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### EXTENDED UNTIL AUGUST 15, 2012

132001 01-23-12

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public

$\overline{}$			<del></del> -	<del></del>	
A	For the	2011 calendar year, or tax year beginning an	d ending	<del></del>	
В	Check if	C Name of organization		D Employer identific	eation number
•	applicable	NEVADA RURAL HOSPITAL PARTNERS			
Г	Addres Change	FOUNDATION, INC.			
$\vdash$	Name			1 88_01	345763
Έ	lchange ]Initial		D	<del></del>	
늗	return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite		
느	Termin ated		I-209	//5-8	827-4770
L	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	514,678.
	Application	RENO, NV 89502		H(a) is this a group re	turn
	pendin	F Name and address of principal officer:JOAN HALL		for affiliates?	Yes X No
		4600 KIETZKE LN STE #209, RENO, NV 89	9502	H(b) Are all affiliates incl	
_				<b>⊣</b> ''	· · · · · · · · · · · · · · · · · · ·
		mpt status: X 501(c)(3)	) or 527	<b>¬</b>	list. (see instructions)
		e: ► N/A		H(c) Group exemption	
K	Form of	organization X Corporation Trust Association Other	L Year	r of formation 1995 M	l State of legal domicile NV
P	art I	Summary			
		Briefly describe the organization's mission or most significant activities: FOUR	IOTTACE	V EXISTS TO A	ADMINISTER
2	] ' :	LOAN POOL AND GRANT PROGRAM THAT SERVES	CHART	PARLE ORGANIS	ZATIONS
ğ	-				
ē	1	Check this box 🕨 📖 if the organization discontinued its operations or disp	osed of mor	1 1	
<u>8</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	)	4	12
Activities & Governance	5	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
ŧ	1	otal number of volunteers (estimate if necessary)		6	0
矣		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ				<del>  </del>	0.
_	<u>  b</u>	Net unrelated business taxable income from Form 990-T, line 34	·	7b	
			<u> </u>	Prior Year	Current Year
₫	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	559,560.	433,814.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		37,802.	36,804.
Š	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		24,464.	12,645.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,215.	19,716.
	1	Fotal revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)	-	642,041.	502,979.
				0.	172,464.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ļ		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	213,168.	0.
SE	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	6	otat fundralang excenses (Part IX, column (D), line 25)	0.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		401,081.	323,893.
	18 -	http://www.ncoc. Add-lines 1827/must equal Part IX column (A) line 25)	<u> </u>	614,249.	496,357.
	1,76	otal expenses. Add lines 13 77 (must equal Part IX, column (A), line 25)	<del> </del>	27,792.	6,622.
	19 6		<del></del>		
Net Assets or	} \u2		<u>  B</u>	eginning of Current Year	End of Year
Sel	20 ∤	Total assets (Part X, line 16)	<u> </u>	1,246,105.	1,251,692.
₹ F	21	otal liabilities (Part X, line 26)	<u></u>	0.	3,120.
25	22	Net assets or fund balances. Subtract line 21 from line 20		1,246,105.	1,248,572.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedu	les and stater	ments, and to the hest of my	knowledge and helief it is
	•	, and complete. Declaration of preparer (other/than officer) is based on all information of			, mismosgo sna sanar, mis
true	, conec	and complete Declaration of preparer only than only is based on an imornation of	WIIICII PIOPAIC	i ilas ally kilowieuge	
					<i></i>
Sig	jn	Signatural of officer		Date /	
He	re	JOAN HALL, PRESIDENT			
		Type of print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paí	d }	Print/Type preparer's name BETH KOHN-COLE Preparer's signature	le	05/08/12 if self-employe	P00212562
	parer	Firm's name KOHN COLODNY LLP		Firm's EIN	86-0846032
				THIII S EIN	00 0010002
USE	Onty			. 7	75 020 7200
_		RENO, NV 89511		Phone no /	75-828-7300
<u>Ma</u>	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
		LHA For Paperwork Reduction Act Notice, see the separate instruc	tions		Form <b>990</b> (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

		-0345763	Page 2
	rt 41 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: OUR MISSION IS TO IMPROVE THE VIABILITY OF MEMBER HOSPITALS	S THROUGH	
	SHARED SERVICES, RESOURCES, AND ADVOCACY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
2	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  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 meas		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants others, the total expenses, and revenue, if any, for each program service reported.	and allocations to	1
4a	(Code ) (Expenses \$ 14,000 • Including grants of \$ ) (Revenue \$	36.8	304.)
10		WO MEMBER	,
	HOSPITALS. THE LOANS WERE USED FOR NEEDED CAPITAL IMPROVE		
	REAL PROPERTY.		
	27 112		
4b	(Code) (Expenses \$ 37,113. including grants of \$) (Revenue \$) THE ORGANIZATION TRAINS HEALTHCARE PROFESSIONALS STATEWIDE	IN THE	
	PROVISION OF BEST PRACTICES INTERVENTION FOR TOBACCO DEPEND		
	SECOND/THIRD HAND SMOKE.	JUNCE PARIE	
	DECOMP, THIRD HAND CHOKE.		
		<del></del>	
4c	(Code) (Expenses \$ 397,526 · Including grants of \$) (Revenue \$) (Revenue \$)	ON	)
	PROVIDES SUPPORT AND SERVICES TO MEMBER HOSPITALS FOCUSING		187
	PERFORMANCE AND QUALITY IMPROVEMENT, INFORMATION TECHNOLOG	Y, FINANIC	AL
	MANAGEMENT AND TECHNICAL ASSISTANCE.		<del></del>
			<del></del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 448,639.	- 00	0 (004.4)
		Form 99	0 (2011)

