA 99210-2253	91-0569880	501(C)(3)	40,698.	0.			FOR GENERAL OPERATING SUPPORT
CATHOLIC RELIEF SERVICES P.O. BOX 17090 BALTIMORE, MD 21297-0303	13-5563422	501(C)(3)	10,500.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT UKRAINE RELIEF EFFORTS AND SUPPORT FOR HUNGER
CDAIDE P.O. BOX 1042 COEUR D'ALENE, ID 83816-1042	82-1514707	501(C)(3)	11,000.	0.			EXECUTIVE DIRECTOR SALARY ENHANCEMENT AND GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CENTER FOR THE ARTS P.O. BOX 860 JACKSON, WY 83001	83-0314362	501(C)(3)	9,500.	0.			FOR THE REPLACEMENT OF THE CENTER'S PA SYSTEM
CHEWELAH FAITH RESOURCES GROUP P.O. BOX 378 CHEWELAH, WA 99109	84-3522167	501(C)(3)	6,000.	0.			TASTY KIDS' SUMMER FOOD PROGRAM
CHEWELAH PERFORMING AND CULTURAL ARTS CENTER - P.O. BOX 1113 - CHEWELAH, WA 99109	26-3307634	501(C)(3)	9,000.	0.			EXTERIOR RENOVATION
CHIEF JOSEPH FOUNDATION P.O. BOX 413 LAPWAI, ID 83540	82-0445172	501(C)(3)	9,250.	0.			RIDERS TO LEADERS AFTER-SCHOOL AND SUMMER PROGRAM FOR YOUNG NATIVE WOMEN AND GIRLS
CHILDREN'S VILLAGE, INC. 1350 W. HANLEY AVE. COEUR D'ALENE, ID 83815	82-0385109	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
CHS VIKING BOOSTER CLUB AND EDUCATION FOUNDATION - 5530 N. 4TH ST. - COEUR D'ALENE, ID 83815	82-6008957	501(C)(3)	8,500.	0.			BLEACHER MODIFICATIONS FOR JORDAN COURT
CITIZENS' COUNCIL FOR THE ARTS P.O. BOX 901 COEUR D'ALENE, ID 83816-0901	51-0197066	501(C)(3)	22,500.	0.			FOR GENERAL OPERATING SUPPORT
CLEARWATER ECONOMIC DEVELOPMENT ASSOCIATION - 1626 6TH AVE. N. - LEWISTON, ID 83501	82-0288410	501(C)(3)	30,000.	0.			FOR THE COMMUNITY DEVELOPMENT TRAINING SERIES
COEUR D'ALENE BACKPACK PROGRAM 2200 N. 7TH ST. COEUR D'ALENE, ID 83814	84-3182296	501(C)(3)	6,750.	0.			CDA BACKPACK PROGRAM FOOD BAGS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COEUR D'ALENE CHARTER ACADEMY 4904 N. DUNCAN DR. COEUR D'ALENE, ID 83815	82-0509670	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
COEUR D'ALENE PUBLIC LIBRARY FOUNDATION, INC. - 702 E. FRONT AVE., - COEUR D'ALENE, ID 83814-4012	82-0485529	501(C)(3)	21,553.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
COEUR D'ALENE ROTARY ENDOWMENT FOUNDATION - P.O. BOX 444 - COEUR D'ALENE, ID 83816-0444	26-1725990	501(C)(3)	8,550.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
COEUR D'ALENE SYMPHONY ORCHESTRA P.O. BOX 898 COEUR D'ALENE, ID 83816-0898	82-0523475	501(C)(3)	10,507.	0.			FOR GENERAL SUPPORT
COLFAX SCHOOLS FOUNDATION 223 N. MAIN ST. COLFAX, WA 99111	71-0873664	501(C)(3)	23,142.	0.			HINES/RIPLEY/SCHREIBER SCHOLARSHIPS
COLUMBIA COUNTY COMMUNITY NETWORK P.O. BOX 215 DAYTON, WA 99328	94-3233100	501(C)(3)	15,000.	0.			COMMUNITY ASSESSMENT GRANT FOR POOL/COMMUNITY CENTER/PARK AND RECREATIONS DISTRICT
COMMON GROUND CONSULTANTS, INC. 175 JACKSON AVE. N., STE. 280 HOPKINS, MN 55343	41-2103650	501(C)(3)	19,500.	0.			TO SUPPORT THE WORK OF RILEY WALL IN AUSTRIA RELIEF MINISTRY
COMMUNITY CANCER FUND 510 W. RIVERSIDE AVE., STE. 500 SPOKANE, WA 99201	46-4735260	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING PURPOSES AND IN SUPPORT OF 2022 HOPE CUP SPONSORSHIP
COMMUNITY CANCER SERVICES 1205 HWY. 2, STE. 101-B SANDPOINT, ID 83864	71-0899963	501(C)(3)	20,671.	0.			GAS, GROCERY AND LODGING ASSISTANCE FOR CANCER PATIENTS AND GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMMUNITY COALITION FOR FAMILIES P.O. BOX 3223 BONNERS FERRY, ID 83805	84-1393413	501(C)(3)	21,250.	0.			BOUNDARY COUNTY HOUSING ASSISTANCE
COMMUNITY COLLEGES OF SPOKANE FOUNDATION - 501 N. RIVERPOINT BLVD., STE. 203 - SPOKANE, WA 99202	91-0886962	501(C)(3)	5,782.	0.			FOR GENERAL SUPPORT OF THE NEEDS OF STUDENTS
COMMUNITY FRAMEWORKS 907 W. RIVERSIDE AVE. SPOKANE, WA 99201	91-0933023	501(C)(3)	15,000.	0.			HIGHLAND VILLAGE ASSISTANCE FUND
COMMUNITY OF THE HOLY SPIRIT, NORTH IDAHO - 2907 E. POINT HAYDEN DR. - HAYDEN LAKE, ID 83835		501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT AND INFORMATION TECHNOLOGY
COUNCIL ON AGING & HUMAN SERVICES P.O. BOX 107 COLFAX, WA 99111	91-0964790	501(C)(3)	10,000.	0.			HEALTH & WELLNESS RELATED TRANSPORTATION SERVICES
CREATE YOUR STATEMENT P.O. BOX 18934 SPOKANE, WA 99228	45-4505016	501(C)(3)	7,890.	0.			FOR GENERAL PURPOSES
CRU / CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	6,700.	0.			FOR GENERAL OPERATING SUPPORT
DAVENPORT SENIOR CENTER P.O. BOX 1055 DAVENPORT, WA 99122	91-1018789	501(C)(3)	15,000.	0.			RE-OPENING FOR SENIOR MEALS AND SOCIALIZATION
DAYBREAK YOUTH SERVICES 960 E. 3RD AVE. SPOKANE, WA 99202	91-1083936	501(C)(3)	12,250.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DEARBORN PARK PTA 2820 S. ORCAS ST. SEATTLE, WA 98108	91-1180799	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
DEER PARK DOLLARS FOR SCHOLARS P.O. BOX 1241 DEER PARK, WA 99006	46-5230181	501(C)(3)	6,066.	0.			"DESIGNATED TO AWARD THE THOMAS B. BAKER SCHOLARSHIP, THE JAMES T. BAKER SCHOLARSHIP, AND
DESTINY MINISTRIES CHURCH 80250 CA-111 INDIO, CA 92201	20-1530892	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
DISHMAN HILLS CONSERVANCY P.O. BOX 8536 SPOKANE, WA 99203	91-6087260	501(C)(3)	5,611.	0.			FOR THE MAINTENANCE, PRESERVATION, AND EXPANSION OF THE DISHMAN HILLS NATURAL AREA AND
DOCTORS WITHOUT BORDERS USA INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	8,500.	0.			FOR THE GENERAL FUND AND TO RELIEF EFFORTS IN UKRAINE
EARLY LIFE SPEECH & LANGUAGE 506 W. 2ND AVE. SPOKANE, WA 99201	91-1239678	501(C)(3)	7,311.	0.			FOR GENERAL OPERATING SUPPORT
EASTERN WASHINGTON UNIVERSITY FOUNDATION - 102 HARGREAVES HALL - CHENEY, WA 99004	91-1019819	501(C)(3)	53,500.	0.			FOR EWU MUSIC MESSENGERS, SCHOLARSHIPS, KEWU RADIO FUND, AND ADAPTIVE ATHLETICS PROGRAM
ELSON S. FLOYD COLLEGE OF MEDICINE 412 E. SPOKANE FALLS BLVD. SPOKANE, WA 99202-2131							FOR THE TAMARA A. HENNINGS RESEARCH WING AND TAMARA A. HENNINGS CANCER RESEARCH
EMMANUEL BAPTIST CHURCH 1300 SE SUNNYMEAD WAY PULLMAN, WA 99163-5422	23-7161814	501(C)(3)	5,000.	0.			PART OF THE NEW LIFE ON THE PALOUSE INITIATIVE

Schedule I (Form 990)

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EPISCOPAL DIOCESE OF SPOKANE 245 E. 13TH AVE. SPOKANE, WA 99202-1114	91-0564974	501(C)(3)	100,000.	0.			RESTRICTED FOR CONSTRUCTION PROJECTS AT CAMP CROSS\
FAMILY IMPACT NETWORK P.O. BOX 183 SPOKANE, WA 99210	47-1405203	501(C)(3)	65,000.	0.			FOR THE UPFRONT ASSESSMENT INITIATIVE
FAMILY ORIENTATION CENTER / CENTRO DE ORIENTACION FAMILIAR - 10412 E. 13TH AVE. - SPOKANE VALLEY, WA 99206	85-3971279	501(C)(3)	11,250.	0.			SERVING HISPANIC IMMIGRANT FAMILIES
FAMILY PROMISE OF NORTH IDAHO P.O. BOX 3682 COEUR D'ALENE, ID 83816	14-1971894	501(C)(3)	11,000.	0.			FOR THE GENERAL FUND
FAMILY PROMISE OF SPOKANE 2322 E. SPRAGUE AVE. SPOKANE, WA 99202	91-1707988	501(C)(3)	20,500.	0.			FOR GENERAL OPERATING SUPPORT
FEAST COLLECTIVE 1321 W. 3RD AVE. SPOKANE, WA 99201	84-2487545	501(C)(3)	28,400.	0.			FOR GENERAL OPERATING PURPOSES
FIRST CHRISTIAN CHURCH IN CLARKSTON - 840 10TH ST. - CLARKSTON, WA 99403	91-0974796	501(C)(3)	10,000.	0.			SUPPORTING THE FIRST CHRISTIAN CHURCH(DOC)/RED DOOR KITCHEN IN PROVIDING FREE MEALS TO OUR
FIRST JUDICIAL DISTRICT CASA PROGRAM, INC. - 1417 N. 4TH ST. - COEUR D'ALENE, ID 83814	82-0458229	501(C)(3)	14,250.	0.			TO SUPPORT ONGOING OPERATIONS
FIRST LUTHERAN CHURCH OF SANDPOINT 526 S. OLIVE AVE. SANDPOINT, ID 83864	82-6041705	501(C)(3)	8,000.	0.			FOR THE LUTHER PARK AT SANDPOINT PATIO PROJECT TO INCLUDE THE HANDICAPPED DOOR

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FIRST PRESBYTERIAN CHURCH OF SPOKANE - 318 S. CEDAR ST. - SPOKANE, WA 99201	91-0564965	501(c)(3)	10,338.	0.			FOR GENERAL OPERATING SUPPORT
FOOD FOR OUR CHILDREN P.O. BOX 1867 SANDPOINT, ID 83864	47-3061449	501(c)(3)	6,200.	0.			FOOD FOR OUR CHILDREN WEEKEND FOOD PROGRAM
FOUNDATIONONE P.O. BOX 744 POST FALLS, ID 83877-0744	73-1710393	501(c)(3)	5,722.	0.			USED FOR THE ERIC MOLSTEAD MEMORIAL SCHOLARSHIP FOR A DESERVING INCOMING
FRED HUTCHINSON CANCER CENTER P.O. BOX 19024 SEATTLE, WA 98109-1024	91-1935159	501(c)(3)	7,735.	0.			FOR GENERAL OPERATING SUPPORT
FREE REIN THERAPEUTIC RIDING P.O. BOX 30893 SPOKANE, WA 99203	20-8377385	501(c)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF KSPS 3911 S. REGAL ST. SPOKANE, WA 99223	23-7203753	501(c)(3)	58,379.	0.			FOR GENERAL SUPPORT
FRIENDS OF MONGOLIA 14120A LEE HWY CENTREVILLE, VA 20120	06-1571562	501(c)(3)	12,948.	0.			SCHOLARSHIPS
FRIENDS OF NEILL PUBLIC LIBRARY 210 N. GRAND AVE. PULLMAN, WA 99163-2608	91-1049324	501(c)(3)	14,334.	0.			FOR GENERAL OPERATIONAL SUPPORT
FRIENDS OF SCOTCHMAN PEAKS WILDERNESS - P.O. BOX 2061 - SANDPOINT, ID 83864	74-3202365	501(c)(3)	17,700.	0.			TO BE USED FOR GENERAL OPERATING SUPPORT

