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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public
Inspection****A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 20 09****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

WALKER RIVER BASIN COMMUNITIES FOUNDATION

Number & street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. BOX 442

City or town, state or country, and ZIP + 4

YERINGTON NV 89447

D Employer identification number

88-0231930

E Telephone number

(775) 463-3546

F Group Exemption Number

▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶**I Website:** ▶ N/A**J Tax-exempt status** (check only one) -- ☒ 501(c)(3) (Insert no.) 4947(a)(1) or 527**H Check** ☐ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 69,346****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	4,005
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	19,775
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	45,566
	b	Less: direct expenses other than fundraising expenses	6b	6,701
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	38,865	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	62,645	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	87,622
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	583
	15	Printing, publications, postage, and shipping	15	340
	16	Other expenses (describe ▶ SEE ATTACHMENT #2 OGDEN, UT)	16	6,826
	17	Total expenses. Add lines 10 through 16	17	95,371
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,726
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	751,853
	20	Other changes in net assets or fund balances (attach explanation)	20	29,345
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	748,472

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	212,948	22 65,993
23 Land and buildings		23
24 Other assets (describe ▶ SEE ATTACHMENT #4)	538,905	24 682,479
25 Total assets	751,853	25 748,472
26 Total liabilities (describe ▶ _____)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	751,853	27 748,472

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2009)

SCANNED JAN 04 2011

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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE ATTACHMENT #6

28a	87,622
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29

29a

30

30a

31 Other program services (attach schedule)

31a

32 Total program service expenses (add lines 28a through 31a)	32	87,622
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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instr. for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ NV		
42a The organization's books are in care of ▶ SEE ATTACHMENT #8 Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
b 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)?	42b	X
If "Yes," enter the name of the foreign country. ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

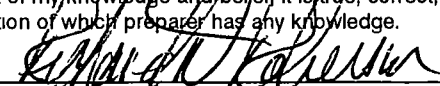
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		11/19/10 Date	
Paid Preparer's Use Only	Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
	JEFF J. RIFE & ASSOCIATES 22 STATE RT 208 YERINGTON, NV 89447			Phone no 775-463-3515

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

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

88-0231930

The organization is not a private foundation because it is: (For lines 1 through 11, 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)
- 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 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)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(l) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(II) A family member of a person described in (i) above?

(III) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5386	170720	20620	13735		210461
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,	5386	170720	20620	13735		210461
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)						
6 Public support. Subtract line 5 from line 4.						210461

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5386	170720	20620	13735		210461
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19331	23870	26847	22990		93038
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 IV.)						
11 Total support. Add lines 7 through 10						303499
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	69.34 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	68.37 %
16a 33 1/3 % support test -- 2009. 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 -- 2008. 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 -- 2009. 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 IV 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 -- 2008. 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 IV 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"/>

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 20

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2009.

WALKER RIVER BASIN COMMUNITIES FOUNDATION

88-0231930

Total	29,345
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ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2009.

WALKER RIVER BASIN COMMUNITIES FOUNDATION

88-0231930

Totals

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2009.

WALKER RIVER BASIN COMMUNITIES FOUNDATION

88-0231930

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SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2009.

Name of Organization
WALKER RIVER BASIN COMMUNITIES FOUNDATION Employer Identification Number
88-0231930

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
LOCAL GOVERNMENT	YERINGTON/MV CHAMBER OF COMMERCE		
LOCAL GOVERNMENT	YERINGTON NV 89447 LYON COUNTY SCHOOLS	3,086	
LOCAL GOVERNMENT	YERINGTON NV 89447 MV FIRE PROTECTION DISTRICT	22,977	
LOCAL 501(C)(3)	YERINGTON NV 89447 BOYS & GIRLS CLUB	14,671	
		40,734	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		3,086			
		22,977			
		14,671			
	Total	40,734			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 07-01-2009

and ending 06-30-2009.

Name of Organization

WALKER RIVER BASIN COMMUNITIES FOUNDATION

Employer Identification Number

88-0231930

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
LOCAL 501 (C) (3)	YERINGTON NV 89447 YERINGTON THEATER FOR ARTS	12,000			
LOCAL 501 (C) (3)	YERINGTON NV 89447 THROUGH A CHILDS EYES	14,137			
LOCAL 501 (C) (3)	YERINGTON NV 89447 WALKER RIVER BASEBALL	3,030			
LOCAL 501 (C) (3)	YERINGTON NV 89447 WALKER RIVER FASTPITCH	16,213			
		45,380			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		12,000			
		14,137			
		3,030			
		16,213			
Total		45,380			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 3 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 07-01-2009

and ending 06-30-2009.

Name of Organization

WALKER RIVER BASIN COMMUNITIES FOUNDATION

Employer Identification Number

88-0231930

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
LOCAL 501 (C) (3)	YERINGTON NV 89447 YERINGTON YOUTH FOOTBALL	377	
LOCAL 501 (C) (3)	YERINGTON NV 89447 YERINGTON AYSO	377	
LOCAL 501 (C) (3)	YERINGTON NV 89447 DESERT FISH SWIM TEAM	377	
	YERINGTON NV 89447	377	
		1,508	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		377			
		377			
		377			
		377			
Total		1,508			

PRIMARY EXEMPT PURPOSE

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization WALKER RIVER BASIN COMMUNITIES FOUNDATION	Employer Identification Number 88-0231930

Primary Purpose

GRANTS TO LOCAL 501(C)(3) ORGANIZATIONS FOR IMPROVEMENTS TO FACILITIES AND PURCHASES OF EQUIPMENT

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2009.
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Name of Organization WALKER RIVER BASIN COMMUNITIES FOUNDATION	Employer Identification Number 88-0231930
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Part III - Statement of Program Service Accomplishments

Grants and allocations	87,622	Amount includes foreign grants	Program service expenses	87,622
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Exempt Purpose Achievements

GRANTS TO LOCAL 501(C)(3) ORGANIZATIONS FOR IMPROVEMENTS TO FACILITIES AND PURCHASES AND PURCHASES OF EQUIPMENT.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2009.
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Name of Organization WALKER RIVER BASIN COMMUNITIES FOUNDATION	Employer Identification Number 88-0231930
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(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
JUDY DAVIS	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
STEVE DRAPER	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
LYNDA GIORGI	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
MARTHA GRIFFIN	TRUSTEE 1.00			
SMITH, NV 89430		0	0	0
PHYLLIS HUNEWILL	TRUSTEE 1.00			
SMITH, NV 89430		0	0	0
NAT LOMMORI	TRUSTEE 1.00			
SMITH, NV 89430		0	0	0
JEFF RIFE	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
DICK ROBERSON	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
SAM ROSS	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
JOHN SCHLEGELMILCH	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
JIM SCIARANI	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0
BOB SMITH	TRUSTEE 1.00			
YERINGTON, NV 89447		0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization WALKER RIVER BASIN COMMUNITIES FOUNDATION	Employer Identification Number 88-0231930
Part V - Line 42a	

Individual Name JEFF J. RIFE
or
Business Name:

Street Address 22 STATE ROUTE 208

U S Address:

Zip code 89447 City YERINGTON State NV

or

Foreign Address

City ..

Province or State ..

Country ..

Postal code ..

Phone Number (775) 463-3515

Fax Number (775) 463-4032