Form 990 (2011) FOUNDATION,
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)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
4	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	Х	
5	during the tax year? If "Yes," complete Schedule C, Part II	-	<u> </u>	
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		-	<del> </del>
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>·</u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>X</u>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		<del></del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	<u> </u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		х
10	or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I	17	}	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			$\overline{}$
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	<u> </u>	<u> </u>
		Form	990 (	2011)

88-0345763 Page 4 FOUNDATION, INC. Form 990 (2011) Part W Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 23 Х Schedule J 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 X 24a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х 25b Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? Х 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X

> X Form **990** (2011)

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form 990 (2011) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

15 Enter the number reported in Box 3 of Form 1096, Enter 0-f not applicable  16 Enter the number of Forms W20 included in fine 1s. Enter 0-f not applicable  17 Enter the number of Forms W20 included in fine 1s. Enter 0-f not applicable  18 Enter the number of Forms W20 included in fine 1s. Enter 0-f not applicable  19 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (ganzhing) without my memora?  28 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements,  18 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements,  18 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements,  18 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements,  18 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements,  18 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.  29 Did the organization with organization in Statements.  20 Did the organization on Statement on Statements.  20 Did the organization and Statements of Statements.  21 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.  22 Did the organization on Statement on Statements.  23 Did the organization on party to a prohibitate tax shelter transaction at any time during the tax year?  24 Did the organization on party to a prohibitate tax shelter transaction at any time during the tax year?  25 Did the organization on party to a prohibitate tax shelter transaction at any time during the tax year?  26 Did the organization on party to approhibitat tax shelter transaction at any time during the tax year?  27 Did the organization on party to approhibitate tax shelter transaction at any outributions that were not tax deductible?  28 Did the organization shelt were shown and the party organization shelt the party organization shelt was stated by the party organization	<u>· ~ </u>	Check if Schedule O contains a response to any question in this Part V			
18 Enter the number reported in Box 3 of Form 1986. Enter -0* in not applicable Enter the number of Forms W25 on Roudced in line 1.6. Enter -0* in not applicable Did the organization comply with backup withholding rules for reportable payments to venders and reportable gamming (gambling) winnings to pitze winners?  22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year endings with or within the year covered by this neturn I at least on an exported on line 2a, cild the organization file all inequals of forms that the service of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year endings with or within the year covered by this neturn  I at least one is reported on line 2a, cild the organization file all inequals of forms that the service of the service	_			Yes	No
b. Enter the number of Forms W-2G included in line 1s. Enter 0-fi not applicable  Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnes?  2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tiked for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-five gen entructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  5 If Yes, and a filed a form 900-7 for this year? If "Yos, "provide an explanation in Schodule O  5 If Yes, and the remaining of the organization have an interest in, or a signature or other authority over, a financial accountly?  5 If Yes, and the remaining of the organization have an interest in, or a signature or other authority over, a financial accountly?  5 If Yes, and the organization and the wage is a party to a prohibited tax shelter transaction or the financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party nority the organization that twas or is a party to a prohibited tax shelter transaction?  6 Did any taxable party nority the organization file Form 888817?  5 Did 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?  6 Did the organization serve a payment in excess of \$75 mide party to a prohibited tax shelter transaction?  6 Did the organization serve a payment in excess of \$75 mide party as a contribution or a garity for goods and services provided?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(gambling) winnings to pirize winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 as and 2 as greater than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b. If Yes, a set file a form 900 off for this year If "Ymo, "provide an explanation in Schodulo O  4a. At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4b. If Yes, enter the name of the foreign country; because the second or other financial accounts?  5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5c. If Yes, 1 of the organization has the vasor or a party to a prohibited tax shelter transaction?  5c. Did any taxable party nority the organization that it was or as a party to a prohibited tax shelter transaction?  5c. Did with the organization has the vasor or a party to a prohibited tax shelter transaction?  5c. Did with organization shelt explanation file Form 8886172  6c. Does the organization branch organization shelt werey solicitation an express statement that such contributions or gifts were not tax deductible?  6c. Was the organization shell explanation receive a payment in excess of 375 make party set a contribution and party for goods and services provided?  7c. Transmitted the organization exceeded a contribution of a published personal property for which it was required to file form 8282? filed during the year  6c. Did the organization exceeded a contribution of a published intellectual property, did the organization f	_	1 1		. ]	
(agambling) winnings to prize winners?  Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, teled for the calendar year ending with or within the year covered by this return  Note, if the aum of lines is and 2 as greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  A ray time during the calendar year, did the organization file all incepted federal employment tax returns?  Note, if the air file a form 900 Thor this year if I "No., "provide a makination of Schodulo O  He if Yes," and if the air form 900 Thor this year if I "No., "provide a makination of Schodulo O  A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly south as a bank account, securities account, or other financial accountly?  B If Yes, and the the name of the foreign country seems a bank account, securities account, or other financial accountly.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  B Was the organization a party to a prohibited tax shelter transaction?  B Utility to line 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  B Utility to line 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  B If Yes, a did the organization include with wevey solicitation an express statement that such contributions or gifts were not tax deductible?  D If the organization receive a symmetric excess of 5% made party as a contribution and party for goods and services provided?  O granizations that may receive deductible contributions under section 170(c).  Did the organization receives a symmetric excess of 5% made party as a contribution on a party organiza	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
file for the calendary year ending with or within the year covered by this return   2a			1c		
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 1 and 28 is greater than 250, you may be required to e-file (see instructions)  30	2a			. 1	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3 Did the organization have unrelated business organization show an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account) 4 A at any time during the calendar year, old 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, or other financial account) 5 B if "Yes," enter the name of the foreign country. ▶ 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 B if "Yes," to line 5a or 5b, did the organization file Form 8889-17 6 D ose the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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). 8 B if "Yes," indicate the number of Forms 8282 filed during the year. 9 If Yes," indicate the number of Forms 8282 filed during the year. 9 If the organization receive a symmetrial receive signation security or substance organization security or forms 8282 filed during the year. 9 If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 2 If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 3 If		filed for the calendar year ending with or within the year covered by this return			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filed a Form 990-T for this year? if "No," provide an explanation in Schedule O  3b   3b   3b   3b   3b   3b   3b   3b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		· · · · · · · · · · · · · · · · · · ·
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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, eor other financial account)?  5b If "Yes," enter the name of the foreign country: ▶  5ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5ce If "Yes," to line 5a or 5b, did the organization file Form 886F1?  5b Does the organization a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 886F1?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization school any contributions that were not tax deductible?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization school any contributions that may receive deductible contributions under section 170(c).  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," idea the organization notify the donor of the value of the goods or services provided?  8d If "Yes," indicate the number of Forms 8282 filed during the year apprehimm of the value of the goods or services provided?  9 If "Yes," indicate the number of Forms 8282 filed during the year apprehimm, directly, on a personal benefit contract?  7d If the organization received a contribution of qualified intellectual property, did the organizations. Both the supporting organizations maintaining donor advised funds and section 5966?  8 Spensoring pragnizations maintaining donor advised funds and section 5966?  9 Spensori		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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	<u>     b</u>	it "yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2011)