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FRIENDS OF STONEROSE FOSSILS P.O. BOX 987 REPUBLIC, WA 99166	31-1274608	501(C)(3)	12,400.	0.			STONEROSE FOSSILS: SCIENCE EDUCATION THROUGH FOSSIL EXPLORATION AND FOR JUMPSTART CAPACITY
FRIENDS OF THE SHELTER DBA BETTER TOGETHER ANIMAL ALLIANCE - 870 KOOTENAI CUTOFF RD. - PONDERAY, ID 83852	94-3071245	501(C)(3)	28,000.	0.			ONE HEALTH AND CARE WHEN THEY NEED IT MOST
FRIENDS OF WALLACE CITY POOL, INC. 414 THIRD ST. WALLACE, ID 83873	84-2103921	501(C)(3)	10,000.	0.			SUPPORT FOR FRIENDS OF WALLACE CITY POOL, INC.
FRIENDS OF WHITMAN COUNTY LIBRARY 102 S. MAIN ST. COLFAX, WA 99111	91-1651792	501(C)(3)	6,781.	0.			STREAM TO GO FOR YOUNG MINDS
GENERATION ALIVE 418 W. SHARP AVE. SPOKANE, WA 99201	56-2598004	501(C)(3)	9,000.	0.			YOUTH ACTION TEAMS SERVING SPOKANE COUNTY
GENESIS INSTITUTE 1220 N. HOWARD ST. SPOKANE, WA 99201	91-1643914	501(C)(3)	9,200.	0.			TO SUPPORT ONGOING MISSION OF THE ENTITY
GIRL SCOUTS EASTERN WASHINGTON & NORTHERN IDAHO - 1404 N. ASH ST. - SPOKANE, WA 99201	91-0570844	501(C)(3)	74,575.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
GIZMO-CDA, INC. 1000 W. GARDEN AVE., HEDLUND BLDG. COEUR D'ALENE, ID 83814	46-5487834	501(C)(3)	11,650.	0.			FOR GENERAL SUPPORT AND CAPACITY BUILDING AT GIZMO-CDA, INC.
GONZAGA PREPARATORY SCHOOL FOUNDATION - 1224 E. EUCLID AVE. - SPOKANE, WA 99207	91-6072663	501(C)(3)	18,562.	0.			FOR THE GENERAL SUPPORT OF THE SCHOOL AND FOR THE SCHOOL FOUNDATION ENDOWMENT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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GONZAGA UNIVERSITY 502 E. BOONE AVE. SPOKANE, WA 99258-0087	91-0236600	501(C)(3)	249,268.	0.			FOR GENERAL OPERATING SUPPORT, SCHOLARSHIPS, MENTAL HEALTH PROGRAMS AND COMMUNITY ENGAGEMENT
GOOD HOPE LUTHERAN CHURCH P.O. BOX 336 LIND, WA 99341		501(C)(3)	5,862.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
GOOD SAMARITAN REHABILITATION 901 E. BEST AVE. COEUR D'ALENE, ID 83814	83-0344926	501(C)(3)	14,250.	0.			DESIGNATED TO PROVIDE SCHOLARSHIPS FOR THOSE IN RECOVERY HOUSES
GOODWILL INDUSTRIES OF THE INLAND NORTHWEST - 130 E. 3RD AVE. - SPOKANE, WA 99202-1491	91-0597006	501(C)(3)	7,742.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES IN THE SPOKANE
GREATER SPOKANE COUNTY MEALS ON WHEELS - 12101 E. SPRAGUE AVE. - SPOKANE VALLEY, WA 99206-5146	91-1042546	501(C)(3)	18,575.	0.			FOR GENERAL OPERATING SUPPORT
GROWING THE STEM P.O. BOX 254 COEUR D'ALENE, ID 83816	82-3236783	501(C)(3)	10,000.	0.			OPERATING SUPPORT: STAFF
HAMBLEN PARK PRESBYTERIAN CHURCH 4102 S. CRESTLINE ST. SPOKANE, WA 99203	91-0897349	501(C)(3)	14,000.	0.			DESIGNATED FOR THE GREATEST NEEDS OF THE ORGANIZATION, INCLUDING SUPPORT OF CAMPS,
HARRINGTON AREA CHAMBER OF COMMERCE - P.O. BOX 291 - HARRINGTON, WA 99134-0291	82-0976732	501(C)(3)	6,200.	0.			HARRINGTON TOWN SQUARE - PHASE 2
HERITAGE HEALTH (DIRNE COMMUNITY HEALTH CENTER) - P.O. BOX 3648 - COEUR D'ALENE, ID 83816	94-3036820	501(C)(3)	7,400.	0.			FOR JUMPSTART CAPACITY BUILDING AND STREET MEDICINE OUTREACH PROGRAM - MEDICAL EQUIPMENT AND

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HILLSDALE COLLEGE 33 E. COLLEGE ST. HILLSDALE, MI 49242	38-1374230	501(C)(3)	41,000.	0.			DESIGNATED FOR THE WALLACE E. AND LYNETTE A. ENDOWED SCHOLARSHIP FUND AND FOR GENERAL OPERATING
HOMEPDX 415 N. SCHOOL ST. NEWBERG, OR 97132	26-3637460	501(C)(3)	30,000.	0.			FOR STAFF DEVELOPMENT AND SUPPORT WHERE MOST NEEDED
HOSPICE OF SALMON VALLEY 506 VAN DREFF ST. SALMON, ID 83467-4227	82-0374295	501(C)(3)	9,341.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
HOSPICE OF SPOKANE P.O. BOX 2215 SPOKANE, WA 99210	91-0995069	501(C)(3)	9,080.	0.			FOR GENERAL SUPPORT
HOUSE OF THE LORD CHRISTIAN ACADEMY - 754 SILVER BIRCH LN. - OLDTOWN, ID 83822	82-0460225	501(C)(3)	13,000.	0.			FOR COMPUTER AND ELECTRONIC SUPPORT
HUB SPORTS CENTER P.O. BOX 604 GREENACRES, WA 99016	26-0173199	501(C)(3)	22,000.	0.			FOR GENERAL OPERATING SUPPORT
HUTTON SETTLEMENT 422 W. RIVERSIDE AVE., STE. 931 SPOKANE, WA 99201	91-0564969	501(C)(3)	27,753.	0.			FOR GENERAL SUPPORT
IDAHO COMMUNITY FOUNDATION P.O. BOX 98 HAYDEN, ID 83835	82-0425063	501(C)(3)	16,755.	0.			FOR THE WOMEN'S GIFT ALLIANCE OF KOOTENAI COUNTY
IDAHO CONSERVATION LEAGUE P.O. BOX 844 BOISE, ID 83702	82-6042478	501(C)(3)	8,000.	0.			NORTH IDAHO WINTER RECREATION AND CONSERVATION INITIATIVE AND GENERAL OPERATING

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IDAHO NONPROFIT CENTER, INC. 5257 W. FAIRVIEW AVE., STE. 260 BOISE, ID 83706	94-3419016	501(C)(3)	6,000.	0.			TO SUPPORT IDAHO NONPROFIT CENTER'S 2022 REGIONAL CONFERENCE IN NORTH IDAHO IN ORDER TO
IDAHO YOUTH RANCH/ANCHOR HOUSE 1609 N GOVERNMENT WAY COEUR D'ALENE, ID 83814	82-0253346	501(C)(3)	9,000.	0.			ANCHOR HOUSE YOUTH AND FAMILY THERAPY
IDAHOPE FAMILIES INC 502 N. 2ND AVE. SANDPOINT, ID 83864-1558	84-4519532	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
IF YOU COULD SAVE JUST ONE P.O. BOX 7395 SPOKANE, WA 99207	82-4898269	501(C)(3)	59,680.	0.			TO BE UTILIZED TO FUND THE OPERATING COSTS FOR PROGRAMMING AT THE CENTER
IMAGINE IDAHO 2775 W. NAVIGATOR DR., STE 110 MERIDIAN, ID 83642	85-2713318	501(C)(3)	20,000.	0.			BROADBAND PLANNING & SUPPORT TO CONNECT RURAL NORTH IDAHO COMMUNITIES
IMMACULATE HEART RETREAT CENTER 6910 S. BEN BURR RD. SPOKANE, WA 99223-1899	91-1434824	501(C)(3)	63,000.	0.			FOR GENERAL OPERATING SUPPORT AND NEW WATER SYSTEM
IMMANUEL EVANGELICAL COVENANT CHURCH - 7402 N. FOX POINT DR. - SPOKANE, WA 99208	46-1987190	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
INDUSTRIAL AREAS FOUNDATION NORTHWEST - 5030 1ST AVE. S., STE. 206 - SEATTLE, WA 98134	91-1499816	501(C)(3)	12,000.	0.			RESTRICTED FOR SPOKANE ALLIANCE TO USE WHEREVER NEEDED
INLAND NORTHWEST AGC APPRENTICESHIPS - P.O. BOX 11901 - SPOKANE, WA 99212	57-1162422	501(C)(3)	15,000.	0.			HEAD START TO THE CONSTRUCTION TRADES PROGRAM SUPPORT

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INLAND NORTHWEST LAND CONSERVANCY 35 W. MAIN AVE., STE. 210 SPOKANE, WA 99201	91-1510539	501(C)(3)	63,265.	0.			FOR GENERAL OPERATING SUPPORT
INTERLINK, INC. 549 5TH ST., STE. E CLARKSTON, WA 99403	94-3156974	501(C)(3)	10,000.	0.			2022 SAFETY PROGRAM SUPPORT
INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090-6961	54-1722887	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
INTERNATIONAL STUDENTS INC. P.O. BOX C COLORADO SPRINGS, CO 80901	53-0214853	501(C)(3)	7,500.	0.			DESIGNATED TO SUPPORT WORK IN MOSCOW, ID AS PART OF THE NEW LIFE ON THE PALOUSE INITIATIVE
INTERVARSITY CHRISTIAN FELLOWSHIP - USA - P.O. BOX 7895 - MADISON, WI 53707-7895	36-2171714	501(C)(3)	6,500.	0.			FOR THE ICF CAMPUS MINISTRIES AT NORTHEASTERN & HARVARD UNIVERSITY
JOBS PLUS INC. P.O. BOX 1088 COEUR D'ALENE, ID 83815	82-0413341	501(C)(3)	5,142.	0.			RELIEF FOR ECONOMIC IMPACTS OF COVID-19
JOYA CHILD & FAMILY DEVELOPMENT 1016 N. SUPERIOR ST. SPOKANE, WA 99202	91-0863163	501(C)(3)	113,574.	0.			FOR GENERAL OPERATING SUPPORT
JOYA FOUNDATION 1016 N. SUPERIOR ST. SPOKANE, WA 99202	91-1233711	501(C)(3)	28,639.	0.			CAPITAL CAMPAIGN SUPPORT
JUNIOR LEAGUE OF SPOKANE P.O. BOX 4563 SPOKANE, WA 99220	91-6033864	501(C)(3)	13,058.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE

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KANIKSU LAND TRUST P.O. BOX 2123 SANDPOINT, ID 83864	47-0898549	501(C)(3)	24,000.	0.			REWILD THE CHILD - KLT'S PLACE-BASED EDUCATION MODEL
KITTITAS COUNTY GENEALOGICAL SOCIETY - 413 N. MAIN ST., STE. 1 - ELLENSBURG, WA 98926	91-1265723	501(C)(3)	8,122.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
KOOTENAI HEALTH FOUNDATION 2003 KOOTENAI HEALTH WAY COEUR D'ALENE, ID 83814	82-0380784	501(C)(3)	26,685.	0.			FOR KOOTENAI CANCER CENTERS TO THE BENEFIT OF FAMILIES RESIDING IN KOOTENAI COUNTY IN WHICH
KOOTENAI HUMANE SOCIETY P.O. BOX 1005 HAYDEN, ID 83835	82-0334845	501(C)(3)	51,854.	0.			FOR THE CARE OF ANIMALS AND GENERAL OPERATIONS OF KOOTENAI HUMANE SOCIETY
LAKE PEND OREILLE WATERKEEPER P.O. BOX 732 SANDPOINT, ID 83864	26-4219188	501(C)(3)	15,000.	0.			KEEPING NORTH IDAHO WATERS SWIMMABLE, FISHABLE AND DRINKABLE WATERS FOR FUTURE
LATINOS EN SPOKANE 947 E. ERMINA AVE. SPOKANE, WA 99207	85-2725630	501(C)(3)	10,000.	0.			VACCINE EQUITY COMMUNITY OUTREACH EVENTS
LEADERSHIP SPOKANE 801 W. RIVERSIDE AVE., STE. 220 SPOKANE, WA 99201	91-1176213	501(C)(3)	5,000.	0.			ADULT PROGRAM DISCOUNT - SCHOLARSHIP
LILAC SERVICES FOR THE BLIND 1212 N. HOWARD ST. SPOKANE, WA 99201	23-7121726	501(C)(3)	6,400.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
LOCAL INITIATIVES SUPPORT CORPORATION - 28 LIBERTY ST., 34TH FLOOR - NEW YORK, NY 10005	13-3030229	501(C)(3)	7,000.	0.			SITE MATCH: SPECIAL MOBILITY SERVICES (\$3500) & COMMUNITY ACTION CENTER (\$3500)

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LOVE INC KOOTENAI COUNTY 421 E. LAKESIDE AVE., BOX 106 COEUR D'ALENE, ID 83814	81-4011463	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING EXPENSES
LUMBERJACK BOOSTER CLUB P.O. BOX 670 ST. MARIES, ID 83861	80-0274803	501(C)(3)	20,000.	0.			ST. MARIES BASEBALL/SOFTBALL/SOCCER COMPLEX, PHASE TWO
LUMEN HIGH SCHOOL 10713 N. NELSON RD. SPOKANE, WA 99218	83-2652406	501(C)(3)	31,000.	0.			FOR GENERAL OPERATING SUPPORT
LUTHER SEMINARY P.O. BOX 860747 MINNEAPOLIS, MN 55486-0747	41-1425961	501(C)(3)	7,742.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
LUTHERHAVEN MINISTRIES 3258 W. LUTHERHAVEN RD. COEUR D'ALENE, ID 83814-1327	91-6000231	501(C)(3)	17,862.	0.			BETHANY COMMUNITY CENTER FOR SERVICE AND LEADERSHIP, BASEMENT RENOVATION AND FOR THE
MADDIE'S PLACE P.O. BOX 2144 SPOKANE, WA 99210	82-4916091	501(C)(3)	22,500.	0.			GRANT FOR PHASE 1 REMODEL OF FACILITY AND GENERAL OPERATING SUPPORT
MAKE-A-WISH FOUNDATION OF ALASKA AND WASHINGTON - 104 S. FREYA ST., YELLOW FLAG BLDG., #207 - SPOKANE, WA 99202	91-1329433	501(C)(3)	5,500.	0.			RESTRICTED TO SPOKANE CHAPTER FOR GENERAL OPERATING SUPPORT
MARSHALL CEMETERY ASSOCIATION 12011 S. AUSTIN RD. SPOKANE, WA 99224-9680	36-4503101	501(C)(3)	14,994.	0.			USED FOR CEMETERY MAINTENANCE AND PRESERVATION
MIA - MUJERES IN ACTION 318 E. ROWAN AVE. STE. 208 SPOKANE, WA 99207	83-2464309	501(C)(3)	14,900.	0.			MIA SUSTAINABILITY AND FOR JUMPSTART CAPACITY BUILDING

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MID CITY CONCERNS 1222 W. 2ND AVE. SPOKANE, WA 99201	91-0833015	501(C)(3)	49,504.	0.			FOR GENERAL OPERATING SUPPORT
MILLWOOD COMMUNITY PRESBYTERIAN CHURCH - 3223 N. MARGUERITE RD. - SPOKANE VALLEY, WA 99212	91-1258967	501(C)(3)	34,122.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE LINDA & CHISTIANNE SHARMAN MEMORIAL MUSIC
MISSION EURASIA 218 W WILLOW AVE WHEATON, IL 60187	35-1835273	501(C)(3)	15,000.	0.			TO SUPPORT AID FOR UKRAINIANS AND THOSE HELPING THEM
MOBIUS SPOKANE P.O. BOX 9106 SPOKANE, WA 99209	91-1694299	501(C)(3)	13,005.	0.			FOR GENERAL OPERATING SUPPORT
MONASTERY OF ST. GERTRUDE 465 KEUTERVILLE RD. COTTONWOOD, ID 83522-5183	82-0252845	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
MONTANA STATE UNIVERSITY FOUNDATION, INC. DBA MSU ALUMNI FOUNDATION - P.O. BOX 172750 - BOZEMAN, MT 59717-2750	81-6001649	501(C)(3)	10,000.	0.			TO BE DISTRIBUTED AS TO THE SCHOOL OF BUSINESS, TO SUPPORT TRACK AND CROSS COUNTRY, AND TO
MORNING STAR BOYS RANCH P.O. BOX 8087 SPOKANE, WA 99203-0087	91-0664709	501(C)(3)	11,549.	0.			FOR GENERAL OPERATING SUPPORT
MUSIC CONSERVATORY OF SANDPOINT P.O. BOX 907 SANDPOINT, ID 83864	27-1017841	501(C)(3)	10,000.	0.			MUSIC MATTERS! COMMUNITY OUTREACH CLASSES
NAMI SPOKANE 10 N. POST ST., STE. 638 SPOKANE, WA 99201	91-1153510	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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NAOMI P.O. BOX 371 SPOKANE VALLEY, WA 99037	20-1171003	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR., STE. 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	5,000.	0.			UKRAINE RAPID RESPONSE FUND #4106335
NATIONAL FOREST FOUNDATION BUILDING 27, STE. 3 MISSOULA, MT 59804	52-1786332	501(C)(3)	10,000.	0.			PANHANDLE FOREST COLLABORATIVE COORDINATION & FACILITATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NORTHWEST - 192 NICKERSON ST., STE. 100 - SEATTLE, WA 98109	13-5661935	501(C)(3)	18,272.	0.			"FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES, RESEARCH, AND USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
NELS VENERUS HOCKEY SCHOLARSHIP FOUNDATION - P.O. BOX 48073 - SPOKANE, WA 99228	38-3840390	501(C)(3)	10,534.	0.			FOR ADDITION TREATMENT IN WOMEN FROM THE WASHINGTON STATE
NEW DIRECTIONS FOR WOMEN FOUNDATION - 2607 WILLO LN. - COSTA MESA, CA 92627	20-3295837	501(C)(3)	20,000.	0.			DESIGNATED FOR THE PATHWAYS PROJECT BUILDING PROJECT AND FOR GENERAL SUPPORT IN RESPONSE TO
NEW HORIZONS COMMUNITY CHURCH 3122 W. LINCOLN RD. SPOKANE, WA 99208	91-6032813	501(C)(3)	400,000.	0.			RESTRICTED FOR PREGNANCY SERVICES
NEWPORT HOSPITAL AND HEALTH SERVICES FOUNDATION - 714 W. PINE ST. - NEWPORT, WA 99156	26-3367189	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF ADVOCACY, NETWORKING, AND LEARNING WORK THROUGHOUT WASHINGTON STATE
NONPROFIT ASSOCIATION OF WASHINGTON - 1265 S. MAIN ST., STE. 206 - SEATTLE, WA 98144	27-1768789	501(C)(3)	10,500.	0.			

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
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NORTH BENCH VOLUNTEER FIRE DISTRICT - P.O. BOX 1234 - BONNERS FERRY, ID 83805	82-0432903	501(C)(3)	10,000.	0.			FIREFIGHTER CANCER AND CARDIAC ARREST PREVENTION AND MITIGATION PROGRAM
NORTH IDAHO COLLEGE FOUNDATION 1000 W. GARDEN AVE. COEUR D ALENE, ID 83814	82-0337334	501(C)(3)	5,386.	0.			FOR GENERAL OPERATING SUPPORT
NORTH IDAHO PRIDE ALLIANCE P.O. BOX 741 COEUR D'ALENE, ID 83816	81-3072032	501(C)(3)	8,000.	0.			NORTH IDAHO PRIDE ALLIANCE: PROVIDING CRISIS RESPONSE, EDUCATION, NETWORKING,
NORTH IDAHO YOUNG LIFE P.O. BOX 3087 COEUR D ALENE, ID 83816-2518	84-0385934	501(C)(3)	21,500.	0.			FOR GENERAL OPERATING SUPPORT
NORTHEAST COMMUNITY CENTER ASSOCIATION - 4001 N. COOK ST. - SPOKANE, WA 99207	91-1196071	501(C)(3)	138,000.	0.			THE ZONE PROJECT
NORTHEAST WASHINGTON COMMUNITY RADIO GUILD - P.O. BOX 263 - CHEWELAH, WA 99109	27-1854945	501(C)(3)	9,000.	0.			SALARY FOR NEW MANAGER OF KCHW NORTHERN LIGHTS PUBLIC RADIO
NORTHEAST WASHINGTON HUNGER COALITION - 347 W. 2ND AVE., STE. G - COLVILLE, WA 99114-2300	46-3051292	501(C)(3)	6,075.	0.			FARM TO FOOD PANTRY EQUIPMENT PURCHASE REQUEST
NORTHEAST YOUTH CENTER 3004 E. QUEEN AVE. SPOKANE, WA 99217	71-0886315	501(C)(3)	32,000.	0.			SUMMER CAMP PROGRAMMING AND NEYC / THE ZONE - YEAR 3
NORTHERN PACIFIC DEPOT FOUNDATION P.O. BOX 469 WALLACE, ID 83873	82-0401957	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - NP DEPOT FOUNDATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NORTHWEST CHILDREN'S HOME, INC. 419 22ND AVE. LEWISTON, ID 83501	82-0200758	501(C)(3)	5,686.	0.			BUILDING RESILIENCE IN CHILDREN AND FAMILIES: EVIDENCE-BASED PRACTICES FOR TRAUMA INFORMED CARE
NORTHWEST INFANT SURVIVAL AND SIDS ALLIANCE - 1130 N. 4TH ST. - COEUR D'ALENE, ID 83814	91-1567341	501(C)(3)	12,500.	0.			RURAL EDUCATION OUTREACH PROGRAM
NORTHWEST MUSEUM OF ARTS & CULTURE 2316 W. FIRST AVE. SPOKANE, WA 99201-5906	91-6000186	501(C)(3)	12,420.	0.			FOR GENERAL OPERATING SUPPORT
OCEAN CONSERVANCY INC 1300 19TH ST. NW., 8TH FLOOR WASHINGTON, DC 20036	23-7245152	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
ON SITE FOR SENIORS, INC. P.O. BOX 238 HAYDEN, ID 83835	26-1237817	501(C)(3)	6,250.	0.			FOR GENERAL OPERATING SUPPORT
ONE HEART WILD EDUCATION SANCTUARY 12620 WILLAMETTE MERIDIAN SILVERDALE, WA 98383	47-3649523	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
OTHELLO CHURCH OF THE NAZARENE 835 S. 10TH AVE. OTHELLO, WA 99344	91-0950822	501(C)(3)	44,000.	0.			FOR GENERAL OPERATING SUPPORT
PACIFIC KEEP CHURCH P.O. BOX 48422 SPOKANE, WA 99228	47-4144043	501(C)(3)	5,500.	0.			DESIGNATED FOR THE UKRAINE RELIEF FUND
PACIFIC NORTHWEST RESEARCH INSTITUTE - 720 BROADWAY - SEATTLE, WA 98122-4302	91-0667886	501(C)(3)	7,735.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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PACIFIC RIM INSTITUTE FOR ENVIRONMENTAL STEWARDSHIP - 180 PARKER RD. - COUPEVILLE, WA 98239	27-0619116	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
PALOUSE ICE RINK ASSOCIATION P.O. BOX 8023 MOSCOW, ID 83843	82-0525361	501(C)(3)	11,000.	0.			FOR PARK RINK PURCHASE AND CONSTRUCTION
PALOUSE LAND TRUST P.O. BOX 8506 MOSCOW, ID 83843	94-3219418	501(C)(3)	8,500.	0.			FOR CONSERVATION PROGRAMS AND ADMINISTRATIVE SUPPORT
PALOUSE-CLEARWATER ENVIRONMENTAL INSTITUTE - P.O. BOX 8596 - MOSCOW, ID 83843	94-3038182	501(C)(3)	14,823.	0.			FOR GENERAL OPERATING SUPPORT AND RESTRICTED FOR IMPROVEMENTS TO THE ROSE CREEK PRESERVE
PANHANDLE ALLIANCE FOR EDUCATION INC. - P.O. BOX 1675 - SANDPOINT, ID 83864	61-1416176	501(C)(3)	57,823.	0.			GENERAL SUPPORT AND PROFESSIONAL DEVELOPMENT TRAINING ON PROFESSIONAL LEARNING COMMUNITIES FOR
PARTNERS FOR RURAL WASHINGTON 4545 119TH AVE. SE BELLEVUE, WA 98006	38-3983361	501(C)(3)	20,000.	0.			THE PRWA RURAL ADVANCEMENT PROJECT
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	10,665.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES AND RESTRICTED
PARTNERS WITH FAMILIES & CHILDREN: SPOKANE - 106 W. MISSION AVE. - SPOKANE, WA 99201	68-0576560	501(C)(3)	15,000.	0.			TURNING HURT INTO HOPE
PAWSITIVE OUTREACH SPAY/NEUTER ALLIANCE - P.O. BOX 1241 - NEWPORT, WA 99156	45-3062989	501(C)(3)	18,000.	0.			COMMUNITY SPAY/NEUTER