Form 990 (2011)

FOUNDATION, INC.

88-0345763

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI		· · · · · -				X
Sec	tion A. Governing Body and Management						
				(max		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12	Ì		
	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 in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			- 1	
	officer, director, trustee, or key employee?				2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision				
	of officers, directors, or 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 wa	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	noga	one or				
	more members of the governing body?	• •			7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ear by th	e followina				
	The governing body?				Ва	Х	
ь	Each committee with authority to act on behalf of the governing body?				Вь	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[ <del>-</del>	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,				
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	·		_1	0ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the for	m?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	2a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	iflicts?		2b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	In Schedule O how this was done			Ŀ	l2c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve	val by 11	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7					
а	The organization's CEO, Executive Director, or top management official			Ŀ	15a		X
b	Other officers or key employees of the organization			ļ.	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a	1			
	taxable entity during the year?			ļ.:	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	on's				
	exempt status with respect to such arrangements?				16b		
<u>Sec</u>	tion 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 (or 1024 if applicable), 990, and 990	·T (Sec	tion 501(c)(3)s	only) av	aılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request				_		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest poli	cy, and	fınan	cial	
	statements available to the public during the tax year.				_		
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the org	janizatio	on: 🖻	·	
	ORGANIZATION - 775-827-4770	0 5 0 0					
<u> </u>	4600 KIETZKE LANE BLDG I SUITE 209, RENO, NV 8	<u>9502</u>	·				

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organiza  (A)  Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stae or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN D'ANGELO, BCCH	1 00								0	0
DIRECTOR	1.00	ļ			_	▙		0.	0.	0.
(2) JASON BLEAK, GCDMC	1 00							0.	0.	0.
CHAIRMAN	1.00	├-								
(3) THOMAS MAHER, BCH	1.00							0.	0.	0.
CHAIRMAN ELECT (4) PHILLIP HANNA, BMGH	1.00	}_	-	$\vdash$					- 0.	<del></del>
DIRECTOR	1.00							0.	0.	0.
(5) BILL HALE, CVMC		H								
DIRECTOR	1.00							0.	0.	0.
(6) JIM PARRISH, HGH										
DIRECTOR	1.00	L				Ì		0.	0.	0.
(7) ROBERT SCHAPPER, IVCH										
DIRECTOR	1.00	<u> </u>		L				0.	0.	0.
(8) RICHARD MUNGER, MGGH										
DIRECTOR	1.00	<u> </u>	<u> </u>			ļ <u> </u>	_	0.	0.	0.
(9) VINCENT SCOCCIS, NRMC	1 00						1			_
DIRECTOR	1.00	├	-					0.	0.	0.
(10) PATTY GOLDSWORTHY, PGH	1.00		ļ					0.	0.	0.
DIRECTOR CRANDELL SING	1.00	├-		-		<b> </b>		0.		
(11) KIM CRANDELL, SLMC DIRECTOR	1.00							0.	0.	0.
(12) JOAN HALL		<del> </del>	<u> </u>	$\vdash$		<del>                                     </del>				
PRESIDENT	1.00							0.	0.	0.
(13) JAN JENSEN, WBRH		T		П		T				
DIRECTOR	1.00							0.	0.	0.
			1			<u> </u>				
		<b>├</b> _	ļ			<del> </del>				<u> </u>
		<b>├</b> ─		$\vdash \vdash$			<u> </u>			
		1								
			L		<u> </u>	<u> </u>				

FOUNDATION, INC.