Schedule I (Form 990)

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PEACE LUTHERAN CHURCH 309 N. LAKE ST. COLFAX, WA 99111		501(C)(3)	7,816.	0.			RESTRICTED FOR THE ENDOWMENT
PEER WASHINGTON 1520 BELLEVUE AVE., STE. 100 SEATTLE, WA 98122	91-1327257	501(C)(3)	20,000.	0.			FOR THE WORK CARRYING OUT THE PEER SUPPORT NETWORK PLAN IN SPOKANE COUNTY
PEND OREILLE ARTS COUNCIL P.O. BOX 1694 SANDPOINT, ID 83864	82-0350688	501(C)(3)	12,000.	0.			OVATIONS PERFORMING ARTS EDUCATIONAL OUTREACH PROGRAM
PEND OREILLE COUNTY FAIR AND RODEO ASSOCIATION - P.O. BOX 29 - CUSICK, WA 99119	84-3771698	501(C)(3)	6,480.	0.			SOUND SYSTEM FOR PEND OREILLE COUNTY FAIRGROUNDS
PEND OREILLE PEDALERS P.O. BOX 2451 SANDPOINT, ID 83864	61-1571284	501(C)(3)	6,000.	0.			VELO TOUT TERRAIN TRAIL CENTER BUILDOUT
PENDLETON ANIMAL WELFARE SHELTER PIONEER HUMANE SOCIETY PENDLETON, OR 97801	93-0845104	501(C)(3)	6,600.	0.			TO SUPPORT THE SPAY AND NEUTER PROGRAM
PENINSULA BIBLE CHURCH CUPERTINO 10601 N. BLANEY AVE. CUPERTINO, CA 95014	77-0269849	501(C)(3)	6,000.	0.			TO SUPPORT THE ROMANIA MINISTRY
PINE CREEK LONG TERM RECOVERY ORGANIZATION - 223 N. MAIN ST. - COLFAX, WA 99111	86-2328204	501(C)(3)	716,420.	0.			DESIGNATED TO SUPPORT COMMUNITY RECOVERY EFFORTS IN PINE CITY AND MALDEN
PLANNED PARENTHOOD OF GREATER WASHINGTON & NORTH IDAHO - 1117 TIEFON DR. - YAKIMA, WA 98902	91-6071384	501(C)(3)	17,901.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							(h) Purpose of grant or assistance
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PLUS DELTA AFTER SCHOOL STUDIOS DBA THE CLUB - 528 W. CAMERON ST. - DAYTON, WA 99328	82-1340967	501(C)(3)	6,333.	0.			FINANCIAL, MENTORING AND ADMINISTRATIVE SUPPORT FOR ONE RECIPIENT OF THE AWARD AND CULTIVATING
PREVENT HOMELESS PETS 1000 IRMA LN. BENTON CITY, WA 99320	01-0919961	501(C)(3)	27,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR SPAY AND NEUTER SERVICES
PRIEST LAKE NORDIC CLUB, INC. 6827 W. LAKESHORE RD. PRIEST LAKE, ID 83856	30-0715902	501(C)(3)	5,250.	0.			PRIEST LAKE NORDIC CLUB EQUIPMENT GRANT AND AMOUNTS RESTRICTED FOR TRAIL MAINTENANCE
PRIEST RIVER MINISTRIES P.O. BOX 334 PRIEST RIVER, ID 83856	51-0582172	501(C)(3)	34,821.	0.			FOR GENERAL OPERATING PURPOSES
PROJECT 7B P.O. BOX 2365 SANDPOINT, ID 83864	84-2617966	501(C)(3)	6,000.	0.			EMPOWER BONNER COUNTY: PROVIDING TOOLS TO BONNER COUNTY RESIDENTS TO EFFECTIVELY PARTICIPATE
PULLMAN REGIONAL HOSPITAL FOUNDATION - 840 SE BISHOP BLVD., STE. 200 - PULLMAN, WA 99163	91-6028220	501(C)(3)	5,791.	0.			FOR THE GENERAL SUPPORT OF THE ORGANIZATION IN FULFILLING ITS CHARITABLE PURPOSE
REACH CLUB INC 100 SCHOOL ROAD ELK CITY, ID 83525	82-0525025	501(C)(3)	7,750.	0.			EXPANDING THE WORLD FOR ISOLATED YOUTH IN A HIGH POVERTY COMMUNITY
REFUGEE CONNECTIONS SPOKANE 35 W. MAIN AVE., STE. 205 SPOKANE, WA 99201	90-0652201	501(C)(3)	46,150.	0.			FOR GENERAL OPERATING SUPPORT
RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD RD., STE. 200 CINCINNATI, OH 45242	20-8334578	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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RITZVILLE DOWNTOWN DEVELOPMENT 107 E. MAIN AVE. RITZVILLE, WA 99169	05-0579005	501(C)(3)	5,000.	0.			CAPACITY BUILDING/EXECUTIVE DIRECTOR
RONALD McDONALD HOUSE CHARITIES OF THE INLAND NORTHWEST - 1015 W. 5TH AVE. - SPOKANE, WA 99204-3001	91-1176115	501(C)(3)	45,963.	0.			FOR GENERAL OPERATING SUPPORT
ROTARY COMMUNITY SERVICE, INC. P.O. BOX 9046 SPOKANE, WA 99209	91-6054990	501(C)(3)	11,465.	0.			TO PROVIDE ASSISTANCE TO TURTLE ISLAND WORKERS AFFECTED BY COVID-19 AND GENERAL OPERATING SUPPORT
SAFE PASSAGE 850 N. 4TH ST. COEUR D'ALENE, ID 83814	82-0341451	501(C)(3)	9,000.	0.			MENTAL HEALTH COUNSELING FOR CHILDREN EXPERIENCING ABUSE
SALISH SCHOOL OF SPOKANE P.O. BOX 10271 SPOKANE, WA 99209	27-1126478	501(C)(3)	16,229.	0.			KWU SN-IWLX- NATIVE YOUTH CULTURAL SUPPORT & EDUCATION PROGRAM AND USED TO PROVIDE
SALVATION ARMY OF SPOKANE 222 E. INDIANA AVE. SPOKANE, WA 99207	94-1156347	501(C)(3)	31,201.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES, FOR CAMP
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	13,500.	0.			TO HELP THOSE ENDANGERED BY TALIBAN, SUPPORT UKRAINE RELIEF AND EMERGENCY RELIEF
SANDPOINT AREA SENIORS, INC. 820 MAIN ST. SANDPOINT, ID 83864	82-0418894	501(C)(3)	19,000.	0.			SUPPORTING SENIORS
SANDPOINT COMMUNITY RESOURCE CENTER - 130 MCHEE RD., STE. 220 - SANDPOINT, ID 83864	27-1833740	501(C)(3)	42,400.	0.			ENVISION CENTER OPENING, JUMPSTART CAPACITY BUILDING AND GENERAL OPERATING SUPPORT

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SANDPOINT YOUTH CENTER, INC. P.O. BOX 1066 SANDPOINT, ID 83864	61-1510591	501(C)(3)	8,500.	0.			HEALTHY TEENS AFTER SCHOOL
SCHOLARSHIP AMERICA P.O. BOX 772514 DETROIT, MI 48277-2514	04-2296967	501(C)(3)	203,100.	0.			SCHOLARSHIP AWARDS
SCHOOL'S OUT WASHINGTON 801 23RD AVE. S., STE. A SEATTLE, WA 98144	46-0809713	501(C)(3)	25,735.	0.			THE ZONE EXPANDED LEARNING
SCHWEITZER CHAPEL P.O. BOX 55 PONDERAY, ID 83852-0055	91-1003174	501(C)(3)	10,404.	0.			FOR GENERAL OPERATING SUPPORT
SCRAPS HOPE FOUNDATION 4612 S. SCHAFER BRANCH RD. SPOKANE, WA 99206-9225	26-4118735	501(C)(3)	6,963.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
SEATTLE'S UNION GOSPEL MISSION P.O. BOX 202 SEATTLE, WA 98111-0202	91-0595029	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
SECOND HARVEST INLAND NORTHWEST 1234 E. FRONT AVE. SPOKANE, WA 99202-2145	23-7173826	501(C)(3)	120,369.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
SELKIRK CONSERVATION ALLIANCE, INC. - P.O. BOX 1809 - PRIEST RIVER, ID 83856	82-0418651	501(C)(3)	5,250.	0.			2021 PRIEST LAKE CITIZEN'S VOLUNTARY MONITORING PROGRAM
SHADLE PARK PRESBYTERIAN CHURCH 5508 N. ALBERTA ST SPOKANE, WA 99205		501(C)(3)	5,000.	0.			TO SUPPORT THE MAINTENANCE, DEVELOPMENT, AND EXPANSION OF THE GROWING NEIGHBORS

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SHOSHONE COUNTY CRISIS AND RESOURCE CENTER - 415 7TH ST., STE. 1 - WALLACE, ID 83873	82-0374610	501(C)(3)	5,284.	0.			SHOSHONE COUNTY CRISIS AND RESOURCE SUSTAINABILITY PROJECT
SHOSHONE COUNTY MINING & SMELTING MUSEUM - P.O. BOX 783 - KELLOGG, ID 83837	82-0400265	501(C)(3)	7,200.	0.			WINDOW REPLACEMENT NORTH WALL SECOND FLOOR
SHRINERS CHILDREN'S SPOKANE 911 W. 5TH AVE. SPOKANE, WA 99204	91-0126220	501(C)(3)	24,500.	0.			FOR GENERAL OPERATING SUPPORT
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR. TAMPA, FL 33607	36-2193608	501(C)(3)	14,780.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
SLINGSHOT 244 W. MAIN ST. SPOKANE, WA 99201	86-3990889	501(C)(3)	15,500.	0.			SLINGSHOT COACHING FOR ROGERS HIGH SCHOOL
SOUTHSIDE CHRISTIAN CHURCH 2934 E. 27TH AVE. SPOKANE, WA 99223	91-2153486	501(C)(3)	7,000.	0.			FOR TITHE AND GENERAL OPERATING SUPPORT
SPOKANE AREA WORKFORCE DEVELOPMENT COUNCIL - 140 S. ARTHUR ST., STE. 300A - SPOKANE, WA 99202	46-0684743	501(C)(3)	84,600.	0.			TO COVER THE COSTS OF FINANCIAL, MENTORING, AND ADMINISTRATIVE SUPPORT FOR THE EIGHT AWARD
SPOKANE ART SCHOOL 811 W. GARLAND AVE. SPOKANE, WA 99205	45-4610507	501(C)(3)	37,288.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
SPOKANE COUNTY UNITED WAY P.O. BOX 18 SPOKANE, WA 99210-0018	91-0606058	501(C)(3)	156,223.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE

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SPOKANE EASTSIDE REUNION ASSOCIATION - 3001 E. 5TH AVE. - SPOKANE, WA 99202	45-2464484	501(C)(3)	10,000.	0.			GENERAL OPERATING FUNDS TO SUPPORT EAST CENTRAL YOUTH
SPOKANE HISTORIC CONCERTS ASSOCIATION - 1530 E. 14TH AVE. - SPOKANE, WA 99202	47-2045480	501(C)(3)	9,226.	0.			TO BE USED TO SUPPORT THE ROYAL FIREWORKS CONCERT IN FULFILLING ITS CHARITABLE OBJECTIVES
SPOKANE HOPE 1821 E. SPRAGUE AVE., STE. A SPOKANE, WA 99202	20-1535497	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT OF 2022 BUDGET PROGRAMS
SPOKANE HUMANE SOCIETY P.O. BOX 6247 SPOKANE, WA 99217	91-0565011	501(C)(3)	61,923.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
SPOKANE PARKS FOUNDATION P.O. BOX 8127 SPOKANE, WA 99203	91-6033504	501(C)(3)	10,416.	0.			FOR THE OPERATION AND MAINTENANCE OF RIVERFRONT PARK
SPOKANE PUBLIC LIBRARY FOUNDATION 906 W. MAIN AVE. SPOKANE, WA 99201	91-1917727	501(C)(3)	7,117.	0.			FOR GENERAL OPERATING SUPPORT
SPOKANE PUBLIC RADIO - KPBX 1229 N. MONROE ST. SPOKANE, WA 99201-2524	23-7097524	501(C)(3)	13,210.	0.			FOR GENERAL OPERATING SUPPORT AND FOR NPR NEWS & BUSINESS ANNOUNCEMENTS
SPOKANE REGIONAL DOMESTIC VIOLENCE COALITION - 2202 E. SPRAGUE AVE., STE. 7 - SPOKANE, WA 99202	84-4167529	501(C)(3)	185,342.	0.			FOR GENERAL OPERATING SUPPORT
SPOKANE RIVERKEEPER 35 W. MAIN AVE., STE. 308 SPOKANE, WA 99201	84-5175870	501(C)(3)	15,750.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE SCHOLARS FOUNDATION P.O. BOX 1278 SPOKANE, WA 99210	91-1568725	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
SPOKANE SYMPHONY SOCIETY P.O. BOX 365 SPOKANE, WA 99210-0365	91-0730435	501(C)(3)	90,531.	0.			FOR GENERAL OPERATING SUPPORT
SPOKANE VALLEY PARTNERS P.O. BOX 141360 SPOKANE VALLEY, WA 99214-1360	91-1478830	501(C)(3)	13,052.	0.			FOR GENERAL OPERATING SUPPORT
SPOKANE VALLEY PERFORMING ARTS CENTER - P.O. BOX 1368 - SPOKANE VALLEY, WA 99037	86-1539637	501(C)(3)	37,191.	0.			TO BE USED FOR THE FINAL STAGE ARCHITECTURE PLAN PROCESS AND CONSTRUCTION AND GENERAL OPERATING
SPOKANIMAL C.A.R.E. 710 N. NAPA SPOKANE, WA 99202	91-1223929	501(C)(3)	18,043.	0.			FOR GENERAL OPERATING SUPPORT
ST. JOSEPH CARE CENTER 34 E. 8TH AVE. SPOKANE, WA 99202-1202	51-0216586	501(C)(3)	6,643.	0.			USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
ST. PIUS X CATHOLIC CHURCH 625 E. HAYCRAFT AVE. COEUR D'ALENE, ID 83814	83-1309334	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. VINCENT DE PAUL NORTH IDAHO 201 E. HARRISON AVE. COEUR D ALENE, ID 83814	82-0250389	501(C)(3)	17,500.	0.			TO BE USED FOR GENERAL SUPPORT
TERRAIN PROGRAMS 304 W. PACIFIC AVE., #220 SPOKANE, WA 99201-4320	46-2565099	501(C)(3)	10,000.	0.			THE FUTURE IS FERTILE

Schedule I (Form 990)

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THE CARVER PROJECT 231 WESTGATE AVE. ST. LOUIS, MO 63130	82-2022974	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 5405 W. 300 S. - SALT LAKE CITY, UT 84104	87-0234341	501(C)(3)	42,000.	0.			FOR GENERAL SUPPORT
THE ETHAN MURRAY FUND 107 MAIN STREET SANDPOINT, ID 83864	86-2753707	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
THE FAMILY GUIDE 10922 E. 47TH AVE. SPOKANE VALLEY, WA 99206	26-0223132	501(C)(3)	10,000.	0.			VACCINE EQUITY GRANT PROGRAM: THE FAMILY GUIDE
THE PANIDA THEATER COMMITTEE, INC. P.O. BOX 1981 SANDPOINT, ID 83864	82-0233559	501(C)(3)	11,000.	0.			LIGHT THE MARQUEE AND FOR GENERAL OPERATING SUPPORT
THE SALVATION ARMY RAY & JOAN KROC CORPS COMMUNITY CENTER - 1765 W. GOLF COURSE RD. - COEUR D'ALENE, ID 83815	94-1156347	501(C)(3)	26,500.	0.			FOR GENERAL OPERATING SUPPORT AND THIRD GRADE SWIM CHILDHOOD DROWNING PREVENTION
THE WAY TO JUSTICE P.O. BOX 7503 SPOKANE, WA 99207	84-5129426	501(C)(3)	14,494.	0.			THE WAY TO JUSTICE GENERAL OPERATING SUPPORT
TOUGH AS NAILS P.O. BOX 4 ROSALIA, WA 99170	82-4241740	501(C)(3)	5,000.	0.			IMPACT FUNDING: MONTHLY CRAFT & ACTIVITY KITS FOR LOCAL HOSPITALIZED KIDS
TRANSITIONS 3128 N. HEMLOCK ST. SPOKANE, WA 99205	91-1307272	501(C)(3)	17,954.	0.			FOR GENERAL OPERATING SUPPORT

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TRI-COUNTY COMMUNITY HEALTH FUND 528 S. WYNNE ST. COLVILLE, WA 99114	43-1992627	501(C)(3)	8,100.	0.			HOPE STREET UPDATE
TRI-STATE MEMORIAL HOSPITAL 1221 HIGHLAND AVE. CLARKSTON, WA 99403-2829	91-0545036	501(C)(3)	7,912.	0.			TRI-STATE POST-COVID-19 CARE PROGRAM
U DISTRICT PHYSICAL THERAPY FOUNDATION - 730 N. HAMILTON - SPOKANE, WA 99202	30-0391912	501(C)(3)	21,304.	0.			RESTRICTED FOR THE MENTORSHIP PROGRAM
UNICEF USA 125 MAIDEN LN., FLR. 11 NEW YORK, NY 10038	13-1760110	501(C)(3)	7,415.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES AND DESIGNATED
UNION GOSPEL MISSION P.O. BOX 4066 SPOKANE, WA 99220	91-0613587	501(C)(3)	123,470.	0.			FOR GENERAL OPERATING SUPPORT
UNIQUE CENTER FOR ATHLETES OF ALL NEEDS - P.O. BOX 1334 - SANDPOINT, ID 83864	85-3255324	501(C)(3)	7,300.	0.			UCAN YOUTH ADAPTIVE FITNESS AND PHYSICAL THERAPY EQUIPMENT
UNITED HELP UKRAINE P.O. BOX 83426 GAITHERSBURG, MD 20883	47-1837509	501(C)(3)	5,000.	0.			DESIGNATED TO SUPPORT RELIEF EFFORTS IN UKRAINE
UNITED WAY OF NORTH IDAHO 501 E. LAKESIDE AVE., STE. 3 CORUR D'ALENE, ID 83814-2875	82-0232279	501(C)(3)	10,500.	0.			REGION 1 EARLY CHILDHOOD SCHOLARSHIPSAND FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF IDAHO FOUNDATION 875 PERIMETER DR., MS 3143 MOSCOW, ID 83844-3143	23-7098404	501(C)(3)	64,862.	0.			FOR GENERAL SUPPORT OF YOUR ORGANIZATION, WITH PREFERENCE TO THE COLLEGE OF MINES AND EARTH

Schedule I (Form 990)

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UNIVERSITY OF MONTANA FOUNDATION P.O. BOX 7159 MISSOULA, MT 59807-7159	81-0362989	501(C)(3)	21,000.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
UPRIVER YOUTH LEADERSHIP COUNCIL P.O. BOX 625 KAMIAH, ID 83536-0625	82-0593919	501(C)(3)	10,000.	0.			GARDEN TO TABLE IS A PROJECT SPONSORED BY UPRIVER YOUTH LEADERSHIP COUNCIL (UYLC) THAT WILL
VANESSA BEHAN CRISIS NURSERY 2230 E. SPRAGUE AVE. SPOKANE, WA 99202	91-1196575	501(C)(3)	86,511.	0.			FOR GENERAL OPERATING SUPPORT
VITAL GROUND FOUNDATION, INC. 20 FORT MISSOULA RD. MISSOULA, MT 59804	87-0483446	501(C)(3)	7,500.	0.			BISMARK MEADOWS BEAVER AND WATERSHED RESTORATION
VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON & NORTHERN IDAHO - 525 W. 2ND AVE. - SPOKANE, WA 99201-4301	91-0577131	501(C)(3)	19,448.	0.			FOR GENERAL OPERATING SUPPORT
WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PL. DUBUQUE, IA 52003	42-0681105	501(C)(3)	7,742.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
WASHINGTON POLICY CENTER P.O. BOX 3643 SEATTLE, WA 98124	91-1752769	501(C)(3)	16,600.	0.			FOR GENERAL OPERATING SUPPORT
WASHINGTON STATE UNIVERSITY P.O. BOX 641048 PULLMAN, WA 99164-1048	91-6001108	501(C)(3)	14,190.	0.			USED TO AWARD SCHOLARSHIPS
WASHINGTON STATE UNIVERSITY ATHLETICS - P.O. BOX 941602 - PULLMAN, WA 99164-1602	91-6001108	501(C)(3)	1,240,000.	0.			FOR THE INDOOR PRACTICE FACILITY

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WASHINGTON STATE UNIVERSITY FOUNDATION - P.O. BOX 641927 - PULLMAN, WA 99164-1927	91-1075542	501(C)(3)	11,359.	0.			FOR GENERAL OPERATING SUPPORT
WASHINGTON YOUTH SOCCER FOUNDATION 7100 FORT DENT WY., STE. 215 TUKWILA, WA 98188	81-2750141	501(C)(3)	10,000.	0.			RESTRICTED FOR SUMMER PROGRAMMING AT SKYHAWKS RISE IN SPOKANE, WA
WHITMAN COUNTY HOSPITAL FOUNDATION 1200 W. FAIRVIEW ST. COLFAX, WA 99111	91-1460475	501(C)(3)	7,816.	0.			FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES
WHITWORTH COMMUNITY PRESBYTERIAN CHURCH - 312 W. HAWTHORNE RD. - SPOKANE, WA 99218	91-0625510	501(C)(3)	21,000.	0.			FOR GENERAL OPERATING SUPPORT
WHITWORTH UNIVERSITY 300 W. HAWTHORNE RD. SPOKANE, WA 99251	91-0473310	501(C)(3)	82,722.	0.			FOR THE MEN'S BASKETBALL 6TH MAN PROGRAM, THE ART DEPARTMENT, BEAUTIFICATION OF CAMPUS
WILBUR CEMETERY ASSOCIATION P.O. BOX 168 WILBUR, WA 99185	91-1393048	501(C)(3)	14,213.	0.			USED FOR THE CARE AND MAINTENANCE OF THE WILBUR CEMETERY
WILLOW CENTER, INC. P.O. BOX 1361 LEWISTON, ID 83501	82-0517414	501(C)(3)	5,000.	0.			MENTAL HEALTH GRIEF PEER SUPPORT GROUPS
WOMEN HELPING WOMEN FUND 3704 N. NEVADA ST., STE. 201 SPOKANE, WA 99207	91-1561874	501(C)(3)	71,960.	0.			TO SUPPORT GENERAL PURPOSES
WORLD RELIEF SPOKANE 1522 N. WASHINGTON ST., STE. 200 SPOKANE, WA 99201	23-6393344	501(C)(3)	17,150.	0.			TO HELP WITH REFUGEES

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WSU COLLEGE OF AGRICULTURE, HUMAN AND NATURAL RESOURCE SCIENCES - P.O. BOX 646242 - PULLMAN, WA 99164-6228	91-6001108	501(C)(3)	17,262.	0.			FOR THE ALBERTA HILL ENDOWMENT WITH A FOCUS ON DEVELOPING INTERNATIONAL CITIZENS, RESTRICTED TO
WYCLIFFE SEED COMPANY 220 WESTWAY PL., STE. 100 ARLINGTON, TX 76018	33-0838929	501(C)(3)	30,316.	0.			FOR THE KOKHOLA GC-6511 PROJECT
YOUNG LIFE PO BOX 5184 HARLAN, IA 51593-0684	84-0385934	501(C)(3)	27,500.	0.			FOR GENERAL OPERATING SUPPORT
YWCA OF LEWISTON-CLARKSTON 300 MAIN ST. LEWISTON, ID 83501	82-0202255	501(C)(3)	8,000.	0.			YWCA FLAT ROOF REPLACEMENT PROJECT
YWCA OF SPOKANE 930 N. MONROE ST. SPOKANE, WA 99201	91-0565025	501(C)(3)	20,295.	0.			TWP SIX SESSION CSTEP TRAINING FOR STAFF, FOR THE YWCA DOMESTIC VIOLENCE PROGRAM, GENERAL
ALMIRA SCHOOL DISTRICT P.O. BOX 217 ALMIRA, WA 99103		GOVERNMENT	55,774.	0.			TO ADDRESS SCHOOL AND COMMUNITY NEEDS RESULTING FROM THE FIRE AT THE ALMIRA SCHOOL BUILDING
BOUNDARY COUNTY PARKS AND RECREATION - P.O. BOX 3044 - BONNERS FERRY, ID 83805	82-6000287	GOVERNMENT	15,000.	0.			MEMORIAL PARK PUBLIC RESTROOM & CONCESSION COMBO BUILDING
BOUNDARY COUNTY SCHOOL DISTRICT 101 - 6485 TAMARACK LN. - BONNERS FERRY, ID 83805	82-6000683	GOVERNMENT	7,500.	0.			FIRST TEAM 2130 ALPHA+
CITY OF BONNERS FERRY P.O. BOX 149 BONNERS FERRY, ID 83805	82-6000166	GOVERNMENT	13,500.	0.			2021 POOL SEASON EXTENSION AND EQUIPMENT PURCHASE

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CITY OF HARRINGTON P.O. BOX 492 HARRINGTON, WA 99134	91-6001441	GOVERNMENT	49,492.	0.			HARRINGTON TOWN SQUARE PROJECT
CITY OF PULLMAN 190 SE CRESTVIEW ST. PULLMAN, WA 99163-2267		GOVERNMENT	23,490.	0.			TO SUPPORT THE MAINTENANCE AND OPERATIONS OF THE NORTHWEST HISTORICAL
CITY OF RITZVILLE 216 E. MAIN AVE. RITZVILLE, WA 99169	91-6001272	GOVERNMENT	22,534.	0.			USED EXCLUSIVELY FOR PUBLIC CHARITABLE PURPOSES, SUCH AS, BUT NOT LIMITED TO,
CITY OF TENSED P.O. BOX 126 TENSED, ID 83870		GOVERNMENT	20,000.	0.			CITY OF TENSED TRACTOR PLOW
CLARK FORK JR./SR. HIGH SCHOOL 502 N. MAIN ST. CLARK FORK, ID 83811-4406		GOVERNMENT	22,451.	0.			SUPPORT FOR THE LINDA REED SCHOLARSHIP AT CLARK FORK HIGH SCHOOL AND HOYT AND EDITH SCHUYLER
COEUR D'ALENE SCHOOL DISTRICT 1400 N. NORTHWOOD CENTER CT. COEUR D'ALENE, ID 83814	82-6000811	GOVERNMENT	30,000.	0.			OPENING BOOKS, OPENING DOORS TEACHER LEADER ACADEMY YEAR 4 GRANT
DAVENPORT SCHOOL DISTRICT 801 7TH ST. DAVENPORT, WA 99122		GOVERNMENT	25,000.	0.			FOR THE RURAL SATELLITE SKILL CENTER PROJECT
EASTERN WASHINGTON UNIVERSITY 526 5TH ST. CHENEY, WA 99004	91-6000624	GOVERNMENT	31,905.	0.			SCHOLARSHIPS, CSTEP PARTNERSHIP, POSTSECONDARY ACCESS AND SUCCESS PROGRAM,
FREEMAN HIGH SCHOOL 15001 S. JACKSON RD. ROCKFORD, WA 99030		GOVERNMENT	5,000.	0.			TO BE USED TO AWARD THE ELLEN HAWLEY MEMORIAL SCHOLARSHIP

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KALISPEL TRIBE OF INDIANS P.O. BOX 39 USK, WA 99180		GOVERNMENT	60,000.	0.			INTRODUCE AND LAUNCH ICHM APPROACHES AT TRIBAL LEADERSHIP ALLIANCE PILOT SITES. THIS INCLUDES FOR SCHOLARSHIPS, FACULTY OR STUDENT RECOGNITION PLAQUES, TROPHY CASES, FRAMED PHOTOS, WORKS OF
LEWIS AND CLARK HIGH SCHOOL 521 W. 4TH AVE. SPOKANE, WA 99204		GOVERNMENT	9,104.	0.			TO BE USED FOR THE PURCHASE OF MATERIALS FOR CHILDREN AND YOUNG ADULTS RELATED TO ARTS,
NEILL PUBLIC LIBRARY 210 N. GRAND AVE. PULLMAN, WA 99163	91-1049324	GOVERNMENT	55,329.	0.			FOR THE HILLYARD NEIGHBORHOOD COMMUNITY DEVELOPMENT STRATEGY TO GROW AWARENESS FOR
NORTHEAST PUBLIC DEVELOPMENT AUTHORITY - 4001 N. COOK ST. - SPOKANE, WA 99207	84-1782529	GOVERNMENT	10,000.	0.			TO CREATE OPPORTUNITIES TO EXPOSE STUDENTS TO TRADITIONAL (NOT POP) CULTURE ACTIVITIES, SUCH
ORCHARD PRAIRIE SCHOOL DISTRICT 7626 N. ORCHARD PRAIRIE RD. SPOKANE, WA 99217-9766		GOVERNMENT	16,372.	0.			
OROFINO FIRE DEPARTMENT P.O. BOX 312 OROFINO, ID 83544	82-6000237	GOVERNMENT	5,603.	0.			OFD RADIO FUNDS REQUEST
PRIEST RIVER LAMANNA HIGH SCHOOL 596 HIGHWAY 57 PRIEST RIVER, ID 83856	82-0508740	GOVERNMENT	20,000.	0.			AGOGUE AFTERSCHOOL PROGRAM USED TO PROMOTE STUDENTS' STEM LEARNING WITH A STRONG PREFERENCE FOR CURRENT ROGERS STUDENTS,
ROGERS HIGH SCHOOL 1622 E. WELLESLEY AVE. SPOKANE, WA 99207	91-6001582	GOVERNMENT	14,989.	0.			
SANDPOINT HIGH SCHOOL 410 S. DIVISION ST. SANDPOINT, ID 83864	82-0411808	GOVERNMENT	7,500.	0.			DESIGNATED TO AWARD THE MCFARLAND SCHOLARSHIP

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SPOKANE PUBLIC SCHOOLS 200 N. BERNARD ST. SPOKANE, WA 99201-0206	91-6001582	GOVERNMENT	64,454.	0.			SUMMER STEM, HEART PROGRAM, DATA ANALYSIS WORK, AND OFFICE OF FAMILY AND COMMUNITY
STEVENS COUNTY LIBRARY DISTRICT P.O. BOX 744 LOON LAKE, WA 99148	91-1780357	GOVERNMENT	10,000.	0.			LOON LAKE LIBRARY CONSTRUCTION
SUNNYSIDE RURAL FIRE DISTRICT P.O. BOX 2501 OROFINO, ID 83544	82-0473485	GOVERNMENT	5,434.	0.			SRFD FUNDS 2022
UNIVERSITY OF WASHINGTON UW TOWER BOX 359515 SEATTLE, WA 98195							FOR THE DEPARTMENT OF CHEMICAL ENGINEERING FOR EQUIPMENT, AND FOR SCHOLARSHIPS FOR
UNIVERSITY OF WASHINGTON, SCHOOL OF SOCIAL WORK - 4101 15TH AVE. NE - SEATTLE, WA 98105	91-6001537	GOVERNMENT	7,000.	0.			FOR THE INDIGENOUS WELLNESS RESEARCH INSTITUTE IN SUPPORT OF THE NATIONAL NATIVE
WASHINGTON STATE UNIVERSITY COLLEGE OF NURSING - 412 E. SPOKANE BLVD. - SPOKANE, WA 99202-2131	91-6001108	GOVERNMENT	6,686.	0.			TO BE USED TO AWARD NURSING SCHOLARSHIPS
ARTISANS CENTER AT THE DAHMEN BARN P.O. BOX 122 UNIONTOWN, WA 99179	27-0370409		5,859.	0.			EQUIPMENT FOR CERAMIC PROGRAM
BLOOM COACHING 7079 N. BERGSON DR. COEUR D'ALENE, ID 83815	83-0936611		7,500.	0.			WEEK-LONG COLLEGE-READINESS CAMP FOR 5 ROGERS STUDENTS
CENTER FOR LATINO LEADERSHIP 1420 MARVIN RD. NE OLYMPIA, WA 98516	81-4329903		20,000.	0.			TO INCREASE VACCINATION ACCESSIBILITY AND EDUCATION LEADING TO INCREASED VACCINATION

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CHEWELAH CHAMBER OF COMMERCE P.O. BOX 94 CHEWELAH, WA 99109-0094	91-1332700		8,100.	0.			ARTS & CULTURE
CIRCLES OF CARING ADULT DAY HEALTH FOUNDATION - 588 SE BISHOP BLVD. - PULLMAN, WA 99163	46-1501194		5,000.	0.			CIRCLES OF CARING IMPROVING QUALITY OF LIFE AND MAINTAINING HEALTH AND WELLBEING
CONSOLIDATED FREE LIBRARY (AKA COMMUNITY LIBRARY NETWORK) - 821 N. SPOKANE ST. - POST FALLS, ID 83854	82-0332894		7,965.	0.			TEEN WELLNESS & HEALTH LITERACY
EXCHANGE CLUB OF DOWNTOWN SPOKANE P.O. BOX 650 SPOKANE, WA 99210	23-7005509		11,000.	0.			TO PROVIDE ACE AWARDS TO 6 STUDENTS TO THE AMOUNT OF \$1,000 PER AWARD, DESIGNATED TO AWARD THE LIFESAVING AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) NEEDED FOR UNDER-SERVED RURAL
FRY HEALTHCARE FOUNDATION 6640 KANIKSU ST. BONNERS FERRY, ID 83805	82-0465538		7,512.	0.			FOR GENERAL OPERATIONS AND IN SUPPORT OF THE YEARLY GALA
HISTORIC FLIGHT FOUNDATION 5829 E. RUTTER AVE. SPOKANE, WA 99212	20-3837894		5,000.	0.			LACROSSE ROCKS! A HERITAGE CENTER AND ICE AGE FLOODS MUSEUM
LACROSSE COMMUNITY PRIDE P.O. BOX 321 LACROSSE, WA 99143	27-3411029		10,000.	0.			MOVING HISTORY FORWARD: A NEW STATE-OF-THE-ART MUSEUM FACILITY FOR THE COEUR D'ALENE REGION
MUSEUM OF NORTH IDAHO P.O. BOX 812 COEUR D'ALENE, ID 83816-0812	23-7161777		9,000.	0.			NORTHWEST WINTERFEST LANTERN FESTIVAL & A CELEBRATION OF CULTURAL TRADITIONS
NORTHWEST WINTERFEST 10922 E. 47TH AVE. SPOKANE VALLEY, WA 99206			5,000.	0.			