Part VII Section A. Officers, Direct	ors, Trustees, Key Er	nplo	yee			ligh	est		ees (continued)				
(A) Name and title	(B) Average hours per week	box,	not ci	ss pe	rtion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	Estir amo	F) mated unt o ther	_
	(describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compens from to organize and rel organize		on d
							_						
												_	
											-		
		_											
		_							-		_		
					-			•					
1b Sub-total		l				<b></b>		0.		0.			0.
c Total from continuation sheets to d Total (add lines 1b and 1c)		_				<b>&gt;</b>		0.	200 (	0.	-		0.
Total number of individuals (including compensation from the organization)	_	nose	liste —	ed al	bov	e) w	no r	eceived more than \$100	),000 of reportable	e 		/es	No.
3 Did the organization list any former line 1a? If "Yes," complete Schedul			e, ke	y er	mpk	oyee	, or	highest compensated e	mployee on		3		X
4 For any individual listed on line 1a, and related organizations greater th	nan \$150,000? <i>If</i> "Yes,	," со	mpl	ete S	Sch	edul	e J	for such individual			4		X
Did any person listed on line 1a rec rendered to the organization? If "Yes  Section B. Independent Contractors							relat	ted organization or indiv	idual for services		5		X
Complete this table for your five high the organization. Report compensation.										pensa	tion fro	m	
	(A) pusiness address		INC			<u> </u>		(B) Description of s		Co	(C) mpen		1
													<u> </u>
								-					
											<u>.</u>		
2 Total number of independent contr	_	not li	mite	d to		ose li	sted	d above) who received r	nore than		<del></del>		
\$100,000 of compensation from th	o organization 🚩					<u> </u>					orm 9	90 0	011

Form 990 (2011) FOUNDATION, INC. Statement of Revenue Part VIII (D) Revenue (C) (A) (B) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 30,000. 1ь **b** Membership dues c Fundraising events 1c d Related organizations 1d 403,814. Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 433,814. Total. Add lines 1a-1f **Business Code** 561000 36,804. 36,804. Program Service Revenue 2 a MEMBER SERVICES f All other program service revenue 36,804. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 12,645. 12,645. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 31,415 Part IV, line 18 11,699. b Less: direct expenses 19,716. 19,716. 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 Business Code 11 a b d All other revenue e Total. Add lines 11a-11d 502,979. 36,804 32,361. 0. Total revenue. See instructions

FOUNDATION, INC.

### 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) but are not required to complete columns (B), (C), and (D).

Do not include	Check if Schedule O contains a respons amounts reported on lines 6b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and o	ther assistance to governments and				
organization	s in the United States See Part IV, line 21	172,464.	172,464.		
2 Grants and	other assistance to individuals in				
the United	States. See Part IV, line 22				**************************
3 Grants and	other assistance to governments,				
organizatio	ns, and individuals outside the				
United Sta	tes. See Part IV, lines 15 and 16				,
4 Benefits pa	ald to or for members				
5 Compensa	tion of current officers, directors,				
trustees, a	nd key employees				·
6 Compensati	on not included above, to disqualified				
persons (as	defined under section 4958(f)(1)) and		İ		
persons des	cribed in section 4958(c)(3)(B)				
7 Other salar	les and wages				
8 Pension plai	n accruals and contributions (include			İ	
section 401(k)	and section 403(b) employer contributions)				
9 Other emp	loyee benefits				
O Payroll tax					
1 Fees for se	ervices (non-employees):				
a Manageme	ent				<del></del>
<b>b</b> Legal	<u> </u>	0.564		8,564.	
c Accounting	_	8,564.		8,304.	
<b>d</b> Lobbying	·				<del></del>
	I fundraising services See Part IV, line 17				
	t management fees	211 020	211,020.		
g Other		211,020.	211,020.		
	and promotion	8,209.	1,247.	6,962.	· · · · · · · · · · · · · · · · · · ·
Office exp		6,984.	6,984.	0,302.	
	n technology	0,304.	0,904.		
15 Royalties	•	887.	887.		<del></del>
6 Occupanc	<b>y</b>	14,432.	14,432.	·	
7 Travel		14,452.	14,432.		
· ·	of travel or entertainment expenses				
	eral, state, or local public officials	18,980.	18,980.		
	es, conventions, and meetings	10,300.	10,000.		
20 Interest	to affiliates	<del></del>			
•	to affiliates on, depletion, and amortization	2,192.		2,192.	
22 Depreciation 23 Insurance	on, depletion, and amortization	1,774.	1,774.	2/2/20	
	ses Itemize expenses not covered				
above (List 24e amount	miscellaneous expenses in line 24e if line exceeds 10% of line 25, column (A)				
	line 24e expenses on Schedule O)  ISTRATION	30,000.		30,000.	
LOBBY		20,851.	20,851.		
c <u>20221</u>					
d					
e All other e	rnenses				
	onal expenses. Add lines 1 through 24e	496,357.	448,639.	47,718.	0
	Complete this line only if the organization				
	column (B) joint costs from a combined			1	
•	campaign and fundraising solicitation				
Check here	_ <del></del> _				
OHOUR HOLD	11 IOHOWING SOF 30-2 [ASC 330-720]				Form <b>990</b> (201

132010 01-23-12

FOUNDATION, INC.