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PALOUSE CHAMBER OF COMMERCE P.O. BOX 174 PALOUSE, WA 99161	91-1296139		10,000.	0.			COVID-19 ECONOMIC RECOVERY
RALSTON GRANGE #943 P.O. BOX 332 LIND, WA 99341	23-7564183		15,000.	0.			RALSTON GRANGE WELL PROJECT
REARDAN COMMUNITY HALL ASSOCIATION P.O. BOX 261 REARDAN, WA 99029	91-1007354		8,100.	0.			FOR FACILITY IMPROVEMENTS INCLUDING HVAC, DOORS AND WINDOWS
ROCKWOOD RESIDENTS' FOUNDATION 2903 E. 25TH AVE. SPOKANE, WA 99223-4992	91-1472275		13,312.	0.			FOR GENERAL OPERATING SUPPORT
SKYHAWKS SPORTS ACADEMY 1826 E SPRAGUE AVE SPOKANE, WA 99202	91-1549581		19,250.	0.			YOUTH SPORTS CAMPS
SPOKESMAN-REVIEW CHRISTMAS FUND P.O. BOX 516 SPOKANE, WA 99210			33,549.	0.			TO FULFILL THE CHARITABLE OBJECTIVES OF THE CHRISTMAS BUREAU TO SUPPORT FAMILIES IN NEED
ST. JOHN-ENDICOTT SCHOOLS' FOUNDATION - P.O. BOX 411 - ST. JOHN, WA 99171-0411	91-1639628		44,428.	0.			USED FOR SCHOLARSHIPS OR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE
THE SPOKESMAN-REVIEW P.O. BOX 2160 SPOKANE, WA 99210			15,000.	0.			REPORT FOR AMERICA FUNDING
TOUCHET VALLEY GOLF AND RECREATION P.O. BOX 54 DAYTON, WA 99328	91-6037718		10,000.	0.			TOUCHET VALLEY GOLF COURSE IRRIGATION PROJECT

Schedule I (Form 990)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BAVIHEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPERATIONS OF THE WILLIAM
A. CROSETTO MOBILE HEALTHCARE UNIT IN PROVIDING SERVICES EXCLUSIVELY IN
RURAL AREAS

NAME OF ORGANIZATION OR GOVERNMENT: BIG TABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT OF BIG
TABLE'S WORK IN THE RESTAURANT AND HOSPITALITY COMMUNITY IN SPOKANE

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA LUTHERAN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED FOR THE GENERAL SUPPORT
OF PACIFIC LUTHERAN THEOLOGICAL SEMINARY IN FULFILLING ITS CHARITABLE
OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED FOR THE GENERAL SUPPORT
OF TRINITY LUTHERAN SEMINARY IN FULFILLING ITS CHARITABLE OBJECTIVES\N

NAME OF ORGANIZATION OR GOVERNMENT: CARE USA

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED TO SUPPORT CARE'S
HUMANITARIAN EFFORTS IN UKRAINE AND IN SURROUNDING COUNTRIES THAT ARE
RECEIVING UKRAINIAN REFUGEES

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
SUPPORT UKRAINE RELIEF EFFORTS AND SUPPORT FOR HUNGER RELIEF IN EAST
AFRICA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COEUR D'ALENE PUBLIC LIBRARY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT:

COEUR D'ALENE ROTARY ENDOWMENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: DEER PARK DOLLARS FOR SCHOLARS

(H) PURPOSE OF GRANT OR ASSISTANCE: "DESIGNATED TO AWARD THE THOMAS B. BAKER SCHOLARSHIP, THE JAMES T. BAKER SCHOLARSHIP, AND THE BERYL V. BAKER SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: DISHMAN HILLS CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MAINTENANCE, PRESERVATION, AND EXPANSION OF THE DISHMAN HILLS NATURAL AREA AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ELSON S. FLOYD COLLEGE OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TAMARA A. HENNINGS RESEARCH WING AND TAMARA A. HENNINGS CANCER RESEARCH PROFESSORSHIP AND IN RESPONSE TO OPERATION STUDENT SUCCESS TO SPONSOR AN IPAD, STETHOSCOPE, AND WHITE COAT FOR A MEDICAL STUDENT

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CHRISTIAN CHURCH IN CLARKSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE FIRST CHRISTIAN

Part IV Supplemental Information

CHURCH(DOC)/RED DOOR KITCHEN IN PROVIDING FREE MEALS TO OUR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATIONONE

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE ERIC MOLSTEAD MEMORIAL SCHOLARSHIP FOR A DESERVING INCOMING FRESHMAN WOMAN DEMONSTRATING ACADEMIC ACHIEVEMENT, AND INTENT TO PURSUE A CAREER, IN SCIENCE AND MATH.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF STONERose FOSSILS

(H) PURPOSE OF GRANT OR ASSISTANCE: STONERose FOSSILS: SCIENCE EDUCATION THROUGH FOSSIL EXPLORATION AND FOR JUMPSTART CAPACITY BUILDING

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS EASTERN WASHINGTON & NORTHERN IDAHO

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL INDUSTRIES OF THE INLAND NORTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES IN THE SPOKANE COUNTY AREA

NAME OF ORGANIZATION OR GOVERNMENT: HAMBLIN PARK PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE GREATEST NEEDS OF THE ORGANIZATION, INCLUDING SUPPORT OF CAMPS, CHILDREN'S PROGRAMS, AND THE MUSIC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

HERITAGE HEALTH (DIRNE COMMUNITY HEALTH CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR JUMPSTART CAPACITY BUILDING AND
STREET MEDICINE OUTREACH PROGRAM - MEDICAL EQUIPMENT AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HILLSDALE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE WALLACE E. AND
LYNETTE A. ENDOWED SCHOLARSHIP FUND AND FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO CONSERVATION LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: NORTH IDAHO WINTER RECREATION AND
CONSERVATION INITIATIVE AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO NONPROFIT CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IDAHO NONPROFIT CENTER'S
2022 REGIONAL CONFERENCE IN NORTH IDAHO IN ORDER TO HELP KEEP ATTENDANCE
FEES AFFORDABLE FOR REGIONAL NONPROFIT ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR LEAGUE OF SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR
ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: KOOTENAI HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR KOOTENAI CANCER CENTERS TO THE
BENEFIT OF FAMILIES RESIDING IN KOOTENAI COUNTY IN WHICH THE FAMILY'S
PRIMARY WAGE EARNER IS AFFECTED BY CANCER AND THE FAMILY HAS DEPENDENT
CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PEND OREILLE WATERKEEPER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: KEEPING NORTH IDAHO WATERS

SWIMMABLE, FISHABLE AND DRINKABLE WATERS FOR FUTURE GENERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LILAC SERVICES FOR THE BLIND

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERHAVEN MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: BETHANY COMMUNITY CENTER FOR SERVICE AND LEADERSHIP, BASEMENT RENOVATION AND FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT:

MILLWOOD COMMUNITY PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE LINDA & CHISTIANNE SHARMAN MEMORIAL MUSIC FUND (50%) AND TO SUPPORT THE TRADITIONAL MUSIC PROGRAM MUSIC DIRECTOR, THE "PARTIAL CHOIR," ORGANIST AND, AS FUNDS ARE AVAILABLE, TO SUPPORT GUEST MUSICIANS (50%), TO SUPPORT THE YOUTH MISSION TRIP TO ALASKA

NAME OF ORGANIZATION OR GOVERNMENT:

MONTANA STATE UNIVERSITY FOUNDATION, INC. DBA MSU ALUMNI FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE DISTRIBUTED AS TO THE SCHOOL OF BUSINESS, TO SUPPORT TRACK AND CROSS COUNTRY, AND TO SUPPORT THE SKI TEAM

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NORTHWEST

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: "FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES, RESEARCH, AND DESIGNATED TO SUPPORT TEAM MSCRUSHINGMS IN MS WALK: SPOKANE 2022

NAME OF ORGANIZATION OR GOVERNMENT:

NELS VENERUS HOCKEY SCHOLARSHIP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: NEW HORIZONS COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE PATHWAYS PROJECT BUILDING PROJECT AND FOR GENERAL SUPPORT IN RESPONSE TO THE PATHWAYS MATCH

NAME OF ORGANIZATION OR GOVERNMENT: NORTH IDAHO PRIDE ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: NORTH IDAHO PRIDE ALLIANCE: PROVIDING CRISIS RESPONSE, EDUCATION, NETWORKING, AND ADVOCACY FOR A MORE INCLUSIVE NORTHERN IDAHO COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWEST CHILDREN'S HOME, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING RESILIENCE IN CHILDREN AND FAMILIES: EVIDENCE-BASED PRACTICES FOR TRAUMA INFORMED CARE IN THE LEWISTON-CLARKSTON VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: PANHANDLE ALLIANCE FOR EDUCATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT AND PROFESSIONAL DEVELOPMENT TRAINING ON PROFESSIONAL LEARNING COMMUNITIES FOR LAKE PEND OREILLE SCHOOL DISTRICT STAFF

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERS IN HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES AND RESTRICTED SUPPORT FOR MATERNAL HEALTH IN SIERRA LEONE

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF GREATER WASHINGTON & NORTH IDAHO

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT:

PLUS DELTA AFTER SCHOOL STUDIOS DBA THE CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL, MENTORING AND ADMINISTRATIVE SUPPORT FOR ONE RECIPIENT OF THE AWARD AND CULTIVATING POTENTIAL STUDENT SUPPORTS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT 7B

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWER BONNER COUNTY: PROVIDING TOOLS TO BONNER COUNTY RESIDENTS TO EFFECTIVELY PARTICIPATE IN COMMUNITY LAND USE PLANNING THROUGH EDUCATION, OUTREACH AND NETWORKING.

NAME OF ORGANIZATION OR GOVERNMENT: SALISH SCHOOL OF SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: KWU SN-IWLX- NATIVE YOUTH CULTURAL SUPPORT & EDUCATION PROGRAM AND USED TO PROVIDE SCHOLARSHIPS TO GRADUATING SENIORS

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY OF SPOKANE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES, FOR CAMP GIFFORD SCHOLARSHIPS AND SIX SESSION CSTEP TRAINING FOR STAFF

NAME OF ORGANIZATION OR GOVERNMENT: SECOND HARVEST INLAND NORTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: SHADLE PARK PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MAINTENANCE, DEVELOPMENT, AND EXPANSION OF THE GROWING NEIGHBORS INITIATIVE AND MINISTRY.

NAME OF ORGANIZATION OR GOVERNMENT:

SPOKANE AREA WORKFORCE DEVELOPMENT COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER THE COSTS OF FINANCIAL, MENTORING, AND ADMINISTRATIVE SUPPORT FOR THE EIGHT AWARD RECIPIENTS AND RESTRICTED AMOUNT FOR NEXT GENERATION ZONE SIX SESSION CSTEP TRAINING FOR STAFF

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE ART SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE COUNTY UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE VALLEY PERFORMING ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE FINAL STAGE ARCHITECTURE PLAN PROCESS AND CONSTRUCTION AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT: UNICEF USA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GENERAL SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES AND DESIGNATED SUPPORT FOR REFUGEES AND RELIEF WORK IN UKRAINE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IDAHO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT OF YOUR ORGANIZATION, WITH PREFERENCE TO THE COLLEGE OF MINES AND EARTH RESOURCES, THE UNIVERSITY LIBRARY AND THE MEN'S FOOTBALL AND BASKETBALL TEAMS, AND DESIGNATED SUPPORT FOR THE COMPUTER SCIENCE CDA LABS & EQUIPMENT FUND AND DEPARTMENT OF ENGINEERING

NAME OF ORGANIZATION OR GOVERNMENT: UPRIVER YOUTH LEADERSHIP COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GARDEN TO TABLE IS A PROJECT SPONSORED BY UPRIVER YOUTH LEADERSHIP COUNCIL (UYLC) THAT WILL EMPOWER AND EDUCATE YOUTH AND ADULTS TO IMPROVE COMMUNITY HEALTH AND ENVIRONMENT

Part IV Supplemental Information

THROUGH COLLABORATION WITH LOCAL VOLUNTEERS AND PUBLIC SCHOOL EDUCATORS.