88-0345763 Page 11

Pa	rt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments		277,312.	2	119,451.
	3	Pledges and grants receivable, net		14,215.	3	5,821. 6,474.
	4	Accounts receivable, net		4,014.	4	6,474.
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees. Com	plete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing			
		employers and sponsoring organizations of section 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)			6	<u></u>
Assets	7	Notes and loans receivable, net		248,238.	7	190,622.
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	200,972.			
	ь	Less: accumulated depreciation 10b	195,126.	8,038.	10c	5,846.
	11	Investments - publicly traded securities	100,435.	11	5,846. 44,129.	
	12	Investments - other securities. See Part IV, line 11	593,256.	12	878,800.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	597.	15	549.	
	16	Total assets. Add lines 1 through 15 (must equal line 3	1,246,105.	16	1,251,692.	
	17	Accounts payable and accrued expenses			17	3,120.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
ģ	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trust				
abi		highest compensated employees, and disqualified pers	ons. Complete Part II			
=		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated this	d parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables	o related third			
		parties, and other liabilities not included on lines 17-24)	Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	3,120.
	;	Organizations that follow SFAS 117, check here	X and complete			
es		lines 27 through 29, and lines 33 and 34.				
č	27	Unrestricted net assets		1,246,105.	27	1,248,572.
3ale	28	Temporarily restricted net assets			28	
Ď	29	Permanently restricted net assets		•••••	29	
Ϋ́		Organizations that do not follow SFAS 117, check he	ere 🕨 🔙 and			
6		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipmen	it fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	or other funds	<u></u>	32	<del></del>
Z	33	Total net assets or fund balances		1,246,105.	33	1,248,572.
	34	Total liabilities and net assets/fund balances		1,246,105.	34	1,251,692.

Form	1 990 (2011) FOUNDATION, INC.	88-0345	5763	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			57 <u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<del></del>	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,24		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>55.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,24	8 <u>,5</u>	<u>72.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> X</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt	1 1		1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

### SCHEDULE A (Form'990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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. ► See separate instructions.

NEVADA RURAL HOSPITAL PARTNERS

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

FOUNDATION, INC. 88-0345763 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 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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 **b** Type II c \_\_\_\_ Type III - Functionally integrated a \_\_\_\_ Type I 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (Iv) Is the organization (v) Did you notify the (vi) is the (vii) Amount of (I) Name of supported (II) EIN organization organizátion in col in col. (i) listed in your organization in col support (i) organized in the organization (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No Yes (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Total

88-0345763 Page 2

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION, INC. 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	192,004.	281,384.	490,824.	559,560.	433,814.	1,957,586.
2	Tax revenues levied for the organ-						
	ization'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						<u> </u>
4	Total. Add lines 1 through 3	192,004.	281,384.	490,824.	559,560.	433,814.	1,957,586.
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	H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					1,957,586.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	192,004.	281,384.	490,824.	559,560.	433,814.	1,957,586.
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	55,764.	55,688.	34,112.	24,464.	12,645.	182,673.
9	Net income from unrelated business						
•	activities, whether or not the					l '	
	business is regularly carried on						
10	Other income. Do not include gain						
••	or loss from the sale of capital						
	assets (Explain in Part IV.)	28,097.	16,891.	3,051.	37,802.	36,804.	122,645.
11							2,262,904.
12	Gross receipts from related activities	etc. (see instructi	ons)			12	
13				d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	p here					<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	rcentage		<u> </u>	,	
14	Public support percentage for 2011 (	line 6, column (f) d	livided by line 11,	column (f))		14	86.51 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	83 <b>.</b> 56 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			$\blacktriangleright \boxed{X}$
t	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization						s 🕨 🗀
						edule A (Form 990	

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

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	,					
	include any "unusuał grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	1					
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	<u></u>	· · · · · · · · · · · · · · · · · · ·	· Way	1 1 111.4		
	indar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(2) 2001	107 = 000		1,22		.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			-			
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital		:		}		
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)					-	
	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	d. fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation.
•	check this box and stop here		,,	<b>.</b> , ,	,		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (			column (fl)		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inve			-		· · · · · · · · · · · · · · · · · · ·	
	Investment income percentage for 20	· · · · · · · · · · · · · · · · · · ·				17	%
	Investment income percentage from	· ·				18	
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	<u> </u>	
	more than 33 1/3%, check this box a	_					▶□
	33 1/3% support tests - 2010. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>▶</b> □
	the organization	C.C OIICON A					

## SCHEDULE C

(Form'990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizat		<del>,</del>		
Van		RURAL HOSPITAL I	PARTNERS	Emi	oloyer identification number
-		ION, INC.			88-0345763
Pŧ	ert I-A Complete if the org	anization is exempt un	der section 501(c	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politi	cal campaign activities	ın Part IV. ▶	\$
₽ŧ	art I-B Complete if the org	<u>anization is exempt un</u>	der section 501(c	)(3)	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	) for this year?		Yes No
48	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				4.76
Pŧ	art I-C Complete if the org	anization is exempt un	der section 501(c)		
	Enter the amount directly expended		•		\$
2	Enter the amount of the filing organ	ization's funds contributed to c	ther organizations for s	section 527	_
_	exempt function activities			•	\$
3	Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POI		•
	line 17b	44 <b>44 B</b> -1 4 W			\$
4		· · · · · · · · · · · · · · · · · · ·	TAB 6 H A		
5	Enter the names, addresses and en made payments. For each organiza				
	contributions received that were pre				
	political action committee (PAC). If			•	and degregated forms of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2.111	filing organization's	contributions received and
				funds. If none, enter -0	
					delivered to a separate political organization.
					If none, enter -0
	_				
	-				
		<u> </u>			
				1	

LHA

Schedule C (Form 990 or 990-EZ) 2011

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

		L HOSPITAL I	PARTNERS	00.0	245762 -
Schedule C (Form 990 or 990-EZ) 2011	OUNDATION,	INC.	E04/a)/2) and £1.		345763 Page 2
Part II-A Complete if the org		mpt under section	1 501(c)(3) and file	ea Form 5/68	
	<u>`</u>	iliated group (and list in	Part IV each affiliated	group member's name	e. address. EIN.
	e of excess lobbying			g, 0 0 p	, 200.000, 2,
·		nd "limited control" prov	visions apply.		
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ				20,851.	
c Total lobbying expenditures (add lii	nes 1a and 1b)			20,851.	
d Other exempt purpose expenditure	98			427,788.	
e Total exempt purpose expenditures	s (add lines 1c and 1	d)		448,639.	
f Lobbying nontaxable amount. Ente	er the amount from th	e following table in both	columns.	89,728.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If the amount on line 1e, column (a) or	r (b) is: The lot	obying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	<del></del>	00 plus 15% of the exce		_	
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce		ĺ	
Over \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000			
		<del></del>		22,432.	
g Grassroots nontaxable amount (en				0.	
h Subtract line 1g from line 1a. If zero			ŀ	0.	
i Subtract line 1f from line 1c. If zero		the 11 did the ergenize	tion file Form 4720		
j If there is an amount other than zer		line II, did the organiza	ation file Form 4720	Г	Yes No
reporting section 4911 tax for this		eraging Period Under	Section 501(h)		
(Some organiz	ations that made a lumns below. See t	section 501(h) election he instructions for line	do not have to comp s 2a through 2f on pa	lete all of the five ge 4.)	
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying nontaxable amount	50,076	78,267.	100,580.	89,728.	318,651.
b Lobbying ceiling amount					477 077
(150% of line 2a, column(e))					477,977.
c Total lobbying expenditures	200	10,357.		20,851.	31,408.
d Grassroots nontaxable amount	12,519	19,567.	25,145.	22,432.	79,663.
e Grassroots ceiling amount (150% of line 2d, column (e))					119,495.
	l	1	1		I

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 FOUNDATION, INC.

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying expenditures from the prior year?  Did the organization agree to carry over lobbying expenditures from the prior year?  Did the organization agree to carry over lobbying expenditures from the prior year?  Did the organization served in Section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), s	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 1 Other activities? 1 Totals, Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes."  1 Dues, assessments and similar amounts from members 5 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 Current year 5 Carryover from last year 5 Carryover from last year 6 Carryover from last year 7 Description of the excess does the organization a	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?			<del>, , , , , , , , , , , , , , , , , , , </del>	
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h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 11  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  2 In III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes."  1 Dues, assesments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure excepted true next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  5 Section 162(e) nondeductible lobbying and political expenditure expenditure next year?					
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501(c)(6).  Yes I  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Tart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Section 162(e) dues  Taxable amount of lobbying and political expenditures (see instructions)	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1: 504/ W			
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5 Taxable amount of lobbying and political expenditures (see instructions) 5	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar	nd political			
5 Taxable amount of lobbying and political expenditures (see instructions) 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	expenditure next year?		4		
Part IV Supplemental Information	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	excess	3		
mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, comp	rt IV Supplemental Information				
	part for any additional information.				
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

NEVADA RURAL HOSPITAL PARTNERS

Employer identification number 88-0345763

Do	FOUNDATION, INC.	Francis or Other Cimiles Francis or	86-0343763
Pa			r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		42.5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or c	lonor advisor, or for any other purpose cor	nferring
	impermissible private benefit?	• • • •	Yes No
Pa		ization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	T 10001 Vallet, G. a continue	5 m.s.ono 3 m.s.ono
2	Complete lines 2a through 2d if the organization held a qualified	d concentation contribution in the form of s	a conservation essement on the last
-		Conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total acceptance of a consequence acceptance		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		26
C	Number of conservation easements on a certified historic structure.	, :	2c
d	Number of conservation easements included in (c) acquired after	er 8/1 //06, and not on a historic structure	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the or	ganization during the tax
	year ►		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	——————————————————————————————————————
	violations, and enforcement of the conservation easements it he		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	organization's accounting for
	conservation easements.		. <u> </u>
Pa	TILL Organizations Maintaining Collections of A	-	er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public	service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasi	ures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 116	- ·	•
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$
b	Assets included in Form 990, Part X	•	▶ s
-	, acces and access in a contract of the contra		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2011

	9	ION, INC.				_				3 Page <b>2</b>
Par	<b>(俳)Organizations Maintaining C</b>								_	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following that	t are a s	ıgnıficant ı	use of its	collection	items
	(check all that apply):									
а	Public exhibition	•	י וייי	Loan or excl	hange progra	ams				
Ь	Scholarly research	•	,	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	n how th	ey further th	he organization	on's exe	mpt purpo	se in Par	XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered '	'Yes" to	Form 990	, Part IV, I	ine 9, or	<del></del>
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as:	sets not	ıncluded	_	_	
	on Form 990, Part X?							<u> </u>	Yes	No
b	if "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	∟ No
<u>b</u>	if "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	10.		<del></del>	
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance								H	<del></del>
b	Contributions	<u> </u>								
C	Net investment earnings, gains, and losses								· <del>14 1 - 4 1 - 4   1   1  </del>	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	<del></del>	ļ			[				<del>, ,</del>
g	End of year balance		<u> </u>						<u> </u>	
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	red for t	he organiz	zation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X	, line 10.						
	Description of property	(a) Cost or obasis (invest			or other (other)		ccumulate preciation		(d) Bool	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
ď	Equipment			20	0,972.		195,1	26.		5,846.
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	mn (B), line 1	10(c).)			<b>&gt;</b>		5,846.
							-	Schedule	D (Form	990) 2011