NAME OF ORGANIZATION OR GOVERNMENT: WHITWORTH UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MEN'S BASKETBALL 6TH MAN PROGRAM, THE ART DEPARTMENT, BEAUTIFICATION OF CAMPUS AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

WSU COLLEGE OF AGRICULTURE, HUMAN AND NATURAL RESOURCE SCIENCES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ALBERTA HILL ENDOWMENT WITH A FOCUS ON DEVELOPING INTERNATIONAL CITIZENS, RESTRICTED TO THE DEPARTMENT OF CROP AND SOIL SCIENCES FOR THE PURPOSE OF WINTER WHEAT BREEDING, GENETICS PROGRAM OR SIMILAR RESEARCH, AN SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: TWP SIX SESSION CSTEP TRAINING FOR STAFF, FOR THE YWCA DOMESTIC VIOLENCE PROGRAM, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF PULLMAN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MAINTENANCE AND OPERATIONS OF THE NORTHWEST HISTORICAL ADDITION TO THE NEILL PUBLIC LIBRARY IN PULLMAN, WASHINGTON AND RESTRICTED TO SUPPORT PULLMAN CITY PARKS AND RECREATION

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF RITZVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: USED EXCLUSIVELY FOR PUBLIC CHARITABLE PURPOSES, SUCH AS, BUT NOT LIMITED TO, INFRASTRUCTURE EXPENDITURES, BEAUTIFICATION EFFORTS THAT ENHANCE THE PUBLIC APPEARANCE OF THE CITY, INCLUDING BUT NOT LIMITED TO BUILDINGS OR BUILDING FAADE

Part IV Supplemental Information

RENOVATION, STREETS

NAME OF ORGANIZATION OR GOVERNMENT: CLARK FORK JR./SR. HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE LINDA REED

SCHOLARSHIP AT CLARK FORK HIGH SCHOOL AND HOYT AND EDITH SCHUYLER

SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, CSTEP PARTNERSHIP,

POSTDECONDARY ACCESS AND SUCCESS PROGRAM, COMMUNITY INDICATORS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: KALISPEL TRIBE OF INDIANS

(H) PURPOSE OF GRANT OR ASSISTANCE: INTRODUCE AND LAUNCH ICHM APPROACHES

AT TRIBAL LEADERSHIP ALLIANCE PILOT SITES. THIS INCLUDES

PILOT/IMPLEMENTATION PLANNING, TRAINING OF FACILITATORS, AND A VARIETY OF

MILESTONES NEEDED TO SMOOTHLY TRANSITION INTO IMPLEMENTATION THROUGHOUT

2022.

NAME OF ORGANIZATION OR GOVERNMENT: LEWIS AND CLARK HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SCHOLARSHIPS, FACULTY OR STUDENT

RECOGNITION PLAQUES, TROPHY CASES, FRAMED PHOTOS, WORKS OF ART OR OTHER

LASTING IMPROVEMENTS (MORE PERMANENT THAN UNIFORMS). OCCASIONALLY, FUNDS

MAY SUPPORT OR PROMOTE THE HISTORIC BUILDING, BUILDING SITE OR SCHOOL

HISTORY.

NAME OF ORGANIZATION OR GOVERNMENT: NEILL PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE PURCHASE OF

MATERIALS FOR CHILDREN AND YOUNG ADULTS RELATED TO ARTS, ESPECIALLY THE

Part IV Supplemental Information

PERFORMING ARTS, TO ENHANCE THE NORMAL ACQUISITIONS OF THE LIBRARY, FOR THE ENLARGEMENT OR IMPROVEMENT OF THE NEILL PUBLIC LIBRARY WITH THE RESTRICTION THAT THE FUNDS ARE NOT USED FOR THE OPERATIONAL EXPENSES OF THE LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHEAST PUBLIC DEVELOPMENT AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HILLYARD NEIGHBORHOOD COMMUNITY DEVELOPMENT STRATEGY TO GROW AWARENESS FOR BUSINESSES AND OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ORCHARD PRAIRIE SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE OPPORTUNITIES TO EXPOSE STUDENTS TO TRADITIONAL (NOT POP) CULTURE ACTIVITIES, SUCH AS SYMPHONY, THEATER, MUSEUM, ART OR INTELLECTUAL FORUM

NAME OF ORGANIZATION OR GOVERNMENT: ROGERS HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: USED TO PROMOTE STUDENTS' STEM LEARNING WITH A STRONG PREFERENCE FOR CURRENT ROGERS STUDENTS, BY PROVIDING SUPPORT, PROGRAMS, MATERIALS, AND/OR SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUMMER STEM, HEART PROGRAM, DATA ANALYSIS WORK, AND OFFICE OF FAMILY AND COMMUNITY ENGAGEMENT - THE ZONE - YEAR 3

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE DEPARTMENT OF CHEMICAL

Part IV Supplemental Information

ENGINEERING FOR EQUIPMENT, AND FOR SCHOLARSHIPS FOR UNDERGRADUATE
STUDENTS OF THE DEPARTMENT WHO ARE CITIZENS OF THE UNITED STATES OF
AMERICA

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF WASHINGTON, SCHOOL OF SOCIAL WORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE INDIGENOUS WELLNESS RESEARCH
INSTITUTE IN SUPPORT OF THE NATIONAL NATIVE AMERICAN COVID-19 ALLIANCE
NEEDS ASSESSMENT SURVEY.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LATINO LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE VACCINATION
ACCESSIBILITY AND EDUCATION LEADING TO INCREASED VACCINATION RATES IN THE
GREATER SPOKANE AREA, PRIMARILY WITHIN LINCOLN AND ADAMS COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: EXCHANGE CLUB OF DOWNTOWN SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ACE AWARDS TO 6 STUDENTS
TO THE AMOUNT OF \$1,000 PER AWARD, DESIGNATED TO AWARD THE MERRILL K. &
JANET E. NYSTUEN SCHOLARSHIP IN MEMORY OF GLEN WILLIAM MILLER TO CADENCE
MCLIN

NAME OF ORGANIZATION OR GOVERNMENT: FRY HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LIFESAVING AUTOMATED EXTERNAL
DEFIBRILLATORS (AEDS) NEEDED FOR UNDER-SERVED RURAL BOUNDARY COUNTY
RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: SPOKESMAN-REVIEW CHRISTMAS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FULFILL THE CHARITABLE OBJECTIVES

Part IV Supplemental Information

OF THE CHRISTMAS BUREAU TO SUPPORT FAMILIES IN NEED DURING THE HOLIDAYS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN-ENDICOTT SCHOOLS' FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: USED FOR SCHOLARSHIPS OR THE GENERAL
SUPPORT OF YOUR ORGANIZATION IN FULFILLING ITS CHARITABLE OBJECTIVES

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

91-0941053

INNOVIA FOUNDATION

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. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<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. <table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<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) 2021

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART II, LINE 1

CEO HAS A 457(B) PLAN FOR ADDITIONAL RETIREMENT DEFERRALS (SEPARATE AND

IN ADDITION TO THE 403(B) PLAN OFFERED BY THE FOUNDATION TO ALL

QUALIFYING STAFF).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **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	51	5,581,985.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	1	164,250.	FAIR MARKET VALUE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential	X	1	429,000.	APPRAISAL
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 V, Donee Acknowledgement

29

1

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?

	Yes	No
30a		X
31	X	
32a	X	
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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) 2021

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

TO AN INNOVIA FUNDED WEALTH-TRANSFER STUDY. IN 2020, WE LAUNCHED THE 5%
CAMPAIGN TO CAPTURE 5% OF THAT FUTURE WEALTH APPROXIMATELY \$2 BILLION
INTO PHILANTHROPIC INVESTMENTS THAT WILL INCREASE THE FINANCIAL
RESILIENCY OF LOCAL COMMUNITIES. IN 2022, WAVE 3 OF THE CAMPAIGN
CONNECTED REGIONAL PROFESSIONAL ADVISORS AND NONPROFIT LEADERS WITH
ENGAGING EXPERTS ON PLANNED GIVING AND ENDOWMENT BUILDING, PROVIDING
FURTHER TOOLS AND RESOURCES TO COMMUNITY LEADERS THROUGH A SERIES OF
FREE WEBINARS AND NETWORKING OPPORTUNITIES.

LEADERSHIP SUMMIT: INNOVIA HOSTED ITS LEADERSHIP SUMMIT AND ANNUAL
RECEPTION AS A TWO-DAY COMBINED EVENT IN MAY 2022, CONVENING OVER 300
NONPROFIT, BUSINESS AND COMMUNITY LEADERS FROM THROUGHOUT EASTERN
WASHINGTON AND NORTH IDAHO TO ENGAGE WITH A SERIES OF POWERFUL SPEAKERS
AND COMMUNITY-BUILDING OPPORTUNITIES. IMPORTANT THEMES FROM THIS EVENT
INCLUDED INVESTIGATIONS OF OUR CURRENT ECONOMIC CLIMATE, HOW TO HAVE
COURAGEOUS CONVERSATIONS AROUND RACIAL HEALING, TRANSFER OF LEADERSHIP
IN COMMUNITIES, GOING 'ALL IN' FOR CHILDREN, THE POWER OF SMALL
MOMENTS, AND A PANEL DISCUSSION AROUND INNOVIA'S LAUNCHNW INITIATIVE.

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

Name of the organization

INNOVIA FOUNDATION

Employer identification number

91-0941053

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.

CULTIVATING POTENTIAL SCHOLARSHIP PROGRAM: WITH SUPPORT FROM A
GENEROUS DONOR, INNOVIA FOUNDATION CONTINUED THE CULTIVATING POTENTIAL
SCHOLARSHIP, WHICH PROVIDES TUITION ASSISTANCE AND MENTORSHIP FOR YOUTH
SEEKING TO RISE ABOVE OBSTACLES THAT MAY BE PREVENTING THEM FROM
REACHING THEIR FULL POTENTIAL. IN ADDITION TO FINANCIAL ASSISTANCE,
STUDENTS PARTICIPATE IN LIFE SKILLS TRAINING SESSIONS, EXPLORE CAREER
OPPORTUNITIES AND BENEFIT FROM PEER SUPPORT THAT RESULTS FROM THE
COHORT EXPERIENCE.

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

SCHOLARSHIPS: THESE FUNDS SUPPORT STUDENT EDUCATIONAL ACHIEVEMENT.
OVER 65 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 \$ 716,369. INCLUDING GRANTS OF \$ 672,683. REVENUE \$ 0.

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

Name of the organization

INNOVIA FOUNDATION

Employer identification number

91-0941053

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 PRECEIVED A CONFLICT EXISTS.

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

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

Name of the organization

INNOVIA FOUNDATION

Employer identification number

91-0941053

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE HAS OVERSIGHT OVER THE ANNUAL AUDIT

Employer identification number
91-0941053

Organization answered "Yes" on Form 990, Part IV, line 33.

[illegible]

ization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt

(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
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	
INNOVIA IGNITE FOUNDATION - 85-1540129							
421 W RIVERSIDE, SUITE 606							
SPOKANE, WA 99201	SUPPORTING ORGANIZATION	WASHINGTON	501(C)(3)	509(A)(3) TYPE I	INNOVIA FOUNDATION	X	

Schedule R (Form 990) 2021

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		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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
BOYS AND GIRLS CLUB SUPPORTING ORGANIZATION	C	75,000.	CASH
TAD SUPPORTING ORGANIZATION	C	151,307.	CASH
INNOVIA IGNITE FOUNDATION	D	324,016.	FACE VALUE
(4)			
(5)			
(6)			

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

OMB No. 1545-0047

► **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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. INNOVIA FOUNDATION	Taxpayer identification number (TIN) 91-0941053
	Number, street, and room or suite no. If a P.O. box, see instructions. 818 W. RIVERSIDE AVE, 650	
	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 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
Form 990-T (corporation)	07		

LAUREN AUTREY

- The books are in the care of ► **818 W. RIVERSIDE AVE., SUITE 650 - 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**

- 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-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-TE and Form 8879-TE for payment instructions.