(8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

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Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 FOUNDATION, INC.			88-03	45763	Page 4
Pa	T:XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fin				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<u>-</u>	1		502,	979.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			357.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			622.
4	Net unrealized gains (losses) on investments		4			155.>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			155.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar		10		2,	467.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	510,	523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	<4,155.	>		
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d	11,699.			
е	Add lines 2a through 2d			2e	7,	<u>544.</u> 979.
3	Subtract line 2e from line 1			3	502,	<u>979.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				_
C	Add lines 4a and 4b			4c		0. 979.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·	5	502,	979.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With Ex	penses per	Return	<u> </u>	05.6
1	Total expenses and losses per audited financial statements			1	508,	056.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	11,699.			600
е	Add lines 2a through 2d			2e	11,	<u>699.</u> 357.
3	Subtract line 2e from line 1			3	496,	35/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b				^
C	Add lines 4a and 4b			4c	106	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<del></del>	5	490,	357.
	* XIV Supplemental Information	111 1- 4 1-4	. D	I O I	2 - 4 3 / 1 / 2	4. Dt
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part					4; Pan
X, IIN	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	ipiete this part to	provide any add	ditional into	rmation.	
						<del></del>
ואם	OM VII IINE ON _ OMUED ANTHOMENMO.					
FAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				<del></del>	
गाच	NDRAISING EXPENSES					
101	ADIATOTINO EXPENDED	· · · · · · · · · · · · · · · · · · ·	·			<del></del>
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
		<del></del>	• • • • • • • • • • • • • • • • • • • •			
FUI	NDRAISING EXPENSES					
	<del></del>	···				

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2011

Open To Public Inspection

Name of the organization

NEVADA RURAL HOSPITAL PARTNERS

Employer identification number

88-0345763 FOUNDATION, INC. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations el Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Dia (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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Schedule G (Form 990 or 990-EZ) 2011

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

enedu Part	rle G (Form 990 or 990-EZ) 2011 FOUNDA Fundraising Events. Complete i		d "Yes" to Form 990, Part		-0345763 Page 2 I more than \$15,000
	of fundraising event contributions and	gross income on Form 990			pts greater than \$5,000.
		(a) Event #1 GOLF TOURNAMENT	( <b>b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
enile 1		(event type)	(event type)	(total number)	Col. (C)
1	Gross receipts	31,415.			31,415
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	31,415.		<del></del>	31,415
4	Cash prizes				
5	Noncash prizes		-		
5 6 7	Rent/facility costs	5,645.			5,645
7	Food and beverages	3,283.			3,283
8	Entertainment	0.551			2 771
9	Other direct expenses	2,771.	·		2,771
10		•		<b>&gt;</b>	( 11,699
11		umn (d), and line 10	<del></del>		19,716
art	· · · · · · · · · · · · · · · · · · ·	on answered "Yes" to Form	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.	<del></del>			1407 11 11
anna anna anna anna anna anna anna ann		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
2	•				
5	Other direct expenses			<del></del>	
6	Volunteer labor	Yes %	Yes %  No	Yes % No	
7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)		•	(
8_	Net gaming income summary. Combine lin	ne 1, column d, and line 7			
	ster the state(s) in which the organization op	-			Yes N
	the organization licensed to operate gaming  "No," explain:				Tes
	ere any of the organization's gaming license			/ear?	Yes N
<u> </u>	"Yes," explain:				
.082 0	01-23-12			Schedule G (Fo	orm 990 or 990-EZ) 20

Schedule G (Form 990 or 990 EZ) 2011 FOUNDATION, INC.	88-0345763 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity former	ed .
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ►	
Address ▶	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Carring manager compensation > 4	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in the
organization's own exempt activities during the tax year ▶ \$	· · · · · · · · · · · · · · · · · · ·
<b>Part IV</b> Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addition	
lines 9, 90, 100, 150, 150, 16, and 170, as applicable. Also complete this part to provide any addition	a momation (see instructions).
	edulo G /Form 990 or 990-E71 2011

Schedule ! (Form 990) (2011) » X Employer identification number 88-0345763 OMB No 1545-0047 Open to Public 2011 Inspection (h) Purpose of grant or assistance \_\_\_\_ ≺es Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NEVADA RURAL HOSPITAL PARTNERS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table Part f General Information on Grants and Assistance (P) EIN INC. criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partil

NEVADA RURAL HOSPITAL PARTNERS FOUNDATION, INC.

Schedule | (Form 990) (2011)

Page 2

88-0345763

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 32 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

NEVADA RURAL HOSPITAL PARTNERS FOUNDATION, INC.

Employer identification number 88-0345763

OMB No 1545-0047 2011 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) NEVADA RURAL HOSPITAL PARTNERS FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Open to Public Inspection

Employer identification number 88-0345763

entity

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part #

(g) Section 512(b)(13) controlled ŝ × entity? Yes Direct controlling entity status (if section Public charity 170(B)(1)(A) 501(c)(3)) <u>e</u> Exempt Code section 501(C)(3) চ Legal domicile (state or foreign country) NEVADA HOSPITALS TOGETHER TO IMPROVE HEALTHCARE IN Primary activity JOIN MEMBER RURAL 88-0345762, 4600 KIETZKE LANE, I-209, RENO NEVADA RURAL HOSPITAL PARTNERS, INC. Name, address, and EIN of related organization NV 89502

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

SEE PART VII FOR CONTINUATIONS34

INC FOUNDATION, Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

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teneral or Percentage Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 managing partner? Yes No 6 Code V-UBI amount in box '20 of Schedule -K-1 (Form 1065)  $\in$ ate allocations? Disproportion-Yes No  $\hat{\boldsymbol{\varepsilon}}$ Share of end-of-year assets 6 Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ত্ত (c)
Legal
domictie
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Part IV

(a)	(q)	9	Ð	(e)	(i)	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
			•				
132162 01-23-12	35	2				Schedule R (Form 990) 2011	m 990) 2011

# NEVADA RURAL HOSPITAL PARTNERS FOUNDATION, INC.

Schedule R (Form 990) 2011 FOUNDATION, INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) PartV

Page 3

88-0345763

Take: Complete mile in the properties in the properties of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	
		•		×
				×
b Giff, grant, or capital contribution to related organization(s)				
c Gift, grant, or capital contribution from related organization(s)				1c A
d Loans or loan guarantees to or for related organization(s)				X PI
e Loans or loan quarantees by related organization(s)				1e
	•			
f Sale of assets to related organization(s)				# ×
				1g X
b Exchange of peeple with related organization(s)				
				×
<ul> <li>Lease of facilities, equipment, of other assets to related organization(s)</li> </ul>				<del>                                      </del>
j Lease of facilities, equipment, or other assets from related organization(s)				1j X
k Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)			1k X
I Performance of services or membership or fundraising solicitations by related organization(s)	ınızation(s)			× =
m Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uoi		٠	T X
n Sharing of paid employees with related organization(s)				Tn X
o Reimbursement paid to related organization(s) for expenses				10 X
				Tp X
<ul> <li>Qther transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>				1q X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	ils line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
				:
3)				
4)				:
(2)				
6				:
22763 01-23-12	36		Schedu	Schedule R (Form 990) 2011

Page 4

88-0345763

FOUNDATION, INC. Schedule R (Form 990) 2011 Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) ongs?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h) (i) (ii) (k)  Depropor- Bonate amount in box 20 managing ownership  Asia No (Form 1065) Yes No	General or managing partner?	(k) Percentage ownership
										l
						,				
								j		
						,				
						1				
								Schedule	R (For	Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 FOUNDATION, INC.	88-0345763 Page 5
Part.VII Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule R (see instru	ctions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:
NAME OF RELAMED ORGANIZATION	
NAME OF RELATED ORGANIZATION:	
NEVADA RURAL HOSPITAL PARTNERS, INC.	
MEVADA KOKALI NOBILIALI PARINERS, INC.	
PRIMARY ACTIVITY: JOIN MEMBER RURAL HOSPITALS TOGETHER TO I	MPROVE
HEALTHCARE IN RURAL NEVADA.	
	<del></del>
·	
	· · · · · · · · · · · · · · · · · · ·

## Form 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
	are filing for an Additional (Not Automatic) 3-Month Ex			this form).			
Do not d	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electron	ic filing (e-file) You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corp	oration	
	to file Form 990-T), or an additional (not automatic) 3-mo	-					
	file any of the forms listed in Part I or Part II with the ex				•		
	Benefit Contracts, which must be sent to the IRS in page	•					
	rs.gov/efile and click on e-file for Charities & Nonprofits		,		· ·		
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an auto			_			
Part I onl	y			•	<b>&gt;</b>	. 🔲	
	corporations (including 1120-C filers), partnerships, REN ome tax returns.	1ICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time		
Type or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or			
print	NEVADA RURAL HOSPITAL PART						
	FOUNDATION, INC.			X 88-0345763			
File by the	ate for Number, street, and room or suite no. If a P.O. box, see instructions.		Social se	Social security number (SSN)			
filing your return See instructions	4600 KIETZKE LANE, NO. I-24 City, town or post office, state, and ZIP code. For a fi		Irone, see instructions				
	RENO, NV 89502	oreign add	iless, see histractions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		1	,	<del> </del>		<del></del>	
Applicat	on	Return	Application			Return	
<u>ls For</u>		Code	ls For			Code	
Form 990 01 Form 990-T (c		Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08	
Form 990	Form 990-EZ 01 Form 4720				09		
Form 990		04	Form 5227	<del>-</del>	<del></del>	10	
	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11			
Form 990	form 990-T (trust other than above) 06 Form 8870				12		
_	ORGANIZATION	3.37F) 1	DIDG I GUITER 200	DEN	O NITT OOE	١.٥	
	poks are in the care of $\triangleright$ 4600 KIETZKE L.	ANE I	BLDG I SUITE 209	- REN	O, NV 8930	<u>) Z</u>	
	none No. ► 775-827-4770		FAX No. ▶				
	organization does not have an office or place of busines						
• 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 ▶ and attach a list with the names and EINs of all members the extension is for.							
box ▶					ers the extension is	i tor.	
1 ire	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemp				Th		
		ot organiza	tion return for the organization name	above.	rne extension		
is for the organization's return for: ▶ X calendar year 2011 or							
	tax year beginning	00	ad onding				
	tax year beginning	, an			<u>-</u> '		
2  f t	ne tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	'n		
	Change in accounting period	on rous					
_	Change in accounting period						
3a If t	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
b If t	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	imated tax payments made. Include any prior year over	-		3b_	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.	
	If you are going to make an electronic fund withdrawal			orm 8879-	EO for payment ins	tructions.	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 8868 (R	ev. 1-2012)	

123841 01-04-12